

**AMA/Specialty RVS Update Committee
Meeting Minutes
September 22 – September 24, 2011**

I. Welcome and Call to Order

Doctor Barbara Levy called the meeting to order on Friday, September 23, 2011, at 8:00 am. The following RUC Members were in attendance:

Barbara Levy, MD (Chair)	J. Allan Tucker, MD
Bibb Allen, MD	George Williams, MD
Michael D. Bishop, MD	Allan Anderson, MD*
James Blankenship, MD	Margie Andreae, MD*
R. Dale Blasier, MD	Gregory DeMeo, DO*
Albert Bothe, MD	Jane Dillon, MD
Joel Bradley, Jr. MD	Verdi Disesa, MD*
Ronald Burd, MD	William Donovan, MD*
Scott Collins, MD	Jeffrey Paul Edelstein, MD*
William Gee, M	Brian Galinat, MD*
Anthony Hamm, DC	Burton L. Lesnick, MD*
David C. Han, MD	William J. Mangold, Jr., MD*
David F. Hitzeman, DO	Terry Mills, MD*
Charles F. Koopmann, Jr., MD	Margaret Neal*
Timothy Laing, MD	Scott D. Oates, MD*
Walt Larimore, MD	Chad Rubin, MD*
Brenda Lewis, DO	Steven Schlossberg, MD*
J. Leonard Lichtenfeld, MD	Eugene Sherman, MD*
Scott Manaker, MD, PhD	Daniel Mark Siegel, MD*
Bill Moran, Jr., MD	Stanley Stead, MD*
Gregory Przybylski, MD	Robert Stomel, DO*
Marc Raphaelson, MD	Jane White, PhD*
Sandra Reed, MD	Jennifer Wiler, MD*
Peter Smith, MD	
Arthur Traugott, MD	*Alternate

II. Director's Report

Sherry Smith made the following announcements:

- Boxes have been provided for any documents that committee members do not want to take with them. This is because of the litigation hold on all documents related to the RUC. There are also bigger boxes for binders if members do not want to take them.
- Introduction and Recognition of RUC Staff:
 - Samantha Ashley - New staff member
 - Zach Hochstetler – Promoted to Senior Policy Analyst II
 - Roseanne Fischhoff – 10 years with the AMA/RUC

III. Chair's Report

- Doctor Levy welcomed everyone and recognized new RUC members:
 - Albert Bothe, MD - CPT Representative

- Anthony Hamm, DC – HCPAC Review Board Co-Chair
- David Han, MD, MSc, FACS – Society for Vascular Surgery
- Timothy Laing, MD – American College of Rheumatology
- J. Allan Tucker, MD – College of American Pathologists
- Doctor Levy announced the following new RUC Alternate Members:
 - William Donovan, MD, MPH, FACR – American College of Radiology
 - Margaret Neal, MD – College of American Pathologists
 - Jennifer Wiler, MD, MBA – American College of Emergency Physicians
 - Jane White, PhD, RD, FADA, LDN – HCPAC Review Board Alternate Co-Chair
- Doctor Levy welcomed the CMS staff and representatives attending the meeting, including:
 - Edith Hambrick, MD, CMS Medical Officer
 - Ken Simon, MD, CMS Medical Officer
 - Ryan Howe
 - Elizabeth Truong
 - Sarah Vitolo
- Doctor Levy welcomed the following Contractor Medical Director:
 - Charles Haley, MD, MS, FACP
- Doctor Levy welcomed the following MedPAC staff:
 - Ariel Winter
- Doctor Levy welcomed the following observers:
 - Arielle Rodman (filling in for Miriam Laugesen, PhD- Assistant Professor of Health Policy and Management at Columbia University).
 - Steven Stack, MD - Chair-Elect of the AMA Board of Trustees
 - Andrew Adair, Health Counsel to Congressman Jim McDermott (WA-07)
- Doctor Levy thanked Roland Goertz, MD, MBA - AAFP Chairman of the Board, for coming and answering questions for the RUC at the Administrative Subcommittee yesterday.
- Doctor Levy gave her condolences on behalf of the RUC to the family and friends of former RUC member Don Williamson, OD who passed away May 23rd after a battle with pancreatic cancer.
- A reminder that there is a confidentiality policy that needs to be signed at the registration table; nothing discussed during the meeting may be discussed outside of the meeting.
- Proceedings are recorded in order for RUC staff to create the meeting minutes.
- Before a presentation, any RUC member with a conflict will state their conflict. That RUC member will not discuss or vote on the issue.
- RUC members or alternates sitting at the table may not present or debate for their specialty.
- The RUC is an expert panel and individuals are to exercise their independent judgment and are not advocates for their specialty.
- Doctor Barbara Levy – RUC Chair; Doctor Robert Wah - AMA Board Chair; Doctor Peter Hollmann - CPT Chair; and Sherry Smith – AMA, met with Doctor Berwick – CMS Administrator; Jonathan Blum – Director Center for Medicare; and Doctor Kelman, CMS Medical Officer on July 29, 2011:
 - Met with respect to the Proposed Rule and specifically the request that RUC review all 91 E/M services in the next couple of years.

- Doctor Berwick was very straightforward about his goals of promoting primary care and supporting coordination of care and delivery reform. The group had a frank discussion of current E/M services and structure, with the RUC representatives making the point that if the committee were to review many of the E/M services it was unlikely to meet his goals. The redistribution of RVUs is unlikely to achieve the affect that Doctor Berwick is looking for in terms of determining the valuation of care coordination.
- Consensus that an alternative solution is to convene a joint RUC/CPT workgroup to determine how to meet those goals without the RUC reviewing all 91 E/M codes.
- There are many non face-to-face services which CPT has developed and RUC has reviewed, which CMS has elected not to cover such as: telephone calls, team conferences and anti-coagulation management, etc. The RUC will recommend that CMS cover these services as an interim step to help value the services that are provided in primary care practices that are not currently contained within E/M services.
- The RUC has formed the Chronic Care Coordination Workgroup (C3W) which is a joint CPT/RUC workgroup chaired by Doctor Traugott. The workgroup is intended to be a short term strategic workgroup to look at coding structure related to the needs for care coordination and prevention codes for chronic diseases. The Workgroup met yesterday and determined a set of interim short-term recommendations will be sent to CMS immediately. The letter will be circulated to all RUC members for review before it is sent to CMS.

IV. CPT Editorial Panel Update

Doctor Bothe provided the report of the CPT Editorial Panel:

- A Workgroup at CPT continues to review appendix C, which contains the clinical examples of E/M. These are being reviewed for accuracy and dispersion among all the relevant specialties.
- The CPT Editorial Panel developed strict category 3 guidelines; which states that if a category 3 code is established and does not progress to a category 1 code within 5 years it will sunset.
- The CPT code proposal application was refined with a question to the applicant about a suggested global period. Caveat that their suggestion has no binding effect on the final decision.
- Doctor Brin the chairman of joint CPT/RUC workgroup of codes that are reported together, reported to the RAW that there are 30 groups of codes that are reported together 75% of the time. 7 proposals have been requested from various specialties to correct issues identified in this screening process.
- 6 articles have been written and submitted by societies in order to clarify issues identified in previous RUC and CPT meetings and 4 have appeared this calendar year in CPT Assistant.
- AMA's public website on CPT has been updated.

V. Centers for Medicare and Medicaid Services Update

Doctor Ken Simon provided the report of the Center for Medicare and Medicaid Services (CMS):

- The Agency is working on collating information in anticipation of the Final Rule which will be published around the 1st of November
- Thank you to RUC members and alternates for participating in the refinement panel during August-early September
- Chris Ritter has been selected as the Director of Practitioner Services replacing Carol Bazell.

VI. Contractor Medical Director Update

Doctor Charles Haley provided the contractor medical report:

- CMS near the end of their contracting reform efforts, which is to move from the multi-function contractor for each state to many single-function contractors for each region.
 - The central contractor is the Medicare Administrative Contractor (MAC) who processes the claims. There are 11 administrative contractors processing claims and each one processes about half million claims a day.
 - There are currently 4 Jurisdictions that have awarded MAC contracts. In addition jurisdiction 2 and 3 were combined, 7 and 4 were combined with an award pending and 6 and 8 have not been awarded.
- The directive of the contractors is to decrease the paid claims error rate.
 - Overall paid claims error rate is 10.5% which is \$34.2 billion paid in error.
 - Part A inpatient claims error rate is 9.5% which is \$11.3 billion paid in error. More effort is going to Part A inpatient claims because it accounts for a larger portion of Medicare spending.
- In 2008, CMS moved the responsibility for medical review of inpatient claims from the Quality Improvement Organization (QIO) to the A/B MAC. There are 5 contractors that could ask physicians for supporting documents related to a Medicare claim:
 - A/B MAC – TrailBlazer (Dallas)
 - Zone Program Integrity Contractor (ZPIC) – Health Integrity (Dallas/Baltimore):
 - Recovery Audit Contractor (RAC) – Connolly Consulting (Philadelphia):
 - Comprehensive Error Rate Testing (CERT) – AdvanceMed (Richmond):
 - Quality Improvement Organization (QIO)
- Other activities involved in the Medical Review process are claims reprocessing and revalidation.

VII. Washington Update

Todd Askew, AMA, provided the RUC with the following information regarding the AMA's advocacy efforts:

- January 1, 2012 Medicare payment rates will be cut by 30%. Committees are only looking at short-term extensions of current rates.
 - In 2005 repeal of the SGR would have cost \$48 billion, in 2011 it would cost \$300 billion to do the same. The cost of freezing rates for just one year is currently \$20 billion.
 - Most members of Congress agree that SGR must be repealed but they are not willing to make it part of their agenda.
 - Because of the economic crisis there is focus in Congress on deficit reduction, which is not conducive to a repeal of the SGR

- During the debt limit debate Congress agreed to 2.2 trillion in deficit reduction. \$1 trillion is obtained through caps on discretionary spending and the Supercommittee is charged with coming up with \$1.2 trillion more.
 - If they fail, they will enter a process called sequestration; across the board cuts to all government spending for 1.2 trillion. Theoretically there would be 6 billion in cuts for both defense and non-defense spending, although there are many programs that cannot be cut, Medicare is limited to 2%, however this is on top of the SGR 30% cut.
 - All deficit reduction proposals that the Supercommittee is considering have called for a repeal of the SGR.
 - The President's jobs proposal includes deficit reduction measures that claim to repeal the SGR, however it is actually a baseline adjustment that looks to many savings proposals that have been proven ineffective in the past (imaging, pre-auth, etc.)

Sharon McIlrath, AMA Director of Federal Affairs, provided the RUC with the following information regarding the AMA's advocacy efforts:

- The jobs bill includes language about permanently repealing the SGR
- Does not identify specific pay-fors but NYT says much of Medicare savings included in the bill will be used for this purpose. The amount of Medicare savings outlined in the bill is not enough for the SGR repeal. The health care savings outlined in the bill include:
 - Medicare: \$248 billion
 - \$224 billion from providers
 - \$24 billion from beneficiaries
 - Medicaid: \$66 billion
 - Miscellaneous: \$11 billion
 - TRICARE: \$20.6 billion
- Cuts for physicians and other providers include:
 - Imaging: \$1.3 billion
 - Graduate Medical Education: \$9 billion
 - Reduce bad debt coverage: \$20 billion
 - Reduce special rural pay adjustments: \$6 billion
 - Reduce post acute care pay: \$42 billion
 - Drug Rebates: \$135 billion
 - Waste, fraud and abuse: \$2.3 billion
- Beneficiary Changes
 - Contingent on revenue increases through corporate entities and the wealthy
 - Start in 2017 & apply to new beneficiaries
 - Raise income-related premiums--\$20 billion
 - Increase Part B deductible--\$1 billion
 - Impose home health copayment--\$400 million
 - Add surcharge for low co-pay Medigap--\$2.5 billion
- MedPAC tentatively approved a proposal last week that replaces the SGR with a freeze in current payment levels for primary care and a 17% cut for all other services over three years followed by a freeze. The cuts could be implemented with a payment modifier or separate conversion factor. MedPAC estimates cuts will reduce SGR repeal cost to \$200 billion. Other recommendations being considered in October are:

- Secretary to conduct data collection from efficient practices to establish more accurate work and practice expense values to be completed within three years.
- Data will be used by the Secretary to identify overpriced fee schedule services and reduce their RVUs. Goal is to reduce at least 1% of fee schedule spending over five consecutive years.
- Increased shared savings opportunities for physicians who join or lead ACOs with two sided risk and determine spending benchmarks for two-sided risk ACOs.
- AMA does not support MedPAC's proposal because it is not a realistic proposal for stabilizing the program and guaranteeing continued access. The proposal will encourage physician retirement, creating shortages in many specialties and the Commission's recommended cuts would occur on top of E-Rx, PQRS and EMR penalties, which could reach 9% at the midpoint of this proposal.
- AMA will continue to advocate against this plan and point out the flaws especially with the payment accuracy proposals.

VIII. Approval of Minutes of the April 27 – May 1, 2011 RUC Meeting

The RUC approved the April 2011 RUC Meeting Minutes as submitted.

IX. Relative Value Recommendations for *CPT 2012*:

Pacemaker or Pacing Cardioverter-Defibrillator (Tab 4) Richard Wright, MD (ACC); David Slotwiner, MD (HRS)

In February 2010, the Pacemaker and Pacing Cardioverter-Defibrillator series of CPT codes (33207, 33208, 33212, 33213, 33240 and 33249) were identified by the Relativity Assessment Workgroup through the Codes Reported Together 75% or More Screen. These insertion codes were commonly billed with the removal codes (33233, 33241 and 71090) or the device evaluation code (93641). In February 2011, the specialties submitted a code change proposal to the CPT Editorial Panel to bundle the services commonly reported together. A total of 12 codes were created or significantly revised, mandating a RUC survey in April 2011. In April 2011, the RUC reviewed the services and determined that the survey data was inconsistent both in the physician time and work values of the removal and replacement codes. In addition, a data error was noted to have caused wide variances in the survey's post-operative visit data. Given the complexity of these services, the RUC recommended interim values at the April 2011 RUC Meeting. The specialty societies resurveyed these codes and presented them to the RUC at the September 2011 RUC Meeting.

Pacemaker Services

33212 Insertion of pacemaker pulse generator only with existing; single lead

The RUC reviewed the survey data for CPT code 33212 and agreed that the median physician time components accurately reflect the physician time required to perform this service. However, the survey respondents overstated the work RVU at the median level and the RUC agreed that the 25th percentile work RVU of 5.26 was appropriate for this service. To validate a work RVU of 5.26, the RUC compared 33212 to the key reference service CPT code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work

RVU= 6.05). The Committee noted that the reference service has greater total time compared to the surveyed code, 181 minutes and 129 minutes, respectively and should be valued greater than 33212. Finally, the RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). With solid survey data and the comparison to the key reference code, the RUC concurred that 33212 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 5.26 for CPT code 33212.**

33213 Insertion of pacemaker pulse generator only with existing; dual leads

The RUC reviewed the survey data for CPT code 33213 and agreed that the median intra-service time accurately reflects the physician time required to perform this service. However, the post-service time was reduced from 22.5 minutes to 20 minutes to maintain continuity between the entire family of services. The RUC agreed that the survey respondents overstated the work RVU at the median level and a consistent work value was established to ensure the physician work required to insert or remove and replace each additional lead is accurate and relative to the family. Therefore, the RUC reviewed the survey data and noted that the average increase at the 25th percentile between each additional lead is 0.27 work RVUs for the entire surveyed family. The Committee applied the standard increment of 0.27 work RVUs to the base code, 33212, and agreed that a work RVU of 5.53 accurately reflects the typical physician work for 33213. To validate this work RVU, the RUC compared 33213 to reference code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU= 6.05) and noted that 61885 has greater total time at 181 minutes compared to 130 minutes and should be valued greater than the surveyed code. Finally, the RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). With the comparison to the reference code, the RUC concurred that 33213 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 5.53 for CPT code 33213.**

33221 Insertion of pacemaker pulse generator only with existing; multiple leads

The RUC reviewed the survey data for CPT code 33221 and agreed that the median physician time components accurately reflect the physician time required to perform this service. However, the survey respondents overstated the work RVU at the median level and the RUC applied the standard increment of 0.27 work RVUs to the insertion of dual leads code, 33213, and agreed that a work RVU of 5.80 accurately reflects the typical physician work for 33221. To validate this work RVU, the RUC noted that the recommended work RVU is almost identical to the 25th percentile survey value of 5.79. In addition, the RUC compared 33221 to reference code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU= 6.05) and noted that 61885 has greater total time at 181 minutes compared to 134 minutes and should be valued greater than the surveyed code.

The RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). Finally, the Committee compared the recommended work value of 33221 compared to

33213 and agreed that the increase of 0.27 work RVUs accurately reflects the added complexity of physician work required with the insertion of more than two leads. With the comparison to the reference code, the RUC concurred that 33221 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 5.80 for CPT code 33221.**

33227 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system

The RUC reviewed the survey data for CPT code 33227 and agreed that the median physician time components accurately reflect the physician time required to perform this service. However, the survey respondents overstated the work RVU at the median level and the RUC agreed that the 25th percentile work RVU of 5.50 was appropriate for this service. To validate a work RVU of 5.50, the RUC compared 33227 to reference code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU= 6.05) and noted that 61885 has greater total time at 181 minutes compared to 129 minutes and should be valued greater than the surveyed code. In addition, the Committee reviewed 36570 *Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age* (work RVU= 5.36) and agreed that both services have identical intra-service time, 45 minutes, and should be valued similarly. Finally, the RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). With solid survey data and the comparison to two reference codes, the RUC concurred that 33227 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 5.50 for CPT code 33227.**

33228 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system

The RUC reviewed the survey data for CPT code 33228 and agreed that the median physician time components accurately reflect the physician time required to perform this service. However, the survey respondents overstated the work RVU at the median level and the RUC established a consistent work value increment to ensure the physician work required to insert or remove and replace each additional lead is accurate and relative to the family. Therefore, the RUC reviewed the survey data and noted that the average increase at the 25th percentile between each additional lead is 0.27 work RVUs for the entire surveyed family. The Committee applied the standard increment of 0.27 work RVUs to the base code, 33227, and agreed that a work RVU of 5.77 accurately reflects the typical physician work for 33228. To validate this work RVU, the RUC noted that the recommended work RVU is almost identical to the 25th percentile survey value of 5.70. In addition, the RUC compared 33228 to reference code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU= 6.05) and noted that 61885 has greater total time at 181 minutes compared to 134 minutes and should be valued greater than the surveyed code. The Committee also reviewed 36570 *Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age* (work RVU= 5.36) and agreed that the surveyed code should be valued higher than the reference code due to greater intra-service time, 50 minutes and 45 minutes, respectively. Finally, the RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). With the

comparison to two reference codes, the RUC concurred that 33228 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 5.77 for CPT code 33228.**

33229 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system

The RUC reviewed the survey data for CPT code 33229 and agreed that the median physician time components accurately reflect the physician time required to perform this service. However, the survey respondents overstated the work RVU at the median level and the RUC applied the standard increment of 0.27 work RVUs to the dual removal and replacement of a dual lead system code, 33229, and agreed that a work RVU of 6.04 accurately reflects the typical physician work for 33229. To validate this work RVU, the RUC noted that the recommended work RVU is almost identical to the 25th percentile survey value of 6.00. In addition, the RUC compared 33229 to reference code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU= 6.05) and noted that 61885 has greater total time at 181 minutes compared to 144 minutes and should be valued greater than the surveyed code. The Committee also reviewed 62350 *Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy* (work RVU= 6.05) and noted that both services have identical intra-service time, 60 minutes. Therefore, 33229 and 62350 should be valued almost identically.

The RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). Finally, the Committee compared the recommended work value of 33229 compared to 33228 and agreed that the increase of 0.27 work RVUs accurately reflects the added complexity of physician work required with the removal of more than two leads. With the comparison to the reference codes, the RUC concurred that 33229 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 6.04 for CPT code 33229.**

Cardioverter-Defibrillator Services

33240 Insertion of pacing cardioverter-defibrillator pulse generator only with existing; single lead

The RUC reviewed the survey data for CPT code 33240 and agreed that the median physician time components accurately reflect the physician time required to perform this service. However, the survey respondents overstated the work RVU at the median level and the RUC agreed that the 25th percentile work RVU of 6.05 was appropriate for this service. To validate a work RVU of 6.05, the RUC compared 33240 to reference code 36561 *Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older* (work RVU= 6.04) and noted that while the surveyed code has greater total time compared to the reference code, 140 minutes and 130 minutes, respectively, the intra-service time for both services is highly comparable with identical time of 45 minutes. Given this, the RUC agreed that the two services should be valued similarly. Finally, the RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). With the comparison to the reference code, the RUC concurred that 33240

is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 6.05 for CPT code 33240.**

33230 Insertion of pacing cardioverter-defibrillator pulse generator only with existing; dual leads

The RUC reviewed the survey data for CPT code 33230 and agreed that the median intra-service time accurately reflects the physician time required to perform this service. However, the post-service time was reduced from 25 minutes to 20 minutes to maintain continuity between the entire family of services. The RUC agreed that the survey respondents overstated the work RVU at the median level and a consistent work value was established to ensure the physician work required to insert or remove and replace each additional lead is accurate and relative to the family. The Committee applied the standard increment of 0.27 work RVUs to the base code, 33240, and agreed that a work RVU of 6.32 accurately reflects the typical physician work for 33230. To validate this work RVU, the RUC compared 33230 to reference code 36561 *Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older* (work RVU= 6.04) and noted that the surveyed code has greater intra-service time compared to the reference code, 60 minutes and 45 minutes, respectively. Therefore, 33230 should be valued greater than the reference code. In addition, the RUC compared 33230 to reference code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU= 6.05) and agreed that the surveyed code should be valued greater given its higher intra-service time compared to the reference code, 60 minutes and 45 minutes, respectively. Finally, the RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). With the comparison to the reference codes, the RUC concurred that 33230 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 6.32 for CPT code 33230.**

33231 Insertion of pacing cardioverter-defibrillator pulse generator only with existing; multiple leads

The RUC reviewed the survey data for CPT code 33231 and agreed that the median intra-service time accurately reflects the physician time required to perform this service. However, the post-service time was reduced from 25 minutes to 20 minutes to maintain continuity between the entire family of services. The RUC agreed that the survey respondents overstated the work RVU at the median level and a consistent work value was established to ensure the physician work required to insert or remove and replace each additional lead is accurate and relative to the family. The Committee applied the standard increment of 0.27 work RVUs to the insertion of dual leads code, 33230, and agreed that a work RVU of 6.59 accurately reflects the typical physician work for 33231. To validate this work RVU, the RUC first noted that the recommended work RVU is almost identical to the 25th percentile survey value of 6.63. In addition, the RUC compared 33231 to reference code 36561 *Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older* (work RVU= 6.04) and noted that the surveyed code has greater intra-service time compared to the reference code, 60 minutes and 45 minutes, respectively. Therefore, 33231 should be valued greater than the reference code. In addition, the RUC compared 33231 to reference code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU= 6.05) and agreed that the surveyed

code should be valued greater given its higher intra-service time compared to the reference code, 60 minutes and 45 minutes, respectively.

The RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). Finally, the Committee compared the recommended work value of 33231 compared to 33230 and agreed that the increase of 0.27 work RVUs accurately reflects the added complexity of physician work required with the insertion of more than two leads. With the comparison to the reference codes, the RUC concurred that 33231 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 6.59 for CPT code 33231.**

33262 Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system

The RUC reviewed the survey data for CPT code 33262 and agreed that the median physician time components accurately reflect the physician time required to perform this service. However, the survey respondents overstated the work RVU at the median level and the RUC agreed that the 25th percentile work RVU of 6.06 was appropriate for this service. To validate a work RVU of 6.06, the RUC compared 33262 to reference code 62350 *Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy* (work RVU= 6.05) and noted that both codes have identical intra-service time, 60 minutes and similar total time. Therefore, the surveyed code and reference code should be valued almost identically. Finally, the RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). With solid survey data and the comparison to the reference code, the RUC concurred that 33262 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 6.06 for CPT code 33262.**

33263 Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system

The RUC reviewed the survey data for CPT code 33263 and agreed that the median intra-service time accurately reflects the physician time required to perform this service. However, the post-service time was reduced from 25 minutes to 20 minutes to maintain continuity between the entire family of services. The RUC agreed that the survey respondents overstated the work RVU at the median level and a consistent work value was established to ensure the physician work required to insert or remove and replace each additional lead is accurate and relative to the family. The Committee applied the standard increment of 0.27 work RVUs to the base code, 33262, and agreed that a work RVU of 6.33 accurately reflects the typical physician work for 33263. To validate this work RVU, the RUC compared 33263 to reference code 36561 *Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older* (work RVU= 6.04) and noted that the surveyed code has greater intra-service time compared to the reference code, 60 minutes and 45 minutes, respectively. Therefore, 33263 should be valued greater than the reference code. In addition, the RUC compared 33263 to reference code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU= 6.05) and agreed that the surveyed code should be valued greater given its higher

intra-service time compared to the reference code, 60 minutes and 45 minutes, respectively. Finally, the RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). With the comparison to the reference codes, the RUC concurred that 33263 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 6.33 for CPT code 33263.**

33264 Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system

The RUC reviewed the survey data for CPT code 33264 and agreed that the median physician time components accurately reflect the physician time required to perform this service. However, the survey respondents overstated the work RVU at the median level and the RUC agreed that a consistent work value increment should be established to ensure the physician work required to insert or remove and replace each additional lead is accurate and relative to the family. The Committee applied the standard increment of 0.27 work RVUs to the removal and replacement of a dual lead system code, 33263, and agreed that a work RVU of 6.60 accurately reflects the typical physician work for 33264. To validate this work RVU, the RUC first noted that the recommended work RVU is almost identical to the 25th percentile survey value of 6.63. In addition, the RUC compared 33264 to reference code 36561 *Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older* (work RVU= 6.04) and noted that the surveyed code has greater intra-service time compared to the reference code, 60 minutes and 45 minutes, respectively. Therefore, 33264 should be valued greater than the reference code. In addition, the RUC compared 33264 to reference code 61885 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array* (work RVU= 6.05) and agreed that the surveyed code should be valued greater given its higher intra-service time compared to the reference code, 60 minutes and 45 minutes, respectively.

The RUC discussed the appropriate level of post-operative visits for this service. The RUC agreed that the typical physician work related to the management of the wound requires one level three office visit (99213) and a half discharge day management service (99238). Finally, the Committee compared the recommended work value of 33264 compared to 33263 and agreed that the increase of 0.27 work RVUs accurately reflects the added complexity of physician work required with the insertion of more than two leads. With the comparison to the reference codes, the RUC concurred that 33264 is appropriately valued relative to the family of services and other similar services in the RBRVS. **The RUC recommends a work RVU of 6.60 for CPT code 33264.**

Work Neutrality

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense

The RUC accepted the direct practice expense inputs recommended by the specialty for these procedures performed in the facility setting at the April 2011 RUC Meeting.

Molecular Pathology-Tier 1 (Tab 5)

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The CPT Editorial Panel has developed a new coding structure to describe molecular pathology services, based on the efforts and recommendations of the Molecular Pathology Coding Workgroup convened beginning in October 2009. In October 2010 and February 2011, the Panel accepted 92 Tier 1 codes, which are a list of gene-specific and genomic analysis CPT codes for high-volume molecular pathology services. These services were previously reported with a series of “stacking codes.” The RUC understands that payment for these services is currently based on a mixture of payment methodologies, including the physician fee schedule and the clinical lab fee schedule. CMS requested that the RUC review data provided by the College of American Pathologists to provide the agency with more information, as a policy is developed to determine which payment schedule is appropriate for these services. In April 2011, the RUC recommended physician work and time values for 18 Tier I codes. In September 2011, the specialty presented data on the remaining 52 services. At this time, the specialty indicated that interpretation is not typically performed by a physician for the remaining Tier I codes.

81225 CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81225 was 13 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that although the time associated with the key reference code 86320 *Immunoelectrophoresis; serum* (total time = 17 minutes, work RVU = 0.37) is slightly more than the surveyed code, 81225 is a more complex and intense service perform. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.37, the survey’s 25th percentile, for CPT code 81225.**

81245 FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (ie, exons 14, 15)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81245 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time than the surveyed code.. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires

similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.37, the survey's 25th percentile, for CPT code 81245.**

81350 UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81350 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time than the surveyed code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.37, the survey's 25th percentile, for CPT code 81350.**

81227 CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81227 was 14 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that although the time associated with the key reference code 86320 *Immuno-electrophoresis; serum* (total time = 17 minutes, work RVU = 0.37) is slightly more than the surveyed code, 81227 is a more complex and intense service to perform. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.38, the survey's 25th percentile, for CPT code 81227.**

81355 VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81355 was 15 minutes. The RUC agreed that this time

accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that although the time associated with the key reference code 86320 *Immunoelectrophoresis; serum* (total time = 17 minutes, work RVU = 0.37) is slightly more than the surveyed code, 81355 is a more complex and intense service to perform. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.38, the survey's 25th percentile, for CPT code 81355.**

81310 NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants

The RUC reviewed the survey data as presented by the specialty society which indicated that the 75th percentile for time for 81310 was 19 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time than the surveyed code.. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.39, the survey's 25th percentile, for CPT code 81310.**

81331 SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81331 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time than the surveyed code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation*

disorder/triplet repeat), which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.39, the survey's 25th percentile, for CPT code 81331.**

81265 Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81265 was 17 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with the key reference code 86320 *Immunoelectrophoresis; serum* (total time = 17 minutes, work RVU = 0.37) is exactly the same as the surveyed code, however, 81265 overall is a more complex and intense service to perform. Further, the RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.40, the survey's 25th percentile, for CPT code 81265.**

81266 Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81266 was 15 minutes. The RUC agreed that this time accurately reflects the amount of physician time required to perform the service. The RUC agreed with the specialty that although the time associated with the key reference code 86320 *Immunoelectrophoresis; serum* (total time = 17 minutes, work RVU = 0.37) is slightly more than the surveyed code, 81266 is overall a more intense procedure to perform. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.41, the survey's 25th percentile, for CPT code 81266.**

81267 Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81267 was 18 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time than the surveyed code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires less physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.45, the survey's 25th percentile, for CPT code 81267.**

81268 Chimerism (engraftment) analysis, post-transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81268 was 20 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires similar time to perform compared to the surveyed code, 81268. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires less work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)*, which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.51, the survey's 25th percentile, for CPT code 81268.**

81226 CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81226 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time to perform compared to the surveyed code, 81226. The specialty society also explained, and the RUC agreed, that this service keeps rank order with Tier 2 code 81402 *Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon)*, which the RUC recommended at this meeting 0.50

work RVUs for 20 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.43, the survey's 25th percentile, for CPT code 81226.**

81301 Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81301 was 20 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires similar physician time and intensity to perform compared to the surveyed code, 81301. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires less work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81402 *Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon*, which the RUC recommended at this meeting 0.50 work RVUs for 20 minutes of intra-service time **Based on these comparisons, the RUC recommends a work RVU of 0.50, the survey's 25th percentile, for CPT code 81301.**

81261 IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplification methodology (eg, polymerase chain reaction)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81261 was 21 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires similar physician time and intensity to perform compared to the surveyed code, 81261. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires less work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81402 *Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon*, which the RUC recommended at this meeting 0.50 work RVUs for 20 minutes of intra-service time **Based on these comparisons, the RUC recommends a work RVU of 0.52, the survey's 25th percentile, for CPT code 81261.**

81342 TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81342 was 25 minutes. The RUC agreed that this time

accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires less physician time and intensity to perform compared to the surveyed code, 81342. The specialty society also explained that this service keeps rank order with Tier 2 code 81402 *Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon*, which the RUC recommended at this meeting 0.50 work RVUs for 20 minutes of intra-service time **Based on these comparisons, the RUC recommends a work RVU of 0.57, the survey's 25th percentile, for CPT code 81342.**

81264 IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81264 was 22 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that although the key reference code 88182 *Flow cytometry, cell cycle or DNA analysis* (total time = 20 minutes, work RVU = 0.77) requires less time compared to the surveyed code, 81264, the reference code is overall a more intense service to perform. The RUC also compared this service to 88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site*, (Intra-time=20 minutes, Work RVU=0.60) which requires similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81402 *Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon*, which the RUC recommended at this meeting 0.50 work RVUs for 20 minutes of intra-service time **Based on these comparisons, the RUC recommends a work RVU of 0.58, the survey's 25th percentile, for CPT code 81264.**

81262 IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81262 was 20 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that although the key reference code 88182 *Flow cytometry, cell cycle or DNA analysis* (total time = 20 minutes, work RVU = 0.77) requires similar time compared to the surveyed code, 81262, the reference code is overall a more intense service to perform. The RUC also compared this service to 88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site*, (Intra-time=20 minutes, Work RVU=0.60) which requires similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81402 *Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon*, which the RUC recommended at this meeting 0.50 work RVUs for 20 minutes of

intra-service time **Based on these comparisons, the RUC recommends a work RVU of 0.61, the survey's 25th percentile, for CPT code 81262.**

81210 BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81210 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time and intensity to perform compared to the surveyed code, 81210. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar physician work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)*, which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time **Based on these comparisons, the RUC recommends a work RVU of 0.37, the survey's 25th percentile, for CPT code 81210.**

81263 IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81263 was 23 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires less work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)*, which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time **Based on these comparisons, the RUC recommends a work RVU of 0.52, the survey's 25th percentile, for CPT code 81263.**

81332 SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81332 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) is more than the surveyed code. Further, the RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording,*

scanning analysis, interpretation and report (intra-time=15 minutes, work RVU=0.38), which requires similar work and time to perform. The specialty society also explained that this service keeps rank order with Tier 2 code 81401 *Molecular pathology procedure, Level 2* (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat), which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. **Based on these comparisons, the RUC recommends a work RVU of 0.40, the survey's 25th percentile, for CPT code 81332.**

81257 HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81402 *Molecular pathology procedure, Level 3* (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon, which the RUC recommended at this meeting 0.50 work RVUs for 20 minutes of intra-service time. The RUC agreed that 20 minutes accurately reflects the amount of time required to perform the service. The RUC also agreed with the specialty that the time associated with the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) is similar compared to the surveyed code. **Based on these comparisons, the RUC recommends a work RVU of 0.50 for CPT code 81257.**

81340 TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81340 was 25 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared the surveyed code to 88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site* (Intra-service time=20minutes, Work RVU=0.60) and noted that the surveyed code required more time to perform than the reference code. The specialty society also explained that this service keeps rank order with Tier 2 code 81402 *Molecular pathology procedure, Level 3* (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon, which the RUC recommended at this meeting 0.50 work RVUs for 20 minutes of intra-service time **Based on these comparisons, the RUC recommends a work RVU of 0.63, the survey's 25th percentile, for CPT code 81340.**

81293 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)* which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report (intra-time=15 minutes, work RVU=0.38)*, which requires much less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.52 for CPT code 81293.**

81296 MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants

The specialty society explained that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)* which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report (intra-time=15 minutes, work RVU=0.38)*, which requires much less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.52 for CPT code 81296.**

81299 MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)* which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report (intra-time=15 minutes, work RVU=0.38)*, which is less complex and requires less physician work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.52 for CPT code 81299.**

81303 MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions,*

mutation scanning or duplication/deletion variants of 2-5 exons) which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. However, the surveyed code requires less intensity to perform than the reference code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which is less complex and requires less physician work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.52 for CPT code 81303.**

81304 MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)* which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which is less complex and requires less physician work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.52 for CPT code 81304.**

81318 PMS2 (postmeiotic segregation increased 2 [*S. cerevisiae*]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)* which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which is less complex and requires less physician work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.52 for CPT code 81318.**

81300 MSH6 (mutS homolog 6 [*E. coli*]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81404 *Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)* which the RUC

recommended at this meeting 0.65 work RVUs for 30 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (intra-time=20 minutes, work RVU=0.52), which requires less work and time to perform. The RUC also compared this code to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.65 for CPT code 81300.**

81302 MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81404 *Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)* which the RUC recommended at this meeting 0.65 work RVUs for 30 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (intra-time=20 minutes, work RVU=0.52), which requires less work and time to perform. The RUC also compared this code to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.65 for CPT code 81302.**

81294 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81405 *Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)* which the RUC recommended at this meeting 0.80 work RVUs for 30 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (intra-time=20 minutes, work RVU=0.52), which requires less work and time to perform. The RUC also compared this code to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.80 for CPT code 81294.**

81297 MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81405 *Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)* which the RUC

recommended at this meeting 0.80 work RVUs for 30 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (intra-time=20 minutes, work RVU=0.52), which requires less work and time to perform. The RUC also compared this code to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.80 for CPT code 81297.**

81298 MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81405 *Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)* which the RUC recommended at this meeting 0.80 work RVUs for 30 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (intra-time=20 minutes, work RVU=0.52), which requires less work and time to perform. The RUC also compared this code to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.80 for CPT code 81298.**

81319 PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81405 *Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)* which the RUC recommended at this meeting 0.80 work RVUs for 30 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (intra-time=20 minutes, work RVU=0.52), which requires less work and time to perform. The RUC also compared this code to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.80 for CPT code 81319.**

81292 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81406 *Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array*

analysis for neoplasia, which the RUC recommended at this meeting 1.40 work RVUs for 60 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared this code to 96204 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires more work and time to perform. The RUC also compared the surveyed code to 88325 *Consultation, comprehensive, with review of records and specimens, with report on referred material* (Intra-service time=80minutes, work RVU=2.50) and acknowledged that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 1.40 for CPT code 81292.**

81295 MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81406 *Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia*, which the RUC recommended at this meeting 1.40 work RVUs for 60 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared this code to 96204 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires more work and time to perform. The RUC also compared the surveyed code to 88325 *Consultation, comprehensive, with review of records and specimens, with report on referred material* (Intra-service time=80minutes, work RVU=2.50) and acknowledged that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 1.40 for CPT code 81295.**

81317 PMS2 (postmeiotic segregation increased 2 [*S. cerevisiae*]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81406 *Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia*, which the RUC recommended at this meeting 1.40 work RVUs for 60 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared this code to 96204 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires more work and time to perform. The RUC also compared the surveyed code to 88325 *Consultation, comprehensive, with review of records and specimens, with report on referred material* (Intra-service time=80minutes, work RVU=2.50) and acknowledged that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 1.40 for CPT code 81317.**

81341 TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene

rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81341 was 19 minutes. The RUC agreed that this time accurately reflects the amount of physician time required to perform the service. The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to 88388 *Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node)* (work RVU=0.45) The RUC agreed that this work RVU accurately reflected the amount of effort required to perform the service. The RUC compared this code to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (Intra-Service time=15 minutes, work RVU=0.38) and noted that the surveyed code requires more time and work to perform than the reference code. Further, the RUC compared the surveyed code to 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report* (Intra-Service time=30 minutes, Work RVU=0.85) and noted that the surveyed code requires less work and time compared to this reference code. **Based on these comparisons, the RUC recommends 0.45 Work RVUs for 81341.**

81370 HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81370 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with reference code 88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site* (total time = 20 minutes, work RVU = 0.60) is more than the surveyed code. Further, the RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which although requires similar time to perform is overall a less complex and intense service to perform in comparison to the surveyed code. **Based on these comparisons, the RUC recommends a work RVU of 0.54, the survey's 25th percentile, for CPT code 81370.**

81371 HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1/3/4/5 (eg, verification typing)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81371 was 30 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time=20 minutes, work RVU=0.52) is less than the surveyed code and that the reference code requires less intensity to perform. Further, the RUC also compared this service to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (intra-time=40 minutes, work RVU=0.94), which requires more work and time to perform in comparison to the surveyed code. **Based on**

these comparisons, the RUC recommends a work RVU of 0.60, the survey's 25th percentile, for CPT code 81371.

81372 HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81372 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with reference code 88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site* (total time=20 minutes, work RVU=0.60) is more than the surveyed code and that the reference code requires more intensity to perform. Further, the RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which although it requires similar time to perform, it is a less complex and intense service to perform in comparison to the surveyed code. **Based on these comparisons, the RUC recommends a work RVU of 0.52, the survey's 25th percentile, for CPT code 81372.**

81373 HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81373 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with reference code 86320 *Immunoelectrophoresis; serum* (total time = 17 minutes, work RVU = 0.37) is similar compared to the surveyed code and that the reference code requires similar intensity to perform compared to this reference code. Further, the RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which also requires similar time and intensity to perform compared to the surveyed code. **Based on these comparisons, the RUC recommends a work RVU of 0.37, the survey's 25th percentile, for CPT code 81373.**

81374 HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81374 was 13 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with reference code 86320 *Immunoelectrophoresis; serum* (total time = 17 minutes, work RVU = 0.37) is slightly more compared to the surveyed code and that the reference code requires slightly more intensity to perform compared to this reference code. Further, the RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which also requires slightly more time to perform compared to the surveyed code. **Based on these comparisons, the RUC recommends a work RVU of 0.34, the survey's 25th percentile, for CPT code 81374.**

81375 HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81375 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with reference code 88182 *Flow cytometry, cell cycle or DNA analysis* (total time = 20 minutes, work RVU = 0.77) is more than the surveyed code and that the reference code requires more intensity to perform. Further, the RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which although it requires similar time to perform the reference code is a less complex and intense service to perform in comparison to the surveyed code. **Based on these comparisons, the RUC recommends a work RVU of 0.60, the survey's 25th percentile, for CPT code 81375.**

81376 HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1/3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81376 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with reference code 88182 *Flow cytometry, cell cycle or DNA analysis* (total time = 20 minutes, work RVU = 0.77) is more than the surveyed code.. Further, the RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which although it requires similar time to perform the reference code is less complex and intense service to perform in comparison to the surveyed code. **Based on these comparisons, the RUC recommends a work RVU of 0.50, the survey's 25th percentile, for CPT code 81376.**

81377 HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81377 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC agreed with the specialty that the time associated with reference code 88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site* (total time = 20 minutes, work RVU = 0.60) is more than the surveyed code. Further, the RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which although requires similar time to perform it is a less intense service to perform in comparison to the surveyed code. **Based on these comparisons, the RUC recommends a work RVU of 0.43, the survey's 25th percentile, for CPT code 81377.**

81378 HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81378 was 20 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The specialty society recommended and the RUC agreed that the best way to develop a work RVU for this service was to directly crosswalk it to 88388 *Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node)* (work RVU=0.45). The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires similar time compared to the surveyed code, 81378. However, this reference code is a slightly more intense procedure to perform in comparison to the surveyed code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar time to perform however, the surveyed code is more complex and intense to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.45 for CPT code 81378.**

81379 HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81379 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The specialty society recommended and the RUC agreed that the best way to develop a work RVU for this service was to directly crosswalk it to 88388 *Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node)* (work RVU=0.45). The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time compared to the surveyed code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar time to perform however, the surveyed code is more complex and intense to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.45 for CPT code 81379.**

81380 HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each

The RUC reviewed the survey data as presented by the specialty society which indicated that the median physician time for 81380 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The specialty society recommended and the RUC agreed that the best way to develop a work RVU for this service was to directly crosswalk it to 88388 *Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node)* (work RVU=0.45). The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU =

0.52) requires more time compared to the surveyed code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar time to perform however, the surveyed code requires more intensity to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.45 for CPT code 81380.**

81381 HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each

The specialty society recommended and the RUC agreed that the best way to evaluate this service was to directly crosswalk it to 88388 *Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node)* (Intra-service=12minutes, work RVU=0.45) as these services require the same time and intensity to perform. The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time compared to the surveyed code, 81381 and this reference code is a slightly more intense procedure to perform in comparison to the surveyed code. **Based on these comparisons, the RUC recommends a work RVU of 0.45 for CPT code 81381.**

81382 HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3, -DRB4, -DRB5, -DQB1, -DQA1, -DPB1, or -DPA1), each

The RUC reviewed the survey data as presented by the specialty society which indicated that the median physician time for 81382 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The specialty society recommended and the RUC agreed that the best way to develop a work RVU for this service was to directly crosswalk it to 88388 *Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node)* (work RVU=0.45). The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time compared to the surveyed code, 81382 and this reference code is a slightly more intense procedure to perform in comparison to the surveyed code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar time to perform however, the surveyed code is requires more complex and intense to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.45 for CPT code 81382.**

81383 HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81383 was 15 minutes. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The specialty society recommended and the RUC agreed that the best way to develop a work RVU for

this service was to directly crosswalk it to 88388 *Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node)* (work RVU=0.45). The RUC agreed with the specialty that the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (total time = 20 minutes, work RVU = 0.52) requires more time compared to the surveyed code, 81383 and this reference code is a slightly more intense procedure to perform in comparison to the surveyed code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which requires similar time to perform however, the surveyed code is more complex and intense to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.45 for CPT code 81383.**

Practice Expense

The specialty provided data based on assumed batch sizes and modified these batch size estimates to ensure maximum efficiency for today's practice. However the RUC agreed that the batch sizes should be re-examined when greater experience is available for these services. Further, The specialty society explained that the majority of these services are being crosswalked with minor differences to the practice expense inputs associated with the molecular pathology services that were approved at the April 2011 RUC Meeting. The remainder of the Molecular Pathology services, specifically, the HLA services, had new practice expense inputs. The PE Subcommittee reviewed all the recommended practice expense inputs over a conference call and during the PE Subcommittee meeting and made minor changes mostly pertaining to duplication in supplies and equipment, which were all subsequently approved by the RUC.

Work Neutrality

Reviewing the Medicare utilization data for 83912 *Molecular diagnostics; interpretation and report* (work RVU = 0.37) and the specialty's estimate of utilization of these individual services, the RUC understands that these recommendations will be work neutral to the family.

New Technology

The entire set of molecular pathology codes should be re-reviewed after claims data are available and there is experience with the new coding system. The physician time, work, and practice expense inputs should all be reviewed again in the future as these estimates are based on a good faith effort using available information in 2011.

Flagging in the RUC Database

The RUC recommends that all of the molecular pathology services with less than 30 survey responses should be flagged in the RUC database so that they are not used to validate the proposed work associated with any CPT codes under RUC review.

Molecular Pathology Test-Tier 2 (Tab 6)

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In response to payer requests, the CPT Editorial Panel developed a new coding structure to describe molecular pathology services, based on the efforts and recommendations of

the Molecular Pathology Coding Workgroup convened beginning in October 2009. In October 2010, the Panel accepted 9 Tier 2 codes, which are a list of codes to be reported when the service is not listed in the Tier 1 codes. The Tier 2 codes are arranged by the level of technical resources and interpretive professional work required. The RUC understands that these services will be rarely reported and represent tests that are established and well developed, however their low volume does not warrant characterization as Tier 1 and unlikely to be automated at this time. If increases, the RUC understands that the test will be assigned a Tier 1 code. These services were previously reported with a series of “stacking codes.” The RUC understands that payment for these services is currently based on a mixture of payment methodologies, including the physician fee schedule and the clinical lab fee schedule. CMS has requested that the RUC review data provided by the College of American Pathologists to provide the agency with more information as a policy is developed to determine which payment schedule is appropriate for these services.

In April 2011, the RUC found it difficult to appropriately assign a physician work valuation to these services. The number of survey respondents for each code ranged from 11 to 26, all below the RUC’s required minimum of thirty respondents. The recommendations submitted by the specialty did not reflect appropriate valuation given the corresponding time recommendations. The RUC proposed interim recommendations and the specialty society re-surveyed for the September 2011 RUC Meeting. For the September 2011 RUC meeting, the specialty society was able to garner a significantly higher response rate and thus the RUC has considerable confidence in their survey data for the following Molecular Pathology Tier 2 Tests.

81400 Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)

The RUC reviewed the specialty’s survey data from 94 molecular pathologists who provide these services. The survey results indicated a median physician time for 81400 of 10 minutes and a work value of 0.37. The RUC agreed that the median time accurately reflects the amount of time required to perform the service. The RUC compared 81400 to the key reference code 86320 *Immunoelectrophoresis; serum* (work RVU = 0.37) and agreed that the reference code requires more time to perform than the surveyed code, 17 minutes and 10 minutes, respectively. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), and noted that the surveyed code requires less time to perform than this reference code.

Based on these comparisons, the RUC recommends a work RVU of 0.32, the survey’s 25th percentile, for CPT code 81400.

81401 Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)

The RUC reviewed the specialty society’s survey data from 59 molecular pathologists who provide these services. The survey data resulted in a median physician time for 81401 of 15 minutes and a work RVU of 0.50.. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared 81401 to the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation*

and report (work RVU = 0.52) and agreed that the reference code requires more time to perform than the surveyed code, 20 minutes and 15 minutes, respectively. Further, the RUC noted that the key reference code is a more intense service to perform as compared to the reference code. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), and noted that the surveyed code requires similar physician time to perform as compared to this reference code. **Based on these comparisons, the RUC recommends a work RVU of 0.40, the survey's 25th percentile, for CPT code 81401.**

81402 Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon)

The RUC reviewed the specialty society's survey data from 61 molecular pathologists who provide these services. The survey data resulted in a median physician time for 81402 was 20 minutes and a work RVU of 0.52. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared 81402 to the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (work RVU = 0.52) and agreed that the reference code requires the same time to provide as compared to the surveyed code, 20 minutes. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), and noted that the surveyed code requires more time to perform as compared to this reference code. **Based on these comparisons, the RUC recommends a work RVU of 0.50, the survey's 25th percentile, for CPT code 81402.**

81403 Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)

The RUC reviewed the specialty's society's survey data from 47 molecular pathologists who provide these services, The survey data indicated a median time for 81403 of 28 minutes with a median physician work RVU of 0.77. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared 81403 to the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (work RVU = 0.52) and agreed that the reference code requires less time to perform as compared to the surveyed code, 20 minutes and 28 minutes, respectively. However, the specialty acknowledged, and the RUC agreed, that although the surveyed code requires more time to perform as compared to the reference code, they are similarly intense services. The RUC also compared this service to 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report* (intra-time=30 minutes, work RVU=0.85), and noted that the surveyed code requires less time and is a less intense service to perform as compared to this reference code. **Based on these comparisons, the RUC recommends a work RVU of 0.52, the survey's 25th percentile, for CPT code 81403.**

81404 Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)

The RUC reviewed the specialty society's survey data from 49 molecular pathologist who provide these services. The survey data indicated a median time for 81404 of 30 minutes with a median physician work RVU of 0.83. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared 81404 to the key reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (work RVU = 0.52) and agreed that the reference code requires less time to perform as compared to the surveyed code, 20 minutes and 30 minutes, respectively. Further, the specialty acknowledged, and the RUC agreed, that the surveyed code is a more intense service to perform in comparison to the reference code. The RUC also compared this service to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Work RVU=0.94) and noted that the reference code requires more time to perform in comparison to the surveyed code, 40 minutes and 30 minutes, respectively. **Based on these comparisons, the RUC recommends a work RVU of 0.65, the survey's 25th percentile, for CPT code 81404.**

81405 Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)

The RUC reviewed the specialty's survey data from 31 molecular pathologists who provide these services, The survey data indicated a median time for 81405 of 30 minutes with a median physician work RVU of 0.94.. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared 81403 to the key reference code 88112 *Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal* (work RVU = 1.18) and agreed that the reference code requires more time to perform as compared to the surveyed code, 43 minutes and 30 minutes, respectively. The RUC also compared this service to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Work RVU=0.94) and noted that the reference code requires more time to perform in comparison to the surveyed code, 40 minutes and 30 minutes, respectively. **Based on these comparisons, the RUC recommends a work RVU of 0.80, the survey's 25th percentile, for CPT code 81405.**

81406 Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81406 was 60 minutes, with a median work RVU of 1.40. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared 81406 to the key reference code 88323 *Consultation and report on referred material requiring preparation of slides* (work RVU = 1.83) and agreed that the reference code requires similar time to perform as compared to the surveyed code, 56 minutes and 60 minutes, respectively. However, the specialty acknowledged and the RUC agreed that although the surveyed code requires similar time to perform as compared to the reference code, the reference code is a more intense

service to perform in comparison to the surveyed code. The RUC also compared this service to 92626 *Evaluation of auditory rehabilitation status; first hour* (intra-time=60 minutes, work RVU=1.40), and noted that the surveyed code requires the same time and is a similarly intense service to perform as compared to this reference code. **Based on these comparisons, the RUC recommends a work RVU of 1.40, the survey's median, for CPT code 81406.**

81407 Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81406 was 60 minutes, with a median work RVU of 1.85. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared 81407 to the key reference code 88309 *Level VI - Surgical pathology, gross and microscopic examination* (work RVU = 2.80) and agreed that the reference code requires more time to perform as compared to the surveyed code, 90 minutes and 60 minutes, respectively. The RUC also compared this service to 96118 *Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report* (Work RVU=1.86) and noted that this reference code requires the same time to perform in comparison to the surveyed code, 60 minutes. **Based on these comparisons, the RUC recommends a work RVU of 1.85, the survey's median percentile, for CPT code 81407.**

81408 Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)

The RUC reviewed the survey data as presented by the specialty society which indicated that the median time for 81408 was 80 minutes, with a median work RVU of 2.80. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC compared 81408 to the key reference code 88309 *Level VI - Surgical pathology, gross and microscopic examination* (work RVU = 2.80) and agreed that the reference code requires more time to perform as compared to the surveyed code, 90 minutes and 80 minutes, respectively. The RUC also compared this service to 88325 *Consultation, comprehensive, with review of records and specimens, with report on referred material* (Work RVU=2.50) and noted that this reference code requires the same time to perform in comparison to the surveyed code, 80 minutes. **Based on these comparisons, the RUC recommends a work RVU of 2.35, the survey's 25th percentile, for CPT code 81408.**

Practice Expense

The practice expense inputs for these services were approved at the April 2011 RUC meeting and forwarded to CMS in May 2011.

Work Neutrality

Reviewing the Medicare utilization data for 83912 *Molecular diagnostics; interpretation and report* (work RVU = 0.37) and the specialty's estimate of utilization of these individual services, the RUC understands that these recommendations will be work neutral to the family.

New Technology

The entire set of molecular pathology codes should be re-reviewed after claims data are available and there is experience with the new coding system. The time, work valuation, and practice expense inputs should all be reviewed again in the future as these estimates are based on a good faith effort using available information in 2011.

X. Relative Value Recommendations for CPT 2013

Transcath Retrieval Intravascular Foreign Body (Tab 7)

Gary Seabrook, MD (SVS); Mathew Sideman (SVS); MD, Michael Sutherland, MD (SVS); Robert Vogelzang, MD (SIR); Gerald Niedzwiecki, MD (SIR); Michael Hall, MD (SIR); Geraldine McGinty, MD (ACR); Zeke Silva, MD (ACR)

Facilitation Committee #3

In 2010, the RUC's Relativity Assessment Workgroup identified the code pair 37620 *Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)* and 75940 *Percutaneous placement of IVC filter, radiological supervision and interpretation* and 36010 *Introduction of catheter, superior or inferior vena cava* billed together more than 75% of the time according to 2009 Medicare claims data. In February 2011, the CPT Editorial Panel created four new codes to bundle the services together. In April 2011, three new codes 37191, 37192 and 37193 were surveyed and reviewed by the RUC. However, one code 372XX1 *Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed* was held for survey for the September 2011 RUC meeting.

The RUC reviewed the survey results from 69 practicing physicians and agreed with the specialty that the survey's median physician time components as follows: pre-service time of 41 minutes, intra-service time of 60 minutes and post-service time of 20 minutes. The RUC also reviewed the survey's estimated work values and disagreed that the median work RVU of 8.00 was an accurate valuation for the typical physician work involved. The RUC did not agree that this service reflected the same work as 37183 *Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)* (work RVU= 7.99). However, the RUC understands that the easier patients will be reported under the new IVC filter code 37193 *Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* leaving an increase in intensity of patients for 372XX1.

To find an appropriate value, the RUC compared the surveyed code to CPT code 36475 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated* (work RVU= 6.72) and agreed that the two services have highly similar intra-service work, and identical time of 60 minutes. Given that these services are so similar, the RUC agreed that 372XX1 should be directly crosswalked to 36475. For additional reference, 372XX1 was compared to CPT code 36478 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated* (work RVU= 6.72) and the RUC agreed that the two services should be

valued identically, due to analogous physician work and intra-service time, 55 minutes and 60 minutes, respectively. Finally, to ensure a work RVU of 6.72 is accurate, the RUC took the median survey of 8.00 work RVUs and backed out the introduction service, 36013 *Introduction of catheter, right heart or main pulmonary artery* (work RVU= 1.26), adjusted for multiple procedure reduction). The resulting work RVU of 6.74 is an accurate value for the physician work involved in 372XX1, providing an additional level of validation for the recommended work RVU of 6.72 (a direct crosswalk to 36475). **The RUC recommends a work RVU of 6.72 for CPT code 372XX1.**

Practice Expense

The RUC accepted the direct practice expense inputs recommended by the specialty and made minor modifications to the equipment to align with the revised moderate sedation equipment guidelines.

Work Neutrality

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Biopsy of Eyelid (Tab 8)

Mark Kaufmann, MD (AAD); Brett Coldiron, MD (AAD); Fitzgerald Sanchez, MD (AAD); Steve Kamenetzky, MD (AAO)

CMS identified CPT code 67810 *Incisional biopsy of eyelid skin including lid margin* as part of the 4th Five-Year Review of the RBRVS as Harvard-Valued - Utilization Over 30,000. In October 2010, the RUC referred code 67810 to the CPT Editorial Panel to expand the descriptor to include the "eyelid margin" as that was the intent, as well as clarify the vignette to also include the eyelid margin.

In September 2011, the RUC reviewed the survey results from 50 dermatologists and ophthalmologists for CPT code 67810 and determined that a decrease in the current work RVU to the survey 25th percentile work RVU of 1.18 appropriately accounts for the work required to perform this service. The RUC agreed with the specialty society recommended pre-service time of 11 minutes and intra-service time of 13 minutes. The RUC acknowledged that the specialty society survey of 20 minutes and the standard of 23 minutes is too high due to the reporting of Evaluation and Management on the same date. The recommended pre-service time of 11 minutes addresses the issue. However, the RUC reduced the post-service time from 10 minutes to 5 minutes, as this service is typically performed with an Evaluation and Management service. The RUC compared 67810 to reference service 11755 *Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)* (work RVU = 1.31) and determined that the surveyed service was more intense and complex as the biopsy surrounds the eye, however requires less physician time to perform than the reference service, 13 minutes versus 25 minutes, respectively. The RUC also compared 67810 to MPC codes 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* (work RVU = 1.10, total time = 30 minutes) and 62270 *Spinal puncture, lumbar, diagnostic* (work RVU = 1.37, total time = 40 minutes). Therefore, the survey 25th percentile work RVU of 1.18 and total physician time of 29 minutes appropriately accounts for the physician work required to perform this service relative to similar services. **The RUC recommends a work RVU of 1.18 for CPT code 67810.**

Practice Expense:

The PE Subcommittee reviewed the direct practice expense inputs recommended by the specialty and made modifications to the medical supplies and equipment time.

Work Neutrality

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Molecular Pathology Tier 1 (Tab 9)

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The CPT Editorial Panel has developed a new coding structure to describe molecular pathology services, based on the efforts and recommendations of the Molecular Pathology Coding Workgroup commencement in October 2009. In October 2010 and February 2011, the Panel accepted 92 Tier 1 codes, which are a list of gene-specific and genomic analysis CPT codes for high-volume molecular pathology services. These services were previously reported with a series of "stacking codes." The RUC understands that payment for these services is currently based on a mixture of payment methodologies, including the physician fee schedule and the clinical lab fee schedule. CMS requested that the RUC review data provided by the College of American Pathologists to provide the agency with more information, as a policy is developed to determine which payment schedule is appropriate for these services. In April 2011, the RUC recommended physician work and time values for 18 Tier I codes. In September 2011, the specialty presented data on the remaining services. At this time, the specialty indicated that interpretation is not typically performed by a physician for the remaining Tier I codes.

EXXX1 EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)

The RUC reviewed the survey data from 49 pathologists for CPT code EXXX1 *EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)* and noted that the reference code 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (work RVU=0.52) required the same amount of time to perform as the surveyed code, 20 minutes. Further, the RUC noted that reference code and the surveyed code are similarly intense and complex services to perform. In addition the, RUC compared the surveyed code to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (work RVU=0.38) and noted that the surveyed code requires more time to perform than this reference codes, 20 minutes and 15 minutes, respectively. Based on these comparisons, the RUC agreed with the specialty society's recommendation of 0.51 work RVUs for this service. **The RUC recommends 0.51, the survey's 25th percentile, for EXXX1.**

GXXX3 GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81404 *Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis,*

mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) which the RUC recommended at this meeting 0.65 work RVUs for 30 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (intra-time=20 minutes, work RVU=0.52), which requires less work and time to perform. The RUC also compared this code to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.65 for CPT code GXXX3.**

GXXX4 GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)*, which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which is less complex and requires less physician work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.52 for CPT code GXXX4.**

GXXX5 GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis; common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81401 *Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)* which the RUC recommended at this meeting 0.40 work RVUs for 15 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which is similarly complex and requires similar physician work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.40 for CPT code GXXX5.**

PXXX6 PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81405 *Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)* which the RUC

recommended at this meeting 0.80 work RVUs for 30 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (intra-time=20 minutes, work RVU=0.52), which requires less work and time to perform. The RUC also compared this code to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.80 for CPT code PXXX6.**

PXXX7 PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81403 *Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)* which the RUC recommended at this meeting 0.52 work RVUs for 28 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report* (intra-time=15 minutes, work RVU=0.38), which is less complex and requires less physician work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.52 for CPT code PXXX7.**

PXXX8 PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant

The specialty society explained, and the RUC agreed, that the work RVU for this service could be best derived from crosswalking it directly to Tier 2 code 81404 *Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)* which the RUC recommended at this meeting 0.65 work RVUs for 30 minutes of intra-service time. The RUC agreed that this time accurately reflects the amount of time required to perform the service. The RUC also compared this service to 88291 *Cytogenetics and molecular cytogenetics, interpretation and report* (intra-time=20 minutes, work RVU=0.52), which requires less work and time to perform. The RUC also compared this code to 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (Intra-time=40 minutes, work RVU=0.94) and noted that the surveyed code requires less work and time to perform. **Based on these comparisons, the RUC recommends a work RVU of 0.65 for CPT code PXXX8.**

Practice Expense

The specialty society provided data based on assumed batch sizes and modified these batch size estimates to ensure maximum efficiency for today's practice. However the RUC agreed that the batch sizes should be re-examined when greater experience is available for these services. Further, The specialty society explained that the majority of these services are being crosswalked with minor differences to the practice expense inputs associated with the molecular pathology services that were approved at the April 2011 RUC Meeting. The PE Subcommittee reviewed all the recommended practice

expense inputs over a conference call and during the PE Subcommittee meeting and made minor changes mostly pertaining to duplication in supplies and equipment, which were all subsequently approved by the RUC.

Work Neutrality

Reviewing the Medicare utilization data for 83912 *Molecular diagnostics; interpretation and report* (work RVU = 0.37) and the specialty's estimate of utilization of these individual services, the RUC understands that these recommendations will be work neutral to the family.

New Technology

The entire set of molecular pathology codes should be re-reviewed after claims data are available and there is experience with the new coding system. The physician time, work, and practice expense inputs should all be reviewed again in the future as these estimates are based on a good faith effort using available information in 2011.

Flagging in the RUC Database

The RUC recommends that all of the molecular pathology services with less than 30 survey responses should be flagged in the RUC database so that they are not used to validate the proposed work associated with any CPT codes under RUC review.

Psychoanalysis (Tab 10)

Jeremy Musher, MD (APA); James Georgoulakis, PhD (APA-HCPAC); Doris Tomer, LCSW (NASW)

Multiple specialty societies submitted public comment to CMS to review code 90845 *Psychoanalysis* as part of the 4th Five-Year Review. In September 2010, recommendations regarding code 90845 were submitted along with 16 additional codes. During that presentation the specialties requested that the entire tab be referred to the CPT Editorial Panel to revised the code descriptors to more accurately describe these services. During the CPT review process, CPT recommended to remove psychoanalysis, as revisions to the descriptor were unnecessary because the work inherent in providing this service was the same regardless of the provider.

In September 2011, the RUC reviewed 90845 and agreed with the specialty society that there is compelling evidence that the patient population has changed and that the technique employed in psychoanalytic practice has changed. Psychoanalysis traditionally treated a wide variety of conditions which included a considerable number of high functioning patients who were treated for relatively minor psychological problems by current standards. Patients with these conditions are now often treated in a variety of newer treatment modalities rather than psychoanalysis. Given this, patients now receiving psychoanalysis are more complex and typically require a more active approach on part of the psychoanalyst due to the increased number of co-morbidities. In addition, in the past psychoanalysts tended to be silent during the treatment, intervening infrequently. Current practice emphasizes the importance of interaction between the psychoanalyst and the patient. As a result of this technical change the psychoanalyst is required to be much more intently focused on the minute to minute interaction during the session and considerably more active during the session. This substantially increases the psychoanalyst's intensity and complexity effort during the session, when compared with the earlier model.

The RUC reviewed CPT code 90845 and agreed with the specialty societies that the typical service is one hour, 5 minute pre-service, 50 minutes intra-service and 5 minutes immediate post-service time. The RUC reviewed the survey results and agreed that the median survey work RVU of 2.10 accurately values the typical physician work involved in the procedure. To justify this value, the RUC compared CPT code 90845 to key reference service 99404 *Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes* (work RVU = 1.95, total time = 60 minutes). Although the reference code has greater intra service time compared to the surveyed code, the survey respondents indicated and the RUC agreed that intensity and complexity to perform 90845 is greater in every measure compared to reference service 99404. The RUC also compared 90845 to reference code 99215 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 2.11, total time = 55 minutes). The respondents indicated 90845 was more intense and complex than 99215, specifically the technical skill required to perform 90845 indicated the greatest difference. Finally, the RUC compared 90845 to MPC code 99233 *Subsequent hospital care, per day, for the evaluation and management of a patient* (work RVU = 2.00, total time = 55 minutes). The RUC determined that these comparison codes coupled with the median survey results support a recommendation of 2.10 work RVUs for CPT code 90845. **The RUC recommends a work RVU of 2.10 for CPT code 90845.**

XI. CMS Requests – Harvard Valued over 30,000 Screen

Subcutaneous Removal of Foreign Body (Tab 11)

Seth Rubenstein, DPM (APMA); Tim Tillo, DPM (APMA); Thomas J. Weida, MD (AAFP)

In April 2011, the RUC identified CPT Code 10120 *Incision and removal of foreign body, subcutaneous tissues; simple* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey results from 45 family physicians and podiatrists for CPT code 10120 and determined that the current value of 1.25 work RVUs appropriately accounts for the work required to perform this service. The RUC determined that the survey 25th percentile work RVU of 1.22 and median work RVU of 1.30 support the current work value of 1.25. The specialty society indicated and the RUC agreed that the physician work required for this service had not changed. The RUC compared 10120 to key reference code 10060 *Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single* (work RVU = 1.22) and although the intra-service time for both services is 15 minutes, the RUC agreed with the survey respondents that code 10120 is slightly more intense and complex than 10060 due to the element of searching for the foreign body. The RUC also compared 10120 to similar service 10160 *Puncture aspiration of abscess, hematoma, bulla, or cyst* (work RVU = 1.25) and determined that maintaining the current value maintains appropriate rank order among other similar services in the RBRVS. The recommended pre-service and post-service time for this service accounts for separate reporting of an Evaluation and Management service on the same date. The RUC indicated that one 99212 office visit is appropriate to account for checking the wound, checking for signs of infection and reviewing the culture report. **The RUC recommends a work RVU of 1.25 for CPT code 10120.**

Repair of Wound or Lesion (Tab 12)

Brett Coldiron, MD (AAD); Glenn Goldman, MD (AAD); Mark Kaufmann, MD (AAD); Fitzgerald Sanchez, MD (AAD)

In April 2011, the RUC identified codes 13131 and 13152 as part of the Harvard Valued – Utilization Over 30,000 screen for survey at the September 2011 meeting. CPT codes 13100 and 13101 were reviewed as part of the 4th Five-Year Review. However, in the June 6, 2011 *Proposed Rule* for the 4th Five-Year Review of the RBRVS, CMS requested that the RUC review the entire family of complex wound repair codes to ensure consistency and appropriate gradation of work value. The specialty societies requested that review of codes 13131 and 13152 be postponed until after the specialty society has re-surveyed the remaining codes within this family. **The RUC recommends that the specialty society re-review /re-survey codes 13100-13152 at the January 2012 or April 2012 RUC Meeting.**

Injection for Shoulder X-Ray (Tab 13)

Geraldine McGinty, MD (ACR), Zeke Silva, MD (ACR); William Creevy, MD (AAOS)

In April 2011, the RUC identified CPT code 23350 *Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey results from 53 radiologists and orthopaedic surgeons for code 23350 and agreed with the specialty society that the work has not changed and maintaining the current work RVU of 1.00 appropriately accounts for the work required to perform this service. Further, the survey 25th percentile work RVU of 1.00 supports the current value. The RUC determined that 8 minutes pre-service time, 15 minutes intra-service time and 5 minutes immediate post-service time accurately account for the time required to perform this service. The RUC compared 23350 to key reference 62270 *Spinal puncture, lumbar, diagnostic* (work RVU = 1.37) and determined that the surveyed code requires less physician work, time, intensity and complexity to perform than code 62270, 28 minutes versus 40 minutes total time, respectively. The RUC also compared the surveyed code to MPC code 56605 *Biopsy of vulva or perineum (separate procedure); 1 lesion* (work RVU = 1.10) and determined that 56605 requires slightly more work than 23350, 35 minutes versus 28 minutes total time, respectively. **The RUC recommends a work RVU of 1.00 for CPT code 23350.**

Treatment of Humerus Fracture (Tab 14)

William Creevy, MD (AAOS); John Heiner, MD (AAOS)

In April 2011, the RUC identified CPT code 23600 *Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey results from 33 orthopaedic surgeons for code 23600 and agreed with the specialty society that decreasing the current work RVU of 3.11 to the survey 25th percentile work RVU of 3.00 appropriately accounts for the work required to perform this service. The RUC determined that 9 minutes pre-service time, 15 minutes intra-service time and 5 minutes immediate post-service time accurately account for the

time required to perform this service. The RUC noted that the pre-service time is consistent with the pre-service time for recently surveyed closed fracture without manipulation and casting/splinting services. The RUC compared 23600 to key reference 27767 *Closed treatment of posterior malleolus fracture; without manipulation* (work RVU = 2.64) and determined that while both services require 15 minutes of intra-service time, the surveyed code is more intense and complex to perform than code 27767, requiring more mental effort, technical skill and psychological stress. The RUC determined the post-operative visits, 3-99212 and 1-99213 office visits are appropriate as they are the same as the reference code and other similar upper extremity treatment codes. **The RUC recommends a work RVU of 3.00 for CPT code 23600.**

Work Neutrality

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Treatment of Metatarsal Fracture (Tab 15)

William Creevy, MD (AAOS); John Heiner, MD (AAOS); Tye Ouzounian, MD (AOFAS); Seth Rubenstein, DPM (APMA); Timothy Tillo, DPM (APMA)

In April 2011, the RUC identified CPT Code 28470 *Closed treatment of metatarsal fracture; without manipulation, each* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey results from 72 orthopaedic surgeons, orthopaedic foot and ankle surgeons and podiatrists for code 28470 and agreed with the specialty society that the work has not changed and maintaining the current work RVU of 2.03 appropriately accounts for the work required to perform this service. The RUC determined that 7 minutes pre-service time, 15 minutes intra-service time and 5 minutes immediate post-service time accurately account for the time required to perform this service. The RUC noted that the pre-service time is consistent with the pre-service time for recently surveyed closed fracture without manipulation and casting/splinting services. The RUC compared 28470 to key reference 27767 *Closed treatment of posterior malleolus fracture; without manipulation* (work RVU = 2.64) and determined that the surveyed code requires less physician work, time, intensity and complexity to perform than code 27767, 77 minutes and 96 minutes total time, respectively. The RUC reviewed the post-operative visits and recommends replacing the 99213 visit with a 99212 visit to be consistent with the other distal fracture services. Therefore, the total number of visits are 3-99212 office visits. **The RUC recommends a work RVU of 2.03 for CPT code 28470.**

Application of Forearm Cast (Tab 16)

Daniel Nagle, MD (ASSH); William Creevy, MD (AAOS)

In April 2011, the RUC identified CPT code 29075 *Application, cast; elbow to finger (short arm)* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey results from 94 orthopaedic and hand surgeons for code 29075 and agreed with the specialty society that the work has not changed and maintaining the current work RVU of 0.77 appropriately accounts for the work required to perform this service. The RUC determined that 7 minutes pre-service time, 15 minutes

intra-service time and 5 minutes immediate post-service time accurately account for the time required to perform this service. The RUC compared 29075 to key reference 99202 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 0.93) and determined that although the surveyed code requires more physical and technical skill than the key reference service the overall intensity and complexity for 29075 is less. The RUC also compared the surveyed code to MPC codes 11000 *Debridement of extensive eczematous or infected skin; up to 10% of body surface (separate procedure); 1 lesion* (work RVU = 0.60) and 11100 *Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion* (work RVU = 0.81) and determined that 29075 at the current work RVU of 0.77 aligns appropriately with these similar services. The RUC also compared the surveyed code to similar service 29405 *Application of short leg cast (below knee to toes)* (4th Five-Year Review RUC recommended work RVU = 0.80) and determined that 29075 requires similar physician work and time, 27 minutes and 25 minutes, respectively, which further supports maintaining the current value. **The RUC recommends a work RVU of 0.77 for CPT code 29075.**

Thoracentesis with Tube Insertion (Tab 17)

In April 2011, the RUC identified CPT code 32422 as part of the Harvard Valued over 30,000 and requested that this service, and identified family, be surveyed for the September 2011 RUC meeting. In September 2011, the specialty societies indicated that there is some confusion regarding which imaging guidance codes to report when performing pneumocentesis or thoracentesis as well as 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* (work RVU = 0.67) is performed together more than 75% of the time with thoracentesis codes therefore possible bundling will occur. The specialty societies requested and the RUC agreed that these services should be referred to the CPT Editorial Panel to correctly describe current practice. The specialty societies intend to submit a code change proposal in the 2013 cycle. **The RUC recommends that codes 32420-32422 be referred to the CPT Editorial Panel for clarification.**

Insertion of Chest Tube (Tab 18)

In April 2011, the RUC identified CPT code 32551 as part of the Harvard Valued over 30,000 and requested that this service be surveyed for the September 2011 RUC meeting. In September 2011, the specialty societies indicated that there is some confusion regarding correct reporting as thoracostomy refers to an open procedure and there has been a recent shift in specialty utilization. The specialty societies requested and the RUC agreed that code 32551 should be referred to the CPT Editorial Panel to revise the code to correctly describe current practice. The specialty societies intend to submit a code change proposal in the 2013 cycle. **The RUC recommends that CPT code 32551 be referred to the CPT Editorial Panel for clarification.**

Introduction of Needle or Intracatheter (Tab 19)

Michael Hall, MD (SIR); William Julien, MD (SIR); Geraldine McGinty, MD (ACR) Gerald Niedzwiecki, MD (SIR); Sean Roddy, MD (SVS); Gary Seabrook, MD (SVS); Matthew Sideman, MD (SVS); Zeke Silva, MD (ACR); Michael Sutherland, MD (SVS); Sean Tutton, MD (ACR); Robert Vogelzang, MD (SIR)
Facilitation Committee #2

In April 2011, the RUC identified CPT code 36140 *Introduction of needle or intracatheter; extremity artery* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed codes 36140 and agreed with the specialty societies that this service should be reviewed in two years after utilization data is available and to review what codes are being reported together. The RUC discussed that referral to the CPT Editorial Panel to either add a parenthetical or further bundle these codes may be possible options in the future. However, monitoring utilization data and reported together data first would be appropriate to analyze what is occurring prior to any code change proposals. Additionally, in the interim, the specialty societies indicated that they will work on correct coding education for these codes within their specialty societies. **The RUC recommends to refer this issue to the Relativity Assessment Workgroup for review at the October 2013 meeting after two years of utilization and codes reported together data is collected, prior to referral to the CPT Editorial Panel.**

Moderate Sedation:

The RUC agreed that moderate sedation was inherent and should be added to Appendix G of the CPT book. In October 2011, the CPT Editorial Panel agreed to add CPT code 36140 to Appendix G.

Global Period:

The RUC noted that when this service is reviewed in the future the specialty and CMS should consider whether the global period should be changed to 000. In addition, the RUC noted that the RUC survey data and Summary of Recommendation (SOR) form submitted by the specialty for this meeting will be included in the Relativity Assessment Workgroup's review of this service in October 2013.

Catheter Placement (Tab 20)

In April 2011, the RUC identified CPT code 36217 as part of the Harvard Valued over 30,000 and requested that this service be surveyed for the September 2011 RUC meeting. In September 2011, the specialty societies indicated that CPT code 36217 will be affected by the current carotid angiography code change proposal (CCP) currently being developed. **The specialty societies requested and the RUC agreed that review of this service be deferred until the CPT Editorial Panel considers the carotid angiography CCP.**

Biopsy of Lip (Tab 21)

Fitzgerald Sanchez, MD, FAAD (AAD); Mark Kaufman, MD, FAAD (AAD); Brett Coldiron, MD, FAAD (AAD)

In April 2011, the RUC identified CPT code 40490 *Biopsy of lip* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey results from 145 dermatologists and otolaryngologists for code 40490 and agreed with the specialty society that the work has not changed and maintaining the current work RVU of 1.22 appropriately accounts for the work required to perform this service. Further, the survey median work RVU of 1.25 and the survey 25th percentile work RVU of 1.18 supports the current value. The RUC determined that 8 minutes pre-evaluation time, 1 minute pre-positioning time, 5 minutes pre-

scrub/dress/wait time, 15 minutes intra-service time and 5 minutes immediate post-service time accurately account for the time required to perform this service. The specialty society indicated and the RUC agreed that 5 minutes of scrub/dress/wait time to administer anesthesia compared to other biopsy procedures is required as there is infiltration around the lesion for hemostasis as well as anesthesia plus mental nerve blocks for anesthetic reasons. The regional block (mental nerve block) does not work immediately so the physician must wait for it to work. There is, therefore, more waiting time (5 minutes).

The RUC compared 40490 to 67810 *Incisional biopsy of eyelid skin including lid margin* (RUC recommended work RVU = 1.18 and intra-service time = 13 minutes) and determined that 40490 requires 2 more minutes of intra-service time and 3 more minutes pre-scrub/dress/wait time to administer the anesthesia as described. Thus, the RUC determined maintaining the slightly higher work RVU of 1.22 accurately places this service within the RBRVS.

The RUC compared 40490 to similar services code 12013 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU = 1.22 and intra-service time = 15 minutes) and code 57500 *Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)* (work RVU = 1.20, intra-service time = 15 minutes) and determined that these services require the same amount of physician intra-service time to perform, 15 minutes. The current value for 40490 requires slightly more pre-service time, however, the current work value of 1.22 is appropriate relative to other similar services. **The RUC recommends a work RVU of 1.22 for CPT code 40490.**

Diagnostic Sigmoidoscopy (Tab 22)

Nicholas Nickl, MD (ASGE); Edward Bentley, MD (ASGE); Jaya Agrawal, MD (AGA); Michael Edye, MD (SAGES)

In April 2011, the RUC identified CPT code 45330 Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey data and survey times from 140 gastroenterologists and gastrointestinal endoscopic surgery for 45330 and agreed with the specialty societies recommended work RVU recommendation of 0.96, the current value. The specialties indicated that although the survey respondents median RVU was 1.50 and 25th percentile was 1.15, there was no compelling evidence to increase the value. The RUC compared 45330 to recently RUC reviewed code 45331 Sigmoidoscopy, flexible; with biopsy, single or multiple (work RVU= 1.15) and noted that while the surveyed code is less work, the pre-service time for 45331, 15 minutes, should be identical for 45330. This time is a 5 minutes reduction from the survey pre-service time. The total time for 45330 is 37 minutes (pre-service time= 15 minutes, intra-service time= 12 minutes, post-service time= 10 minutes). The RUC also compared the surveyed code to other reference codes including 46614 Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) (work RVU=1.00, total

time=37 minutes) and 43760 Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance (work RVU=0.90, total time=32 minutes). The RUC agreed that these services have comparable physician work, with similar total times, and the recommended value ensures relativity between similar services in the RBRVS. Based on these comparisons and lack of compelling evidence, the RUC agreed with the specialty societies' recommendation that the current valuation of this service maintains rank order with these other services and is reflective of the typical physician work involved. **The RUC recommends 0.96 work RVUs for CPT code 45330.**

Cystourethroscopy and Ureteroscopy (Tab 23)

Thomas Cooper, MD (AUA); Richard Gilbert, MD (AUA); Christopher Gonzalez, MD (AUA); Norman Smith, MD (AUA); Thomas Turk, MD (AUA)

CMS identified CPT code 52235 as part of the Harvard valued over 30,000 utilization screen. The specialty added CPT codes, 52234, 52240, 52351, 52352, 52353, 52354, 52355 as part of the family to review to ensure a rank order anomaly was not created during RUC valuation.

The RUC reviewed the compelling evidence as presented by the specialty society and agreed that there has been a significant change in technology and physician work since the Harvard valuation for ureteroscopy services. During the last valuation, rigid, large scopes were used that could not evaluate the upper urinary tract and calyces. Current scopes are much smaller and flexible, allowing inspection of the surface of the ureter and entire renal pelvis. Due to these changes, physician work has become more intense as scopes must be steered through the ureter, renal pelvis and calyces.

52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)

The RUC reviewed the survey results from 73 urologists for CPT code 52234 and agreed that the physician time components were accurate at the median time (pre-service time= 29 minutes, intra-service time= 30 minutes, post-service time= 20 minutes), with four additional minutes of pre-service standard positioning time to place the patient in the dorsal lithotomy position. The RUC agreed with the specialty society that the survey respondents overestimated the physician work RVUs and agreed that the current work RVU of 4.62 is appropriate for this service. To justify a work value of 4.62, the RUC compared 52234 to reference code 52275 *Cystourethroscopy, with internal urethrotomy; male* (work RVU= 4.69) and agreed that the reference code should be valued slightly higher than the surveyed code given that the reference code has more than total time compared to 52234, 90 minutes and 79 minutes. The RUC also reviewed code 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74) and agreed that the reference code should be valued higher than 52234 due to greater total time, 90 minutes compared to 79 minutes. **The RUC recommends a work RVU of 4.62 for CPT code 52234.**

52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

The RUC reviewed the survey results from 71 urologists for CPT code 52235 and agreed that the physician time components were accurate at the median time (pre-service time= 29 minutes, intra-service time= 45 minutes, post-service time= 20 minutes), with four

additional minutes of standard pre-service positioning time to place the patient in the dorsal lithotomy position. The RUC agreed with the specialty society that the survey respondents overestimated the physician work RVUs and agreed that the current work RVU of 5.44 is appropriate for this service. To justify a work value of 5.44, the RUC compared 52235 to reference code 93458 *Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed* (work RVU= 5.85) and agreed that while the two services have identical intra-service time, 45 minutes, the reference code should be valued higher due to greater total time, 123 minutes compared to 94 minutes. Given this, the RUC agreed that the recommended work value for 52235 is accurately valued relative to other comparable services. **The RUC recommends a work RVU of 5.44 for CPT code 52235.**

52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)

The RUC reviewed the survey results from 69 urologists for CPT code 52240 and agreed that the physician time components were accurate at the median time (pre-service time= 53 minutes, intra-service time=60 minutes, post-service time= 20 minutes), with two additional minutes of standard pre-service positioning time to place the patient in the dorsal lithotomy position. The RUC agreed with the specialty society that the 25th percentile work RVU of 8.75 accurately reflects the typical physician work involved in the service. To justify a work value of 8.75, the RUC compared 52240 to the key reference service 52346 *Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 8.58) and noted that the two services have identical intra-service time, 60 minutes, with similar physician work. Given this, the RUC agreed that the two services should be valued similarly. Finally, the RUC discussed the relativity between the large tumor and medium tumor services. The specialty explained that typically these services are performed on multiple lesions which are added to total greater than 5 cm. Thus the physician work is not just longer but much more intense as more lesions are addressed. **The RUC recommends a work RVU of 8.75 for CPT code 52240.**

52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic

The RUC reviewed the survey results from 101 urologists for CPT code 52351 and agreed that the physician time components were accurate at the median time (pre-service time= 53 minutes, intra-service time= 45 minutes, post-service time= 20 minutes), with two additional minutes of standard pre-service positioning time to place the patient in the dorsal lithotomy position. The RUC agreed with the specialty society that the 25th percentile work RVU of 5.75 accurately reflects the typical physician work involved in the service. To justify a work value of 5.75, the RUC compared 52351 to CPT code 93458 *Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed* (work RVU= 5.85) and agreed that while the two services have identical intra-service time, 45 minutes, the reference code should be valued slightly higher due to greater total time, 123 minutes compared to 118 minutes.

key reference service 52344 *Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 7.05) and noted that the reference code should be valued higher due to greater total time

compared to the surveyed code, 125 minutes and 118 minutes, respectively. The RUC also reviewed CPT code 52277 *Cystourethroscopy, with resection of external sphincter (sphincterotomy)* (work RVU= 6.16) and noted that 52277 has greater total time compared to 52351, 130 minutes compared to 118 minutes. **The RUC recommends a work RVU of 5.75 for CPT code 52351.**

52352 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

The RUC reviewed the survey results from 93 urologists for CPT code 52352 and agreed that the physician time components were accurate at the median time (pre-service time= 53 minutes, intra-service time= 45 minutes, post-service time= 20 minutes), with two additional minutes of standard pre-service positioning time to place the patient in the dorsal lithotomy position. The RUC agreed that the survey respondents overestimated the physician work RVUs at the median time and agreed that the 25th percentile work RVU of 6.75 accurately reflects the typical physician work involved in the service. To justify a work value of 6.75, the RUC compared 52352 to the key reference service 52344 *Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 7.05) and agreed that the reference code should be value slightly higher than the surveyed code due to greater total time, 125 minutes and 118 minutes, respectively. In addition, the RUC reviewed CPT code 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral* (work RVU= 6.74) and agreed that the two services should be valued almost identically due to equal intra-service time of 45 minutes. Finally, the RUC discussed the time differences between the Harvard survey and the current survey. The specialty explained that the physician used to spend much more time simply maneuvering the rigid scope into the ureter. Now with the flexible scope, the physician's time is much more intense because of the additional complexity of treatment involved while surveying the entire urinary tract. In addition, the new smaller, flexible scope has eliminated ramp up and down intra-service time, making the physician's work overall more intense than before. **The RUC recommends a work RVU of 6.75 for CPT code 52352.**

52353 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

The RUC reviewed the survey results from 86 urologists for CPT code 52353 and agreed that the physician time components were accurate at the median time (pre-service time= 53 minutes, intra-service time= 60 minutes, post-service time= 20 minutes), with two additional minutes of standard pre-service positioning time to place the patient in the dorsal lithotomy position. The RUC agreed that the survey respondents accurately estimated the physician work RVU at the median time. To justify a work value of 7.88, the RUC compared 52353 to the key reference service 52345 *Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 7.55) and agreed that while the two services have similar total times, 133 minutes and 135 minutes, respectively. In addition, the RUC reviewed CPT code 37220 *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty* (work RVU= 8.15) and compared it to 52353, noting that both services have identical intra-service time, 60 minutes. **The RUC recommends a work RVU of 7.88 for CPT code 52353.**

52354 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion

The RUC reviewed the survey results from 79 urologists for CPT code 52354 and agreed that the physician time components were accurate at the survey median time (pre-service time= 53 minutes, intra-service time= 60 minutes, post-service time= 20 minutes), with two additional minutes of standard pre-service positioning time to place the patient in the dorsal lithotomy position. The RUC agreed that the survey respondents accurately estimated the physician work RVU at the median time. To justify a work value of 8.58, the RUC compared 52354 to the key reference service 52346 *Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 8.58) and noted that the two services have identical intra-service time of 60 minutes, with similar total time, and should be valued identical. Finally, the RUC discussed the time differences between the Harvard survey and the current survey. The specialty explained that the physician use to spend much more time simply maneuvering the rigid scope into the ureter. Now with the flexible scope, the physician's time is much more intense because of the additional complexity of treatment involved while surveying the entire urinary tract. In addition, the new smaller, flexible scope has eliminated ramp up and down intra-service time, making the physician's work overall more intense than before. **The RUC recommends a work RVU of 8.58 for CPT code 52354.**

52355 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor

The RUC reviewed the survey results from 75 urologists for CPT code 52355 and agreed that the physician time components were accurate at the median time (pre-service time= 53 minutes, intra-service time= 90 minutes, post-service time= 20 minutes), with two additional minutes of standard pre-service positioning time to place the patient in the dorsal lithotomy position. The RUC agreed that the survey respondents accurately estimated the physician work RVU at the median time. To justify a work value of 10.00, the RUC compared 52355 to CPT code 37221 *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed* (work RVU= 10.00) and agreed that since the two service have identical intra-service time of 60 minutes, with similar total time, they should have the same value. In addition, the RUC reviewed CPT code 37210 *Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure* (work RVU= 10.60) in comparison to 52355 and agreed that the two service should be valued similarly given the identical intra-service time of 90 minutes. **The RUC recommends a work RVU of 10.00 for CPT code 52355.**

Work Neutrality

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Injection of Anesthetic Agent (Tab 24)

Seth Rubenstein, DPM (APMA); Tim Tillo, DPM (APMA); Eduardo Fraifeld, MD (AAPM); Marc L. Leib, MD, JD (ASA)

The RUC identified CPT code 64450 *Injection, anesthetic agent; other peripheral nerve or branch as part of the Harvard Valued – Utilization over 100,000 screen*. In CPT 2009, codes 64455 *Injection(s), anesthetic agent and/or steroid, plantar common digital*

nerve(s) (eg, Morton's neuroma)(work RVU = 0.75) and 64632 *Destruction by neurolytic agent; plantar common digital nerve* (work RVU = 1.23) were created and it was anticipated that podiatrists would frequently use these codes instead of 64450. In the February 2010, the action plan from the specialty societies indicated that a significant drop in the frequency for 64450 was to be expected. The data from 2009 and 2010 indicated that 64450 was steadily increasing as well as additional reporting of 64455 and 64632. However, the increased reporting of 64450 was primarily from primary care. The RUC recommended that a CPT Assistant article be developed to clarify the appropriate reporting of this service and that this service should be surveyed.

In September 2011, the RUC reviewed survey results from 48 podiatrists, anesthesiologists, pain management physicians and interventional pain management physicians for code 64450 and agreed with the specialty society that the survey 25th percentile work RVU of 0.75, a decrease to the current value, appropriately accounts for the work required to perform this service. The RUC determined that 10 minutes pre-service time, 5 minutes intra-service time and 5 minutes immediate post-service time accurately account for the time required to perform this service. The RUC agreed with the adjustment of 3 additional minutes to the pre-service evaluation because this service is different from other injection services and more similar to a non-facility procedure, anesthesia with a needle stick. This is an exception because anesthesia is used as the procedure. The RUC noted that when this service is reported for injection to an upper extremity or torso that it can be for multiple nerves, it depends on the clinical situation. This service captures those injections to otherwise not specified nerves, other peripheral nerve or branch and therefore the vignette indicates injection to the posterior tibial nerve. The RUC compared 64450 to key reference 64455 *Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)* (work RVU = 0.75) and determined that these two codes require the same physician work and time to perform. The RUC also compared the surveyed code to MPC code 20551 *Injection(s); single tendon origin/insertion* (work RVU = 0.75) which also requires the same physician work and time, 20 minutes total, to perform. **The RUC recommends a work RVU of 0.75 for CPT code 64450.**

Work Neutrality

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Injection Treatment of Nerve (Tab 25)

Seth Rubenstein, DPM (APMA); Tim Tillo, DPM (APMA); Eduardo Fraifeld, MD (AAPM); Marc L. Leib, MD, JD (ASA)

In April 2011, the RUC identified CPT code 64640 *Destruction by neurolytic agent; other peripheral nerve or branch* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed survey results from 44 podiatrists, anesthesiologists, pain management physicians and interventional pain management physicians for code 64640 and agreed with the specialty society that the survey 25th percentile work RVU of 1.23, a decrease to the current value, appropriately accounts for the work required to perform this service. The RUC determined that 10 minutes pre-service time, 5 minutes intra-service time and 5 minutes immediate post-service time accurately account for the time required to perform this service. The RUC agreed with the adjustment of 3 additional minutes to

the pre-service evaluation because this service is different from other injection services and more similar to a non-facility procedure, anesthesia with a needle stick. This is an exception because anesthesia is used as the procedure.

The RUC compared 64640 to key reference 64632 *Destruction by neurolytic agent; plantar common digital nerve* (work RVU = 1.23) and determined that these two codes requires the same physician work and time to perform, 36 minutes. The RUC also compared the surveyed code to MPC code 20551 *Injection(s); single tendon origin/insertion* (work RVU = 0.75) which requires 20 minutes total to perform compared to 36 minutes total for code 64640. CPT code 64640 includes one 99212 *Evaluation and Management Office Visit* (work RVU = 0.48). Therefore, the RUC noted that MPC code 20551 plus the additional office visit ($0.75 + 0.48 = 1.23$) equals the survey 25th percentile work RVU of 1.23 and appropriately accounts for the work required to perform this service. **The RUC recommends a work RVU of 1.23 for CPT code 64640.**

Work Neutrality

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Removal of Foreign Body (Tab 26)

Stephen A. Kamenetzky, MD (AAO) Michael Chaglasian, OD (AOA)

In April 2011, the RUC identified CPT code 65222 *Removal of foreign body, external eye; corneal, with slit lamp* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed. Other codes that are within the family, such as CPT code 65220 *Removal of foreign body, external eye; corneal, without slit lamp* (work RVU=0.71) were not reviewed as they are not predominately performed by ophthalmologists or optometrists.

The RUC reviewed the survey data from 49 ophthalmologists and optometrists for CPT code 65222 and agreed with the specialty societies that the pre-service time was over-estimated given that this service is typically performed with an evaluation and management service. Therefore, the specialty societies recommended and the RUC agreed that the pre-service time for this procedure should be crosswalked to CPT code 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU=0.84), as this time was deemed to be comparable. (5 minutes evaluation compared to 9 minutes from survey, 1 minute positioning due to slit lamp, and 1 minute for anesthesia.) The RUC compared this code to the key reference code 65430 *Scraping of cornea, diagnostic, for smear and/or culture* (work RVU=1.47) and noted that the surveyed code requires less time to perform in comparison to the reference code, 19 minutes and 28 minutes, respectively. Further, the RUC noted that the reference code requires more mental effort and judgment to perform in comparison to the surveyed code. In addition, the RUC compared the surveyed code to CPT code 20526 *Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel* (work RVU= 0.94) and agreed that the two services have analogous total time, 16 minutes and 19 minutes, respectively, and should be valued similarly. Based on these comparisons, the RUC agreed with the specialty society that although the survey data supports a higher work RVU, there is lack of compelling evidence to change the current value of the procedure. Therefore, the RUC recommends the current value of 65222 be maintained at 0.93 work RVUs, a value below

the surveyed 25th percentile. **The RUC recommends a work RVU of 0.93 for CPT code 65222.**

Drainage of Eye (Tab 27)

In April 2011, the RUC identified CPT code 65800 *Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous* and 65805 *Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed. The American Academy of Ophthalmology (AAO) has stated that they have submitted a code change proposal for 65800 and 65805 to the CPT Editorial Panel to delete CPT code 65805 and revise code 65800 to be reported for both diagnostic and therapeutic indications. AMA RUC Staff confirmed receipt of this coding proposal by AMA CPT Staff and it is scheduled to be presented at the October 2011 CPT Editorial Panel Meeting. The specialty will then survey the revised CPT code 65880.

Subconjunctival Injection (Tab 28) **Stephen A. Kamenetzky, MD (AAO)**

In April 2011, the RUC identified CPT code 68200 *Subconjunctival injection* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed. The specialty society indicated that although they conducted a RUC survey to value this code, they were unable to gather enough survey responses to make the survey data viable. Therefore, the specialty society convened an Expert Panel to develop recommendations. The Expert Panel agreed that the surveyed times should be crosswalked to 67515 *Injection of medication or other substance into Tenon's capsule* (work RVU=1.40; pre-service time=11 minutes, intra-service time=5 minutes and post-service time=5 minutes), however, the Expert Panel noted that the surveyed code is typically performed with an Evaluation and Management code. Therefore, the expert panel recommends and the RUC agrees that 3 minutes of pre-service time, 5 minutes of intra-service time and 5 minutes of post-service time accurately reflects the time required to perform the service. The RUC reviewed several other reference services in comparison to this surveyed code including: 11900 *Injection, intralesional; up to and including 7 lesions* (work RVU=0.52, total time=15 minutes), 64566 *Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming* (work RVU=0.60, total time=15 minutes) and 46600 *Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)* (work RVU=0.55, total time=22 minutes). After reviewing these reference codes in comparison to the surveyed code and determining that there was no compelling evidence that the service has changed, the RUC agreed that the current value of this service is appropriate. **The RUC recommends maintaining the current work RVU of 0.49 for CPT code 68200.**

CCI Edit and CPT Assistant Article

The RUC discussed the Medicare Claims Data for this service and noted, and the specialty agreed, that it is performed inappropriately 67% of the time with CPT code 67028 *Intravitreal injection of a pharmacologic agent (separate procedure)*. Therefore, the specialty society will draft a letter to request that a CCI edit be created to not allow reporting of these two services together on the same eye on the same date. The specialty will also draft a CPT Assistant Article detailing that these two services should not be reported together. However, since 67028 has much higher utilization than 68200, only

two percent of the total Medicare utilization for 67208 (1.6 million) is incorrectly reporting these services. There was concern that the CPT Assistant article may be ineffective in reaching the two percent of inappropriate billers and thus the RUC agreed to have the RAW review utilization trends for CPT code 68200 in two years.

Removal of Foreign Body (Tab 29)

Wayne Koch, MD (AAO-HNS)

In April 2011, the RUC identified CPT code 69200 *Removal foreign body from external auditory canal; without general anesthesia* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey results from 37 otolaryngologists for code 69200 and agreed with the specialty society that the work has not changed since the last review and maintaining the current work RVU of 0.77 appropriately accounts for the work required to perform this service. Further, the survey 25th percentile work RVU of 0.80 supports the current value. The RUC agreed with the specialty society that the patient population receiving this service is typically children and therefore was valued with a vignette for a pediatric patient. The RUC determined that 11 minutes pre-service time, 10 minutes intra-service time and 5 minutes immediate post-service time accurately account for the time required to perform this service. The RUC compared 69200 to key reference 69210 *Removal impacted cerumen (separate procedure), 1 or both ears* (work RVU = 0.61) and determined that the surveyed code requires more physician work, time, intensity and complexity to perform than code 69210, 27 minutes versus 19 minutes total time, respectively. The RUC also compared the surveyed code to MPC codes 65205 *Removal of foreign body, external eye; conjunctival superficial* (work RVU = 0.71) and determined that 69200 requires more physician work and time than 65205, 26 minutes versus 15 minutes total time, respectively. **The RUC recommends a work RVU of 0.77 for CPT code 69200.**

Typanostomy (Tab 30)

Wayne Koch, MD (AAO-HNS)

In April 2011, the RUC identified CPT code 69433 *Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey data from 36 otolaryngologists for 69433. The RUC agreed with the specialty society's recommended modifications to the pre-service time. The RUC agreed with the specialty society's recommended pre-service time of 19 minutes, median intra-service and post-service times, 9 minutes and 5 minutes respectively. There was significant discussion by the RUC related to the level of the recommended post-operative visit. The RUC agreed that given the tasks that the physician must perform including: a review of hearing assessment and arranging for additional testing, discuss persistent symptoms of the eustachian tube dysfunction, alternations of auditory perception, pain or discharge, and provide counseling regarding expectations and full resolution of symptoms, one 99213 office visit was appropriate. The RUC reviewed the surveyed code in comparison to two reference codes 11441 *Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm* (work

RVU=1.53, total service time=51 minutes) and 11422 *Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm* (work RVU=1.68, total service time=56 minutes). Based on these comparisons, the RUC agreed with the specialty society that although the survey data supports a higher work RVU, there is no compelling evidence to change the current value of the service. **Therefore, the RUC recommends to maintain the current value, a work RVU of 1.57 work RVUs for CPT code 69433.**

Global Period:

The RUC notes that if the global period is changed to a 000 in the future, the specialty should have the opportunity to re-survey the code.

Charles Koopmann, Jr., MD abstained from voting on this issue.

Contrast X-Ray Exams (Tab 31)

Geraldine McGinty, MD (ACR); Zeke Silva, MD (ACR)

In April 2011, CPT codes 74247, 74280, 74400 were identified by the Harvard Valued over 30,000 screen. The specialty surveyed the family and presented the collected data to the RUC in September 2011. For each of these services, the physician is in the room during image acquisition.

74247 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB

The RUC reviewed the survey data from 34 radiologists and agreed with the specialty that the median survey time components (pre-service time= 5 minutes, intra-service time= 15 minutes, post-service time= 5 minutes) accurately account for the typical physician work involved in the service. The RUC also reviewed the survey work values and agreed that the current work value of 0.69, lower than the survey low, is a more accurate value for this service. To justify a work value of 0.69, the RUC compared the surveyed code to CPT code 76377 *3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation* (work RVU= 0.79) and agreed that the reference code should be valued higher due to greater total time compared to 74247, 30 minutes and 25 minutes, respectively. In addition, the RUC also reviewed CPT code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that while 74247 has more intra-service time compared to 76700, 15 minutes compared to 10 minutes, the physician work is less intense and thus is correctly valued relative to similar radiology services. **The RUC recommends a work RVU of 0.69 for CPT code 74247.**

74280 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

The RUC reviewed the survey data from 34 radiologists and agreed with the specialty that the median survey time components (pre-service time= 5 minutes, intra-service time= 20 minutes, post-service time= 7 minutes) accurately account for the typical physician work involved in the service. The RUC also reviewed the survey work values and agreed that the current work value of 0.99, lower than the survey 25th percentile, is a more accurate value for this service. To justify a work value of 0.99, the RUC compared the surveyed code to 76511 *Ophthalmic ultrasound, diagnostic; quantitative A-scan only*

(work RVU= 0.94) and agreed that the two services should be valued similarly given almost identical total time, 30 minutes and 32 minutes, respectively. In addition, the RUC compared 74280 to CPT code 91111 *Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report* (work RVU= 1.00) and agreed that the service should be valued similarly due to analogous total time, 32 minutes and 35 minutes, respectively. **The RUC recommends a work RVU of 0.99 for CPT code 74280.**

74400 Urography (pyelography), intravenous, with or without KUB, with or without tomography

The RUC reviewed the survey data from 34 radiologists and agreed with the specialty that the median survey time components (pre-service time= 5 minutes, intra-service time= 15 minutes, post-service time= 5 minutes) accurately account for the typical physician work involved in the service. The RUC also reviewed the survey work values and agreed that the current work value of 0.49, lower than the survey low, is a more accurate value for this service. To justify a work value of 0.49, the RUC compared 74400 to CPT code 93923 *Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels* (work RVU= 0.45) and agreed that the surveyed code should be valued higher than the reference code due to greater intra-service 15 minutes compared to 10 minutes. **The RUC recommends a work RVU of 0.49 for CPT code 74400.**

Set Radiation Therapy Field (Tab 32)

In April 2011, the RUC identified CPT code 77280 *Therapeutic radiology simulation-aided field setting; simple* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

At the September 2011 RUC Meeting, the specialty societies indicated that it was their understanding that 77280 had been reviewed by the RUC during the third Five-Year Review in 2005. Because of this review, the specialty society requested that the time associated with this code be designated as RUC reviewed time. The RUC reviewed its past actions regarding this code and determined that although, this code was reviewed during the third Five-Year Review and the value was maintained, the rationale specifically states, “the RUC believed that the current Harvard total and intra-time of 23 minutes of physician time was more typical and maintained the current time.” The RUC interpreted this rationale to indicate that the time associated with this code remains to be Harvard time. **Therefore, the RUC did not approve the specialty society’s request and recommends that the specialty society survey this code and the other codes in the family, 77285 *Therapeutic radiology simulation-aided field setting; intermediate*, 77290 *Therapeutic radiology simulation-aided field setting; complex* and 77295 *Therapeutic radiology simulation-aided field setting; 3-dimensional* for the January 2012 RUC Meeting.**

Thyroid Imaging (Tab 33)

In April 2011, the RUC identified CPT code 78007 *Thyroid imaging, with uptake; multiple determinations* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed. The specialty societies requested and the RUC agreed that this code and its family (78000-78011) be referred to the CPT Editorial

Panel for revision and potential consolidation. **The RUC recommends that 78007 and its associated family be referred to the CPT Editorial Panel.**

Acute GI Blood Loss Imaging (Tab 34)

Geraldine McGinty, MD (ACR); Zeke Silva, MD(ACR); Gary Dillehay, MD (SNM); Scott Bartley, MD (ACNM)

In April 2011, CPT code 78278 was identified by the Harvard Valued over 30,000 screen. The specialties surveyed the code and presented the data to the RUC in September 2011.

The RUC reviewed the survey results from 259 radiologists and nuclear medicine physicians and agreed with the following physician time components: 5 minutes pre-service, 15 minutes intra-service and 10 minutes immediate post-service. The RUC also reviewed the respondents' estimated work values and agreed with the specialty that there is no compelling evidence to change the work RVU for this service. To justify maintaining the work RVU at 0.99, the RUC compared 78278 to the key reference code 78708 *Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)* (work RVU= 1.21). The RUC noted that while the reference code has greater intra-service time compared to the surveyed code, the survey respondents rated 78278 as a more intense and complex procedure in relation to 78708. In addition, the RUC reviewed CPT code 76801 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation* (work RVU= 0.99) in comparison to 78278 and noted that the two services have identical intra-service time of 15 minutes and similar physician work. Given these relationships, the RUC agreed that 78278 is valued accurately relative to similar services. **The RUC recommends a work RVU of 0.99 for CPT code 78278.**

Cardiac Blood Pool Imaging (Tab 35)

Richard Wright, MD (ACC); Scott Bartley, MD (ACNM); Geraldine McGinty, MD (ACR); Zeke Silva, MD (ACR); William Van Decker, MD (SNM); Gary Dillehay, MD (SNM)

In April 2011, CPT code 78472 *Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing* was identified by the Harvard Valued over 30,000 screen. The specialties surveyed the code and presented the data to the RUC in September 2011.

The RUC reviewed the survey results from 227 radiologists, cardiologists, and nuclear physicians and agreed with the following physician time components: 5 minutes pre-service, 10 minutes intra-service and 5 minutes immediate post-service. The RUC also reviewed the respondents' estimated work values and agreed with the specialty that there is no compelling evidence to change the work RVU for this service. However, the survey median of 1.00 supports the current value of 0.98. To justify maintaining the work RVU at 0.98, the RUC compared 78472 to the key reference code 78453 *Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)* (work RVU= 1.00). The RUC agreed that the

two services should have similar work values due to identical physician time components and analogous physician work. The RUC also reviewed CPT code 78315 *Bone and/or joint imaging; 3 phase study* (work RVU= 1.02) in comparison to 78472 and agreed that the two service should be valued closely due to similar total time, 18 minutes and 20 minutes, respectively. **The RUC recommends a work RVU of 0.98 for CPT code 78472.**

Serial Tonometry (Tab 36)

Stephen A. Kamenetzky, MD (AAO); Michael Chaglasian, OD (AOA)

In April 2011, the RUC identified CPT code 92100 *Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

The RUC reviewed the survey data from 30 ophthalmologists and optometrists for 92100. The specialty societies recommended and the RUC agreed that the survey data supports a reduction in the current valuation of this procedure. The specialty societies indicated that despite the survey time data collected, there is no pre- or post-service work as part of the typical service and therefore the pre-and post-service times were removed from the specialty societies' recommended times. This approach was approved by the RUC for other ophthalmology codes where it was felt that the report was part of the intra-service work. The specialty societies recommended and the RUC agreed that 20 minutes of intra-service time accurately reflects the performance of this service. In addition to the standard survey, the societies asked two additional questions: who does the measurement (technologist or MD/OD) and how many measurements would be done in the course of the examination. The data indicated that the MD/ODs typically performed the test and that 4 measurements were obtained during the service. The 20 minutes of total time reflect the 4 measurements that occur over several hours in the physician office.

The RUC reviewed the surveyed code in comparison to the reference code 92020 *Gonioscopy (separate procedure)* (work RVU=0.37) and noted that the reference code has less intra-service time as compared to the surveyed code, 10 minutes and 20 minutes, respectively. Further, the RUC noted that the surveyed code is an overall more intense service to perform in comparison to the reference code. Based on these comparisons, the specialty societies agreed and the RUC recommends that 0.61 work RVUs best reflects the physician work required to perform the service. **The RUC recommends 0.61 RVUs, the survey median, for 92100.**

Work Neutrality

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Fluorescein Angiography (Tab 37)

Stephen A. Kamenetzky, MD (AAO)

In April 2011, the RUC identified CPT code 92235 *Fluorescein angiography (includes multiframe imaging) with interpretation and report* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed.

At the September 2011 RUC Meeting, the specialty societies indicated that it was their understanding that 92235 had been reviewed by the RUC during the third Five Year Review in 2005. Because of this review, the specialty society requested that the time associated with this code be designated as RUC reviewed time. The RUC reviewed its past actions regarding this code and determined that although, this code was reviewed during the third Five Year Review and the value was maintained, the rationale specifically states, “the RUC did not accept the survey results nor any of the physician time data.” The RUC interpreted this rationale to indicate that the time associated with this code remains to be Harvard time. **Therefore, the RUC did not approve the specialty society’s request and recommends that the specialty society survey this code for the January 2012 RUC Meeting.**

Internal Eye Photography (Tab 38)

In April 2011, the RUC identified CPT code 92286 *Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed. The American Academy of Ophthalmology (AAO) has stated that they have submitted a code change proposal for 92286 to the CPT Editorial Panel to modify the descriptor to more accurately describe the service being performed. **AMA RUC Staff confirmed receipt of this coding proposal by AMA CPT Staff and it is scheduled to be presented at the October 2011 CPT Editorial Panel Meeting.**

Transthoracic Echocardiography (Tab 39)

In April 2011, CPT code 93308 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study* was identified by the Harvard Valued over 30,000 screen. The specialties surveyed the code and presented the data to the RUC in September 2011.

The RUC reviewed the survey results from 87 cardiologists and agreed with the following physician time components: 5 minutes pre-service, 15 minutes intra-service and 5 minutes immediate post-service. The RUC also reviewed the respondents’ estimated work values, reflecting higher work RVUs than the current, 0.53. However, the RUC agreed with the specialty that there is no compelling evidence to change the work RVU for this service. To justify maintaining the work RVU at 0.53, the RUC compared 93308 to CPT code 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, physician review and interpretation* (work RVU= 0.52 and total time= 24 minutes) and agreed that these two services should have almost identical work values given they have the same intra-service time, 15 minutes, and similar total time. Given this comparison and strong survey data, the RUC agreed that the current work value accurately reflects the typical physician work involved in the surveyed code. **The RUC recommends a work RVU of 0.53 for CPT code 93308.**

Needle Electromyography (Tab 40)

In April 2011, the RUC identified CPT code 95860 *Needle electromyography; 1 extremity with or without related paraspinal areas* as part of the Harvard Valued – Utilization over 30,000 screen and requested that this service be surveyed. The specialty societies explained that this code is part of a code change proposal that is scheduled to be

reviewed at the October 2011 CPT Editorial Panel Meeting to address issues of concurrent EMG and nerve conduction studies. **The RUC recommends that 95860 be referred to the CPT Editorial Panel.**

XII. CMS Requests – MPC List Screen

Diagnostic Nasal Endoscopy (Tab 41)

Wayne Koch, MD (AAO-HNS)

In the *Final Rule* for the 2011 Medicare Physician Payment Schedule, CMS requested that the RUC review high volume services included on the RUC's Multi-Specialty Points of Comparison (MPC) List. The RUC has engaged in a more comprehensive review of the MPC, reconstructing the document to ensure that it includes true cross-specialty services. Several of the specific codes identified by CMS were scheduled for review at the September 2011 RUC meeting, with specialty society data submitted. The RUC recommended that for 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* the specialty society should re-survey for the January 2012 RUC meeting with improved vignette to describe the typical unilateral vs. bilateral and better define the work of the involved topical and pledgets anesthetic in the survey instrument.

Upper GI Endoscopy Biopsy (Tab 42)

Jaya Agrawal, MD (AGA); Edward Bentley, MD (ASGE); Michael Edye, MD (SAGES); Nicholas Nickl, MD (ASGE); Don Selzer, MD (SAGES)

In the *Final Rule* for the 2011 Medicare Physician Payment Schedule, CMS requested that the RUC review high volume services included on the RUC's Multi-Specialty Points of Comparison (MPC) List. The RUC has engaged in a more comprehensive review of the MPC, reconstructing the document to ensure that it includes true cross-specialty services. Several of the specific codes identified by CMS were scheduled for review at the September 2011 RUC meeting, with specialty society data submitted. The specialty societies representing gastroenterology and gastrointestinal endoscopic surgery indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to resolve payment policy issues related to the provision of moderate sedation. The RUC understands that gastroenterology and gastrointestinal endoscopic surgery will be working with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services. In the meantime, the RUC will not include any of these services on the MPC List. The specialty societies indicated that they plan to engage with the RUC on a workplan to survey this family of codes once the issues related to moderate sedation have been addressed.

Colonoscopy (Tab 43)

Jaya Agrawal, MD (AGA); Edward Bentley, MD (ASGE); Michael Edye, MD (SAGES); Nicholas Nickl, MD (ASGE); Don Selzer, MD (SAGES)

In the *Final Rule* for the 2011 Medicare Physician Payment Schedule, CMS requested that the RUC review high volume services included on the RUC's Multi-Specialty Points of Comparison (MPC) List. The RUC has engaged in a more comprehensive review of the MPC, reconstructing the document to ensure that it includes true cross-specialty services. Several of the specific codes identified by CMS were scheduled for review at the September 2011 RUC meeting, with specialty society data submitted. The specialty

societies representing gastroenterology and gastrointestinal endoscopic surgery indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to resolve payment policy issues related to the provision of moderate sedation. The RUC understands that gastroenterology and gastrointestinal endoscopic surgery will be working with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to all of over 100 GI endoscopy services. In the meantime, the RUC will not include any of these services on the MPC List. The specialty societies indicated that they plan to engage with the RUC on a workplan to survey this family of codes once the issues related to moderate sedation have been addressed.

Fluoroscopic Guidance for Spine Injection (Tab 44)

David Caraway, MD (ASIPP); William Creevy, MD (AAOS); Eddy Fraifeld, MD (AAPM); John Heiner, MD (AAOS); Marc Leib, MD (ASA); Christopher Merifield, MD (ISIS); William Sullivan, MD (NASS); Joseph Zuhosky, MD (AAPMR)

CPT code 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, subarachnoid, or sacroiliac joint), including neurolytic agent destruction* was identified by CMS as part of the MPC List screen. In February 2011, the RUC recommended 77003 be resurveyed as it had not been reviewed in the last 6 years.

The RUC noted many issues with the survey conducted for this service, including that is performed concurrently with an injection procedure. The specialties did not include the new 2012 CPT descriptor in the survey and there were issues related to the clinical vignette. The RUC urged the specialty to develop a new vignette and instructions to inform the respondent that the injection(s) is reported separately. The Research Subcommittee will review the revised vignette and instructions prior to the survey data collection for the January 2012 RUC meeting. Additionally, the last review of RUC time in May 1999, was not a thorough review in relation to other codes and therefore the current physician time can not accurately be compared to the proposed physician time. **The RUC recommends that this service be removed from the MPC list and that the specialty societies resurvey with the correct descriptor and an appropriate vignette for January 2012.**

XIII. CMS Requests – Codes Reported 75% of More Together Screen

Shoulder Arthroscopy (Tab 45)

William Creevy, MD (AAOS); John Heiner, MD (AAOS)

In February 2010, CPT codes 29824 *Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)*, 29827 *Arthroscopy, shoulder, surgical; with rotator cuff repair* and 29828 *Arthroscopy, shoulder, surgical; biceps tenodesis* were identified in the Reported 75% or More Reported Together Screen with 29826 *Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release*. In addition, as part of the Fourth Five-Year Review, CMS identified 29826 as a Harvard reviewed code with utilization over 30,000.

Given that 29826 is rarely performed as a stand-alone procedure (less than 1% of the time), the American Academy of Orthopaedic Surgeons requested that CMS change the

global period from a 090-day to ZZZ. CMS agreed, a revision was made to the code descriptor at the February 2011 CPT Editorial Panel, and the code was surveyed for the April 2011 RUC meeting as an add-on service. The revised code, global period, and work RVU will become effective January 1, 2012.

Review of the three 90-day global shoulder arthroscopy codes, identified in conjunction with 29826, was deferred until after revised code 29826 was reviewed in April 2011. The revised code 29826, as is the case for almost all ZZZ codes, has only intra-service work and time associated with its value. The RUC agrees that this revision in the global period as well as the elimination of pre-and post-service time eliminates all overlapping work with other procedures in the pre-operative and post-operative periods. **Therefore, the RUC affirms a work RVU of 8.82 for CPT code 29824, a work RVU of 15.59 for CPT code 29827, and a work RVU of 13.16 for CPT code 29828 as correct and not overlapping with the work RVUs for 29826, which will be an add-on code beginning January 1, 2012.**

Introduction of Catheter (Tab 46)

Michael Hall, MD (SIR); William Julien, MD (SIR); Geraldine McGinty, MD (ACR); Gerald Niedzwieki, MD (SIR); Sean Roddy, MD (SVS); Gary Seabrook, MD (SVS); Matthew Sideman, MD (SVS); Zeke Silva, MD (ACR); Michael Stherland, MD (SVS); Sean Tutton, MD (ACR); Robert Vogelzang, MD (SIR)
Facilitation Committee #2

In February 2010 CPT code 36010 *Introduction of catheter, superior or inferior vena cava* was identified with code 37620 *Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)* (work RVU = 11.57) as part of the Reported Together 75% or More Together screen. In February 2011, the CPT Editorial Panel deleted code 37620 and created four new codes bundling the services commonly reported together, which the RUC reviewed in April 2011.

The RUC reviewed codes 36140 *Introduction of needle or intracatheter; extremity artery* and 36010 *Introduction of catheter, superior or inferior vena cava* and agreed with the specialty society that these services should be reviewed in two years after utilization data and codes reported together data are available. The new IVC filter codes (37191-37196 and 37619) were recently bundled therefore utilization shifts will occur. The RUC discussed that referral to the CPT Editorial Panel to either add a parenthetical or further bundle these codes may be possible options in the future. However, monitoring utilization data and reported together data first would be appropriate to analyze what is occurring prior to any code change proposals. Additionally, in interim, the specialty societies indicated that they will work on correct coding education for these codes within their specialty societies. **The RUC recommends to refer this issue to the Relativity Assessment Workgroup for review at the October 2013 meeting after two years of utilization and codes reported together data is collected, prior to referral to the CPT Editorial Panel.**

Global Period:

When the code is reviewed in the future, the specialty requests a global period of 000 rather than the current XXX.

XIV. CMS Request – PE Review

Kyphoplasty (Tab 47)

Michael Hall, MD (SIR); William Julien, MD (SIR); Geraldine McGinty, MD (ACR); Gerald Niedzwieki, MD (SIR); Zeke Silva, MD (ACR); Sean Tutton, MD (ACR); Robert Vogelzang, MD (SIR)

In the July 19, 2011 *Proposed Rule* for the 2012 Medicare Physician Payment Schedule, CMS indicated that the agency received comments to establish non-facility practice expense inputs for CPT codes 22523, 22524 and 22525 kyphoplasty services. As such, CMS requested that the RUC make recommendations for the practice expense inputs for these services.

The Practice Expense Subcommittee updated the equipment for the Moderate Sedation package, specifically related to EQ212 *pulse oxymetry recording software (prolonged monitoring)* and EQ269 *blood pressure monitor, ambulatory, w-battery charger*. These two equipment items will be removed from the Moderate Sedation package as CMS indicated that EQ011 *ECG, 3-channel (with SpO2, NIBP, temp, resp)* already incorporates the functionality of these two equipment items. **The Practice Expense Subcommittee reviewed the direct practice expense inputs recommended by the specialty and removed EQ211 pulse oximeter w-printer and replaced EQ010 ECG, 3-channel with EQ011 to align with the revised moderate sedation equipment guidelines. The RUC recommends the modified direct practice expense inputs attached.**

XV. Practice Expense Subcommittee Report (Tab 48)

Doctor Brill, Vice-Chair, provided a summary of the Practice Expense Subcommittee report. The Subcommittee reviewed the CMS decision to eliminate two equipment items from the Moderate Sedation package. **The Subcommittee agreed that Equipment items EQ212 pulse oxymetry recording software (prolonged monitoring) and EQ269 blood pressure monitor, ambulatory, w-battery charger will be removed from the moderate sedation package.**

The PE Subcommittee reviewed two issues regarding services with high cost supplies billed in multiple units. **First, the PE Subcommittee reaffirms the previous RUC recommendations to CMS that high cost supplies be assigned HCPCS codes (e.g. J codes) to better monitor appropriate payment. Second, The PE Subcommittee recommends that for the Balloon Sinuplasty codes the specific sinus surgery kit be removed from the practice expense inputs for the procedure code and replaced by new HCPCS codes to describe the sinus surgery kit.**

Finally, the Subcommittee reviewed the 17 different ultrasound and ultrasound pieces of equipment with price ranges from \$1,304.33 to \$466,492.00. **The Chair will establish a workgroup to review this issue and offer recommendations to the Subcommittee. The workgroup will have two primary objectives: 1) review the 17 ultrasound equipment codes to determine if the level of distinction is appropriate and 2) review the list of 110 CPT codes that use the various ultrasound equipment to determine if the equipment is appropriately identified.**

The RUC approved the Practice Expense Subcommittee's report and it is attached to these minutes.

XVI. Research Subcommittee Report (Tab 49)

Doctor Lewis informed the RUC that the Research Subcommittee discussed the potential addition of language pertaining to the completion of forms by the physician mandated by rules or regulation to all of the RUC survey instruments and expressed multiple concerns. **The Research Subcommittee agreed not to add this proposed language into the RUC survey instruments and to continue to review these types of specialty society requests on a case-by-case basis.** The language that was approved for the ACC and HRS for their survey instrument will be filed for historical purposes and recommended to specialties seeking Research Subcommittee approval of survey instruments for similar situations. In order to get a better understanding of the problem affecting physician work the Research Subcommittee will solicit the specialty societies for information on their experience with activities mandated by rules or regulation to be completed as part of the provision of a service.

Doctor Lewis explained to the RUC that the American Speech-Language and Hearing Association submitted a request to the Research Subcommittee to review the ASHA National Outcome Measurement System (NOMS) to determine if it meets the RUC's Inclusionary/ Exclusionary Criteria for Extant Databases. After their presentation, **the Research Subcommittee recommends that ASHA provide a mock demonstration of how the data collected in the NOMS data base would support a recommendation put forward by the specialty society at the upcoming February 2012 RUC meeting.**

Doctor Lewis informed the RUC that in response to a request made by the Research Subcommittee the Society of Thoracic Surgeons recommended that the extant data be displayed upon prior approval by the Research Subcommittee for codes identified by the specialty society.

The Subcommittee agreed that the specialty should review the data from the STS database and develop specific criteria (eg specific thresholds of survey volume and distribution) for when the specialty society would be required to display their extant data for a surveyed service with their RUC Recommendations.

The RUC approved the Research Subcommittee's report and it is attached to these minutes.

XVII. Administrative Subcommittee Report (Tab 50)

Doctor Blasier announced the following to the RUC:

- In May, the RUC received a request from the American Academy of Family Physicians to consider changes to the RUC composition and processes. At this meeting, the Administrative Subcommittee reviewed the following 5 requests from the AAFP:
 1. Add four additional “true” primary care seats (one each for the AAFP, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association);
 2. Eliminate the three current “rotating subspecialty seats” as the current representatives “term out;”
 3. Add a seat for Geriatrics;
 4. Add three new seats for “external representatives,” such as consumers, employers, health systems, health plans; and
 5. Implement voting transparency.
- The RUC invited Doctor Roland Goertz, Chairman of the Board for the AAFP, to address the Subcommittee regarding these requests. Yesterday, the Subcommittee convened an informative hour and a half discussion with Doctor Goertz.
- The Subcommittee seemed receptive to adding 1 or more primary care seats to the RUC. There was positive discussion regarding a re-review of the 2007 Administrative Subcommittee recommendation to add a rotating primary care seat. Many of the commenting specialty societies and Subcommittee members expressed support for Geriatrics and suggestions were made to consider the expertise that the RUC may require to value care coordination and chronic disease management services.
- AMA staff will draft potential modifications to the RUC Structure and Functions document to consider these various seats for Administrative Subcommittee for a series of conference calls over the next few months. The Administrative Subcommittee will then review and formulate recommendations for the RUC at the January 2012 meeting.
- The Subcommittee did not seem receptive to eliminating the 3 current rotating seats or adding seats for “external representatives”.
- The Subcommittee will continue to explore process changes to address perception regarding the transparency of the process.

The full Administrative Subcommittee minutes are attached separately to these minutes.

XVIII. Relativity Assessment Workgroup Report (Tab 51)

A. New Technology/New Services List

Doctor Larimore indicated that six years ago, the AMA RUC began the process of flagging services that represent new technology as they were presented to the Committee. The Workgroup continued this review of codes that were flagged September 2006-April 2007, with 3 years of available Medicare claims data (2008, 2009 and preliminary 2010 data).

Before examining the individual action plans, the Workgroup reviewed the original purpose of the “New Technology” designation. **The Workgroup agreed that the "New Technology" designation was intended to identify new services or codes whose use was expected to increase over time, such that as the service becomes more common and its use more diffuse, the actual work involved (time and/or intensity) or practice expenses might conceivably change (i.e., what may have seemed hard when originally valued may seem less hard now that it is more common). It was affirmed that codes showing a significant increase of utilization over time or dramatically more utilization than initially predicted by the specialty society would, in general, need to be resurveyed by the predominant specialty or specialties.**

The Workgroup recommended the following actions:

CPT Code	Recommendation
19105	Remove from list, utilization is lower than specialty estimation
20985	Resurvey for January 2012
29828	Resurvey for January 2012
33254	Remove from list, utilization is lower than specialty estimation
33255	Remove from list, utilization is lower than specialty estimation
33256	Remove from list, utilization is lower than specialty estimation
33257	Remove from list, utilization is lower than specialty estimation
33258	Remove from list, utilization is lower than specialty estimation
33259	Remove from list, utilization is as predicted by the specialty society
33265	Remove from list, utilization is lower than specialty estimation
33266	Remove from list, utilization is lower than specialty estimation
33864	Remove from list, utilization is lower than specialty estimation
34806	Remove from list, utilization is lower than specialty estimation
50593	Remove from list, utilization is lower than specialty estimation
57423	Remove from list, utilization is lower than specialty estimation
58570	Review in 2 years (Sept 2013), specialty society to identify codes and claims data for all hysterectomy procedures when re-reviewed.
58571	Review in 2 years (Sept 2013), specialty society to identify codes and claims data for all hysterectomy procedures when re-reviewed.
58572	Review in 2 years (Sept 2013), specialty society to identify codes and claims data for all hysterectomy procedures when re-reviewed..
58573	Review in 2 years (Sept 2013), specialty society to identify codes and claims data for all hysterectomy procedures when re-reviewed.
68816	Remove from list, utilization is lower than specialty estimation
75557	Remove from list, as utilization is appropriate due to shift of utilization for deleted code which included “with flow/velocity quantification”, code 75558
75559	Remove from list, utilization is lower than specialty estimation
75561	Remove from list, as utilization is appropriate due to the shift of utilization of deleted code which included “with flow/velocity quantification”, code 75560
75563	Remove from list, utilization is lower than specialty estimation
78811	Review in 2 years (Sept 2013) to affirm editorial nature of coding changes to remove “tumor imaging.” Review migration in new technology (PET with CT scanners) and to monitor utilization related to coverage determinations. (eg, if coverage is expanded to include scans for infection).
78812	Review in 2 years (Sept 2013) to affirm editorial nature of coding changes to

	remove “tumor imaging.” Review migration in new technology (PET with CT scanners) and to monitor utilization related to coverage determinations. (eg, if coverage is expanded to include scans for infection).
78813	Review in 2 years (Sept 2013) to affirm editorial nature of coding changes to remove “tumor imaging.” Review migration in new technology (PET with CT scanners) and to monitor utilization related to coverage determinations. (eg, if coverage is expanded to include scans for infection).
78814	Review in 2 years (Sept 2013) to affirm editorial nature of coding changes to remove “tumor imaging.” Review migration in new technology (PET with CT scanners) and to monitor utilization related to coverage determinations. (eg, if coverage is expanded to include scans for infection).
78815	Review in 2 years (Sept 2013) to affirm editorial nature of coding changes to remove “tumor imaging.” Review migration in new technology (PET with CT scanners) and to monitor utilization related to coverage determinations. (eg, if coverage is expanded to include scans for infection).
78816	Review in 2 years (Sept 2013) to affirm editorial nature of coding changes to remove “tumor imaging.” Review migration in new technology (PET with CT scanners) and to monitor utilization related to coverage determinations. (eg, if coverage is expanded to include scans for infection).
88380	Remove from list, utilization is lower than specialty estimation
88381	Review in 2 years (Sept 2013) to gather more data and determine if there are more efficiencies.
93982	Remove from list, utilization is lower than specialty estimation
95980	Remove from list, utilization is lower than specialty estimation
95981	Remove from list, utilization is lower than specialty estimation
95982	Remove from list, utilization is lower than specialty estimation
98966	Remove from list, not covered by Medicare
98967	Remove from list, not covered by Medicare
98968	Remove from list, not covered by Medicare
99441	Remove from list, not covered by Medicare
99442	Remove from list, not covered by Medicare
99443	Remove from list, not covered by Medicare

B. Re-Review of Services to Consider Additional Utilization Data

Doctor Larimore indicated that in 2006, the RUC began reviewing of potentially misvalued services. Throughout this process the RUC has flagged specific codes to review again to consider additional utilization data. **The Workgroup reviewed the following 32 codes and recommends:**

CPT Code	Recommendation
13120	CMS requested that the complex wound care code family be reviewed by the RUC. Resurvey for January or April 2012.
13121	CMS requested that the complex wound care code family be reviewed by the RUC. Resurvey for January or April 2012.
13122	CMS requested that the complex wound care code family be reviewed by the RUC. Resurvey for January or April 2012.
20551	Remove from screen – utilization has leveled appropriately
22214	Review in 3 years (Sept 2014) after CCI edits and CPT Assistant article have effect

22533	Remove from screen – CPT Assistant article addressed concerns, as evidence the utilization has decreased.
22849	Review in 3 years (Sept 2014) after CPT Assistant article and changes to CPT 2011 have effect.
36516	Review in 1 year (Sept 2012). Specifically review what specialties are performing compared to who originally survey, review site of service and review practice expense.
43236	Review in 2 years (Sept 2013).
43242	Review in 2 years (Sept 2013).
43259	Review in 2 years (Sept 2013).
45381	Review in 2 years (Sept 2013).
50605	Specialty society to submit CCI edits and review in 3 years (Sept 2014)
52214	Resurvey for work and practice expense for January 2012.
52224	Resurvey for work and practice expense for January 2012.
64555	Specialty to develop another CPT Assistant article and review in 3 years (Sept 2014)
65780	Add to new technology list for re-review in 3 years (Sept 2014).
66982	Resurvey for January 2012.
66984	Resurvey for January 2012.
68040	Refer to CPT to delete.
71275	Review again in 2 years (Sept 2013).
73218	Review again in 2 years (Sept 2013).
73221	Review again in 2 years (Sept 2013).
76513	Develop CPT assistant article to differentiate between the new category I code and the existing code.
77301	Review again in 2 years (Sept 2013).
77418	Remove from screen – addressed as part of the reported together 75% or more screen and utilization is appropriate.
92270	Review again in 2 years (Sept 2013).
93662	Review again in 3 years (Sept 2013) and look at what codes are being reported with 93662.
94681	Remove from screen - incorrect coding has been addressed.
96920	Resurvey for January 2012 and develop a CPT Assistant article to address the incorrect reporting when using handheld devices.
96921	Resurvey for January 2012 and develop a CPT Assistant article to address the incorrect reporting when using handheld devices.
96922	Resurvey for January 2012 and develop a CPT Assistant article to address the incorrect reporting when using handheld devices.

**C. CMS Requests – NPRM for 4th Five-Year Review
Review Complex Wound Repair Codes (13100-13152)**

In the June 6, 2011, Proposed Rule for the 4th Five-Year Review of the RBRVS, CMS requested that the RUC review the family of complex wound repair codes to ensure consistency and appropriate gradation of work value. The RUC has submitted 2 recommendations as part of the 4th Five-Year review, 2 codes were surveyed for RUC review at this meeting and the RUC has requested action plans for 3 other codes in this family. **The Workgroup recommends that the specialty society re-review/survey codes 13100-13152 for January or April 2012.**

- 13100 – 4th Five-Year Review
- 13101 – 4th Five-Year Review

- 13131 – surveyed for September 2011
- 13152 – surveyed for September 2011
- 13120 – survey for January 2012
- 13121 – survey for January 2012
- 13122 – survey for January 2012
- 13132 – survey for January 2012
- 13133 – survey for January 2012
- 13150 – survey for January 2012
- 13151 – survey for January 2012

Review Non-Manipulation Fracture Codes

In the June 6, 2011, Proposed Rule for the 4th Five-Year Review of the RBRVS, CMS requested that the RUC examine all the non-manipulation fracture codes to determine if positioning time was incorporated into the work RVU for the codes and if so, whether the need for positioning time was documented.

AAOS submitted a letter to the Workgroup explaining that of the 50 non-manipulation fracture codes, only 5 have been reviewed by the RUC and include only a few minutes of positioning time. Magnitude estimation was utilized in developing the work relative values for these services. The remaining 45 codes were part of the Harvard study and did not include any positioning time.

Doctor Larimore stated that the Workgroup accepted the specialty societies explanation for the pre-service work. **The Workgroup recommends that these services were valued using magnitude estimation, not via a building block method. Accordingly, any small amount of work related to positioning time should not be backed out of codes.**

D. Review Table 7 – NPRM for 2012: Select List of Procedural Codes Referred to the RUC for Review

In the July 19, 2011, Proposed Rule for 2012, CMS requests that the RUC review a list of 70 high PFS expenditure procedural codes representing services furnished by an array of specialties. CMS selected these codes based on the fact that they have not been reviewed for at least 6 years, and in many cases the last review occurred more than 10 years ago.

Of the 70 services identified, half have been reviewed by the RUC in the last 6 years. **The Workgroup reviewed these services and recommends that the specialty societies submit action plans for January 2012. If CMS determines to delete services from this list in the Final Rule, an action plan will not be necessary.**

E. CMS Requests – NPRM for 2012 MFS

In the July 19, 2011, Proposed Rule for 2012, CMS requests that the RUC review specific codes in 2012 for consideration in rulemaking for the 2013 Medicare Physician Payment Schedule.

- *Abdomen and Pelvis CT – 72192, 72193, 72194, 74150, 74160 & 74170*
The Workgroup will address these codes again after publication of the 2012 Medicare Physician Payment Schedule, after the agency has considered the ACR comments explaining the rationale for the current rank order anomaly.
- *Tissue Pathology – 88305*

The Workgroup recommends that the RUC review the practice expense only for codes 88300-88309 at the January 2012 RUC meeting.

- *In Situ Hybridization – 88365, 88367 & 88368*
The Workgroup determined that these services be tabled until January 2012 in order to review 2011 diagnosis data from CMS.
- *Cholecystectomy – 47600 & 47605*
The Workgroup recommends that codes 47600 and 47605 be resurveyed for physician work and practice expense for January 2012.
- *Bone Density Tests – 77080 & 77082*
The Workgroup recommends that the physician work and practice expense be reviewed for January 2012. These codes are currently being reviewed by the Joint CPT/RUC Workgroup. The Workgroup is requesting that these services be placed on the LOI but recognize that may be modified depending on what the Joint CPT/RUC Workgroup decides.

F. April 2010 Referred to develop CPT Assistant Articles – Review Letters

43761 Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition

The specialty requested and the Workgroup agrees that this service be removed from the referral to CPT Assistant list.

70370 Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique

The Workgroup recommends that this service be removed from the referral to CPT Assistant list.

G. CMS/Other Screen – Review Action Plans (19 codes)

At the February 2011 RUC meeting, a Relativity Assessment Workgroup member noted that any “CMS/Other” source codes would not have been flagged in the Harvard only screens, therefore the Workgroup recommended that a list of all “CMS/Other” codes be developed and reviewed at the April 2011 meeting. CMS/Other codes are services which were not reviewed by either Harvard or the RUC and were either gap filled (most likely by crosswalk) by CMS or were part of original radiology fee schedule.

The Workgroup identified 410 codes with a source of CMS/Other. The Workgroup requested that specialty societies submit an action plan that articulates how the code values and times were originally developed for CMS/Other codes with Medicare utilization 500,000 or more (19 codes) for review at the October 2011 meeting.

The Workgroup reviewed the CMS/Other codes and recommends the following actions:

CPT Code	Recommendation
70450* 70553* 72148*	The specialty society reviewed these services and present a plan to the Research Subcommittee on how to address these services (i.e., crosswalk, resurvey, or alternate approach) and report what services they will survey for April 2012. The

73500	* codes will be address under the Table 7 CMS screen discussed earlier in this report.
73550	
74170	
76645	
76705	
76770	
76775	
76856	
76942	
77014*	
93925	
93970	
88342*	Specialty societies submit an action plan for January 2012.
93880*	Specialty societies submit an action plan for January 2012 and submit a CPT Assistant article to define the proper use of 93880.
97150	Survey for January 2012.
G0127	CMS crosswalked to 11719. Maintain, remove from screen.

**CMS also identified these six codes in the Proposed Rule for the 2012 Medicare Physician Payment Schedule and requested RUC review.*

*** CMS identified as practice expense rank order anomaly in the Proposed Rule and requested review of practice expense and work.*

Doctor Larimore noted that he expects the Workgroup will work its way through the CMS/Other designated codes by utilization, but will be sensitive regarding the timeline for the specialty societies, noting that many of these codes are radiology and anesthesiology.

Doctor Larimore thanked the Workgroup for the amount of work and pre-review that occurred in preparation for this meeting.

H. Joint CPT/RUC Workgroup on Billed Together Services

Doctor Larimore informed the RUC that Kenneth Brin, MD, Chair of the Joint Workgroup, informed the Relativity Workgroup that they are continuing to review codes reported together 75% or more. The Workgroup used the same methodology as last time, with the exception of using 2009 data. Thirty groups of code pairs were identified for further examination. The Workgroup will be reviewing these services to determine which services need to be distributed to the specialty societies for further input or creation of bundled codes. Coding change proposals will not be expected until the CPT 2014 cycle.

The RUC approved the Relativity Assessment Workgroup’s report and it is attached to these minutes.

XIX. Multi-Specialty Points of Comparison Workgroup Report (Tab 52)

Doctor Burd, Chair of the MPC Workgroup, reviewed the MPC Workgroup discussion and action plans as a result from their meeting. The Workgroup noted that there are codes on the current MPC list that would have been considered multi-specialty under the new criteria, however they have not been RUC reviewed since before 2000. **The Workgroup will review these services and make a determination as to whether or not these codes will be added to the new MPC list.**

Furthermore, the Workgroup members will be seeking specialty society comments to help refine the MPC list. **First, the current MPC codes that were not determined multi-specialty should be reviewed by the dominant provider of the services to determine if individual codes are necessary for inter-specialty comparisons or not.** Second, the multi-specialty MPC list is currently heavily populated by low volume codes. **To help reduce redundancies, specialty societies will be asked to codes in a similar RVU range to determine which codes are the most important for inter-specialty valuation purposes.** The Workgroup will be working in between the January Meeting to review specialty responses and additional data before the next face-to-face meeting.

The RUC approved the Multi-Specialty Points of Comparison Workgroup's report and it is attached to these minutes.

XX. HCPAC Review Board (Tab 53)

Tony Hamm, DC, announced that the HCPAC would like to acknowledge the years of service of ASHA staff, Steven White, PhD, who will be retiring from ASHA after 30 years of service.

Relative Value Recommendations for CPT 2013:

Dr. Hamm also indicated that the HCPAC reviewed relative value recommendations for CPT 2013 for two issues Trim Skin Lesions (11056) and Debridement of Nail (11719-11721). The HCPAC reviewed the survey data for CPT code 11719 *Trimming of nondystrophic nails, any number*. The American Podiatric Medical Association (APMA) indicated that they would benefit from re-surveying this code as they agreed that the survey data was not reflective of the service. **APMA will re-survey 11719 for the January 2012 Meeting. The HCPAC recommended values for 11720 and 11721 will be interim so that they can be reviewed with 11719 to ensure appropriate relativity within the family.**

The full recommendations are attached to these minutes in the HCPAC Review Board Report.

HCPAC Reference Service List Workgroup:

Dr. Hamm indicated that after April 2011 meeting the HCPAC formed a Workgroup to review issues surrounding the development of reference service lists. The Workgroup reiterated the HCPAC's previous obstacles in developing reference service lists for some HCPAC organizations when many of the codes they typically perform are being surveyed. Several solutions were discussed including:

For specific time-based codes, articulate the number of services on the survey RSL and perform the calculation for the survey, to avoid any misinterpretation (ie, list the reference service in number of units and calculate the total work RVU for that number of units.

- 97110 Therapeutic Exercises – 15 minutes 0.45
- 97110 Therapeutic Exercises – 30 minutes 0.90
- 97110 Therapeutic Exercises – 45 minutes 1.35
- 97110 Therapeutic Exercises – 60 minutes 1.80

The HCPAC determined that they would like to refer this proposed alteration to the reference service list construct to the Research Subcommittee for their review so that all HCPAC societies can utilize this mechanism in their individual reference service lists, in instances where many of the codes being performed by the specialty are being surveyed and the surveyed code is time based.

Further, the HCPAC solicited for specialty societies to develop a proposal to address the situation of having to develop a reference service list when all of the specialty society's codes are under review. APA and NASW and any other interested societies will develop this proposal and present it at a future HCPAC meeting.

The RUC filed the HCPAC Review Board report which is attached to these minutes.

XXI. Other Issues

Doctor Chad Rubin introduced to the RUC a concept to review the Medicare Berenson-Eggers Type of Service (BETOs) classification as there have been noted errors in the specific categorization of CPT codes. Doctor Rubin suggested that the CPT Editorial Panel and RUC members could review the current classification to correct existing errors and then establish a process to submit suggestion classification categories on the RUC Summary of Recommendation form to CMS. Doctor Levy asked the American College of Surgeons to formulate a proposal to the Research Subcommittee for review.

RUC members introduced a concern when reviewing the survey sample used by AAFP for an issue on this agenda. The Committee learned that the specialty society used only leadership (commission members) in conducting their survey. The RUC structure and function does allow for panels to respond to surveys. The RUC asked that the issue be referred to the Research Subcommittee for review and to specifically define a "panel sample" to ensure appropriate utilization of this sample type.

Doctor Levy adjourned the meeting at 4:11 pm on Saturday, September 25, 2011.