AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2019
October 2017 Meeting

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AMA AMERICAN MEDICAL ASSOCIATION

ama-assn.org
t (312) 464-5000

October 25, 2017

Seema Verma
Administrator
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Administrator Verma:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2019*, as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the October 5-7, 2017 RUC meeting.

CPT 2019 New and Revised Codes – *October 2017 RUC Submission*

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC considered 34 new/revised/related family CPT codes at the October 2017 meeting. The RUC submits work value and/or practice expense inputs for 34 new/revised/related family CPT codes from the October meeting.

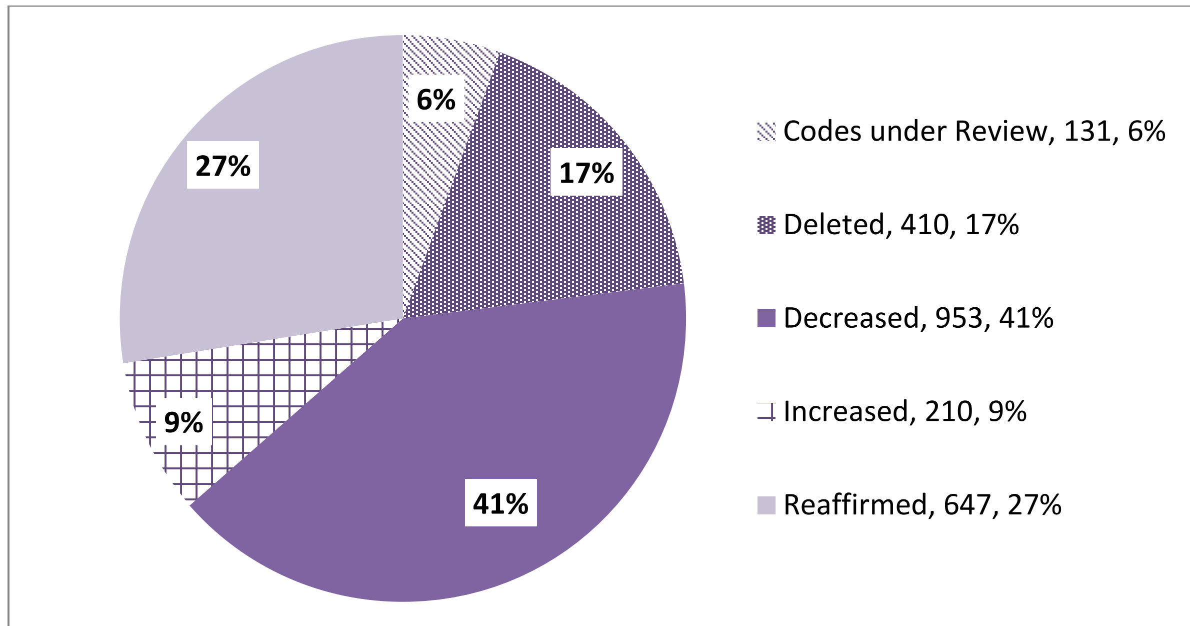
Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 8 services identified by the RUC or CMS as potentially misvalued and reviewed at the October 2017 RUC meeting.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,351 potentially misvalued services through objective screening criteria and has completed review of 2,220 of these services. The RUC has recommended that over half of the services identified be decreased or deleted (Figure 1). The RUC has worked vigorously over the past several years to identify and address misvaluations in the RBRVS through provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter.*

Figure 1: AMA/Specialty Society RVS Update Committee (RUC) Potentially Misvalued Services Project



Practice Expense Subcommittee

The attached materials include direct practice expense input (clinical staff time, supplies and equipment) recommendations for each code reviewed. In addition to recommendations related to the specific CPT codes under review, the RUC is submitting products of the Obtain Consent Workgroup and the Exam Light Workgroup. Based on the work of the Obtain Consent Workgroup the RUC recommends a standard time of 5 minutes, 7 minutes and 7 minutes for MR codes without, with and with and without contrast respectively, for the clinical activity, *provide education/obtain consent,* in the non-facility setting. The details of this recommendation are included in a Workgroup report along with the 51 MR services were this standard should be applied. The Exam Light Workgroup made recommendations directly to the PE Subcommittee, but has no recommendations to CMS for changes to the direct practice expense inputs in the Physician Payment Schedule at this time.

Accuracy of Practice Expense Data

Section 220 of the Protecting Access to Medicare Act of 2014 (PAMA), allocates funds for CMS "…to collect and use information on physicians' services in the determination of relative values." The types of information collected may include "Overhead and accounting information for practices of physicians and other suppliers." The RUC and HCPAC encourage CMS to use these funds to conduct an updated survey on practice expense data. In 2007 and 2008, the AMA conducted the Physician Practice Information survey, along with 72 medical specialty societies and other health care professional organizations. The PPIS is multispecialty, nationally representative, PE survey of both physicians and nonphysician practitioners (NPPs) paid under the PFS using a survey instrument. The survey collected physician practice expense data that was used by CMS to confirm the accuracy of practice expense data in the Medicare Physician Fee Schedule. It would be extremely beneficial for CMS to conduct a similar survey a decade later to confirm the accuracy of practice expense data, given the many changes that have

occurred since that time (e.g., the widespread adoption of certified electronic health record technology with its associated maintenance and staffing costs).

Enclosed Recommendations and Supporting Materials:

Included in these binders and on the enclosed USB drive are:

- RUC Recommendation Status Report for New and Revised Codes

- RUC Recommendation Status Report for 2,351 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.

- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.

- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the October 2017 RUC meeting.

- Pre-Service and Post-Service Time Packages Definitions: The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.

- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.

- BETOS Assignment Table: The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.

- Source Code Utilization Crosswalk Table: A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2019 conversion factor increase.

- New Technology List and Flow Chart: In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 548 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

We appreciate your consideration of these RUC recommendations. If you have any questions regarding the attached materials, please contact Sherry Smith at (312) 464-5604.

Sincerely,

Peter K. Smith, MD

Enclosures

cc: RUC Participants
Edith Hambrick, MD
Ryan Howe
Karen Nakano, MD
Marge Watchorn
Michael Soracoe

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2019

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CPT 2019 RUC and HCPAC Recommendations - October 2017

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
00X2M	XXX	N	Sept 2017	33	Admin MAAA Prostate Cancer		CLFS								
0159T	ZZZ	D	June 2017	14	Breast MRI with Computer-Aided Detection		CatIII								
0188T	XXX	D	Feb 2017	44	Category III Sundown		CatIII								
0189T	XXX	D	Feb 2017	44	Category III Sundown		CatIII								
0190T	XXX	D	Feb 2017	44	Category III Sundown		CatIII								
0195T	XXX	D	Feb 2017	44	Category III Sundown		CatIII								
0196T	XXX	D	Feb 2017	44	Category III Sundown		CatIII								
0335T	YYY	D	Feb 2017	44	Category III Sundown		CatIII								
0337T	YYY	D	Feb 2017	44	Category III Sundown		CatIII								
0346T	YYY	D	Sept 2017	24	Ultrasound Elastography		CatIII								
0359T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII								
0360T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII								
0361T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII								
0362T	YYY	R	Feb 2017	42	Adaptive Behavior Analysis		CatIII								
0363T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII								
0364T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII								
0365T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII								

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0366T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0368T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0369T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0370T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0371T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0372T	YYY	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0373T	YYY	R	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0374T	ZZZ	D	Feb 2017	42	Adaptive Behavior Analysis		CatIII						☐		☐
0387T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		CatIII						☐		☐
0388T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		CatIII						☐		☐
0389T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		CatIII						☐		☐
0390T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		CatIII						☐		☐
0391T	XXX	D	Sept 2017	15	Leadless Pacemaker Procedures		CatIII						☐		☐
03X0T	XXX	N	Sept 2017	[illegible], 37, [illegible]	Electroretinography		CatIII						☐		☐
03X2T	XXX	N	Sept 2017	50	Cat III Macular Pigment Optical Density Measurement		CatIII						☐		☐
0406T	XXX	D	Sept 2017	48	Cat III Placement Drug-Eluting Implant		CatIII						☐		☐
0407T	XXX	D	Sept 2017	48	Cat III Placement Drug-Eluting Implant		CatIII						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
04X0T	XXX	N	Sept 2017	55	Cat III Bone Density Ultrasound Study		CatIII						☐		☐
04X1T	XXX	N	Sept 2017	49	Cat III Endovenous Arterial Revascularization		CatIII						☐		☐
04X5T	XXX	N	Sept 2017	54	Cat III Imaging of Meibomian Glands		CatIII						☐		☐
10021	XXX	R	June 2017	06	Fine Needle Aspiration		October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.20	1.20		☑		☐
10022	XXX	D	June 2017	06	Fine Needle Aspiration		October 2017	04					☑		☐
10X11	ZZZ	N	June 2017	06	Fine Needle Aspiration	G2	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	0.80	0.80		☑		☐
10X12	XXX	N	June 2017	06	Fine Needle Aspiration	G3	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.63	1.63		☑		☐
10X13	ZZZ	N	June 2017	06	Fine Needle Aspiration	G4	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.00	1.00		☑		☐
10X14	XXX	N	June 2017	06	Fine Needle Aspiration	G5	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.81	1.81		☑		☐
10X15	ZZZ	N	June 2017	06	Fine Needle Aspiration	G6	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.18	1.18		☑		☐
10X16	XXX	N	June 2017	06	Fine Needle Aspiration	G7	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	2.43	2.43		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
10X17	ZZZ	N	June 2017	06	Fine Needle Aspiration	G8	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.65	1.65		☑		☐
10X18	XXX	N	June 2017	06	Fine Needle Aspiration	G9	January 2018	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE				☑	Interim contractor price, re-survey in Jan 2018	☐
10X19	ZZZ	N	June 2017	06	Fine Needle Aspiration	G10	January 2018	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE				☑	Interim contractor price, re-survey in Jan 2018	☐
11100	000	D	Feb 2017	65	Skin Biopsy		April 2017	05	AAD				☑		☐
11101	ZZZ	D	Feb 2017	65	Skin Biopsy		April 2017	05	AAD				☑		☐
11X02	000	N	Feb 2017	65	Skin Biopsy	A1	April 2017	05	AAD	0.80	0.66		☑		☐
11X03	ZZZ	N	Feb 2017	65	Skin Biopsy	A2	April 2017	05	AAD	0.50	0.38		☑		☐
11X04	000	N	Feb 2017	65	Skin Biopsy	A3	April 2017	05	AAD	1.00	0.83		☑		☐
11X05	ZZZ	N	Feb 2017	65	Skin Biopsy	A4	April 2017	05	AAD	0.64	0.45		☑		☐
11X06	000	N	Feb 2017	65	Skin Biopsy	A5	April 2017	05	AAD	1.20	1.01		☑		☐
11X07	ZZZ	N	Feb 2017	65	Skin Biopsy	A6	April 2017	05	AAD	0.99	0.54		☑		☐
209X3	ZZZ	N	Feb 2017	09	Structural Allograft	B1	April 2017	06	AAOS	13.01	13.01		☑		☐
209X4	ZZZ	N	Feb 2017	09	Structural Allograft	B2	April 2017	06	AAOS	11.94	11.94		☑		☐
209X5	ZZZ	N	Feb 2017	09	Structural Allograft	B3	April 2017	06	AAOS	13.00	13.00		☑		☐
27370	000	D	June 2017	09	Knee Arthrography		October 2017	05					☑		☐
27X69	000	N	June 2017	09	Knee Arthrography	H1	October 2017	05	ACR	1.00	0.96		☑		☐
33282	090	D	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07					☑		☐
33284	090	D	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07					☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
332X0	000	N	Sept 2017	46	Pulmonary Wireless Pressure Sensor Services	P1	January 2018		ACC, SCAI				☑		☐
332X5	000	N	Feb 2017	12	Cardiac Event Recorder Procedures - Revise	C1	April 2017	07	ACC, HRS	1.81	1.53		☑		☑
332X6	000	N	Feb 2017	12	Cardiac Event Recorder Procedures - Revise	C2	April 2017	07	ACC, HRS	1.50	1.50		☑		☑
335X1	090	N	Sept 2017	12	Aortoventriculoplasty with Pulmonary Autograft	M1	January 2018		AATS, STS				☑		☐
33860	090	F	Sept 2017	13	Hemi-Aortic Arch Replacement	N1	January 2018		AATS, STS				☑		☐
33863	090	F	Sept 2017	13	Hemi-Aortic Arch Replacement	N2	January 2018		AATS, STS				☑		☐
33864	090	F	Sept 2017	13	Hemi-Aortic Arch Replacement	N3	January 2018		AATS, STS				☑		☐
33X01	ZZZ	N	Sept 2017	13	Hemi-Aortic Arch Replacement	N4	January 2018		AATS, STS				☑		☐
33X05	090	N	Sept 2017	15	Leadless Pacemaker Procedures	O1	January 2018		HRS, ACC				☑		☐
33X06	090	N	Sept 2017	15	Leadless Pacemaker Procedures	O2	January 2018		HRS, ACC				☑		☐
36568	000	R	Sept 2017	16	PICC Line Procedures	Q1	January 2018		AAP, ACR, SVS, SIR				☑		☐
36569	000	R	Sept 2017	16	PICC Line Procedures	Q2	January 2018		AAP, ACR, SVS, SIR				☑		☐
36584	000	R	Sept 2017	16	PICC Line Procedures	Q5	January 2018		AAP, ACR, SVS, SIR				☑		☐
36X72	000	N	Sept 2017	16	PICC Line Procedures	Q3	January 2018		AAP, ACR, SVS, SIR				☑		☐
36X73	000	N	Sept 2017	16	PICC Line Procedures	Q4	January 2018		AAP, ACR, SVS, SIR				☑		☐
3853X	010	N	Sept 2017	17	Biopsy or Excision of Inguinofemoral Node(s)	R1	January 2018		ACOG				☑		☐
43760	000	D	Sept 2017	18	Gastrostomy Tube Replacement		January 2018						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
43X63	000	N	Sept 2017	18	Gastrostomy Tube Replacement	S1	January 2018		ACG, AGA, ASGE				☑		☐
43X64	000	N	Sept 2017	18	Gastrostomy Tube Replacement	S2	January 2018		ACS, APSA, SAGES				☑		☐
46762	090	D	June 2017	11	Implantation of Artificial Sphincter		Deleted						☑		☐
50395	000	D	Sept 2017	19	Dilation of Urinary Tract		January 2018						☑		☐
50432	000	F	Sept 2017	19	Dilation of Urinary Tract	T3	January 2018		ACR, SIR				☑		☐
50433	000	F	Sept 2017	19	Dilation of Urinary Tract	T4	January 2018		ACR, SIR				☑		☐
50X39	000	N	Sept 2017	19	Dilation of Urinary Tract	T1	January 2018		AUA, ACR, SIR				☑		☐
50X40	000	N	Sept 2017	19	Dilation of Urinary Tract	T2	January 2018		AUA, ACR, SIR				☑		☐
52334	000	F	Sept 2017	19	Dilation of Urinary Tract	T5	January 2018		AUA				☑		☐
53850	090	F	Sept 2017	21	Water Vapor or Steam Thermotherapy	U1	January 2018		AUA				☑		☐
53852	090	F	Sept 2017	21	Water Vapor or Steam Thermotherapy	U2	January 2018		AUA				☑		☐
538X3	090	N	Sept 2017	21	Water Vapor or Steam Thermotherapy	U3	January 2018		AUA				☑		☐
64550	000	D	June 2017	12	Transcutaneous Neurostimulator (TENS)		Deleted						☑		☐
74485	XXX	R	Sept 2017	19	Dilation of Urinary Tract	T6	January 2018		AUA, ACR, SIR				☑		☐
76001	XXX	D	Sept 2017	27	Fluoroscopy		Deleted						☑		☐
767X1	XXX	N	Sept 2017	24	Ultrasound Elastography	V1	January 2018		ACR				☑		☐
767X2	XXX	N	Sept 2017	24	Ultrasound Elastography	V2	January 2018		ACR				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
767X3	ZZZ	N	Sept 2017	24	Ultrasound Elastography	V3	January 2018		ACR				☑		☐
76937	ZZZ	F	Sept 2017	16	PICC Line Procedures	Q6	January 2018		AAP, ACR, SVS, SIR				☑		☐
76942	XXX	R	June 2017	06	Fine Needle Aspiration	G11	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	0.67	0.67	Yes	☑	Reaffirmed	☐
76X01	XXX	N	Sept 2017	26	Magnetic Resonance Elastography	X1	January 2018		ACR				☑		☐
76X0X	XXX	N	Sept 2017	25	Contrast-Enhanced Ultrasound	W1	January 2018		ACR				☑		☐
76X1X	ZZZ	N	Sept 2017	25	Contrast-Enhanced Ultrasound	W1	January 2018		ACR				☑		☐
77001	ZZZ	F	Sept 2017	16	PICC Line Procedures	Q7	January 2018		AAP, ACR, SVS, SIR				☑		☐
77002	ZZZ	R	June 2017	06	Fine Needle Aspiration	G12	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	0.54	0.54	Yes	☑	Reaffirmed	☐
77012	XXX	R	June 2017	06	Fine Needle Aspiration	G13	October 2017	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	1.16	1.50		☑	Reaffirmed	☐
77021	XXX	R	June 2017	06	Fine Needle Aspiration	G14	January 2018	04	ACR, SIR, AAOHNS, ES, ASC, CAP, AACE				☑	Interim, survey in Jan 2018	☐
77058	XXX	D	June 2017	14	Breast MRI with Computer-Aided Detection		October 2017	06					☑		☐
77059	XXX	D	June 2017	14	Breast MRI with Computer-Aided Detection		October 2017	06					☑		☐
77X49	XXX	N	June 2017	14	Breast MRI with Computer-Aided Detection	I1	October 2017	06	ACR	1.45	1.45		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
77X50	XXX	N	June 2017	14	Breast MRI with Computer-Aided Detection	I2	October 2017	06	ACR	1.60	1.60		☑		☑
77X51	XXX	N	June 2017	14	Breast MRI with Computer-Aided Detection	I3	October 2017	06	ACR	2.10	2.10		☑		☑
77X52	XXX	N	June 2017	14	Breast MRI with Computer-Aided Detection	I4	October 2017	06	ACR	2.30	2.30		☑		☑
81327	XXX	R	June 2017	18	Tier 1 SEPT 9 Promoter Methylation Analysis		CLFS						☐		☐
813X0	XXX	N	Sept 2017	29	Tier 1 TGFBI Corneal Dystrophy		CLFS						☐		☐
816X0	XXX	N	Sept 2017	32	MAAA Breast Cancer Metastatic Recurrence Risk		CLFS						☐		☐
81X07	XXX	N	June 2017	16	Tier 1 EZH2 Hemaytologic Neoplasm		CLFS						☐		☐
81X08	XXX	N	June 2017	16	Tier 1 EZH2 Hemaytologic Neoplasm		CLFS						☐		☐
81X09	XXX	N	June 2017	17	Tier 1 BTK and PLCG2 Chronic Lymphocytic Leukemia		CLFS						☐		☐
81X10	XXX	N	June 2017	17	Tier 1 BTK and PLCG2 Chronic Lymphocytic Leukemia		CLFS						☐		☐
81X11	XXX	N	Sept 2017	30	Tier 1 MYD88 Lymphoma		CLFS						☐		☐
81X43	XXX	N	June 2017	20	GSP Panethnic Genetic Carrier Screening Panel		CLFS						☐		☐
92275	XXX	D	Sept 2017	…, 37, …	Electroretinography		January 2018						☑		☐
92X71	XXX	N	Sept 2017	…, 37, …	Electroretinography	L1	January 2018		ASRS, AOA, AAO				☑		☐
92X73	XXX	N	Sept 2017	…, 37, …	Electroretinography	L2	January 2018		ASRS, AOA, AAO				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93279	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O3	January 2018		HRS, ACC				☑		☐
93285	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.52	0.52	Yes	☑	Affirmed Oct 2016 RUC Recommenda-tion	☐
93286	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O4	January 2018		HRS, ACC				☑		☐
93288	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O5	January 2018		HRS, ACC				☑		☐
93290	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.43	0.43	Yes	☑	Affirmed Oct 2016 RUC Recommenda-tion	☐
93291	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.37	0.37		☑	Affirmed Oct 2016 RUC Recommenda-tion	☐
93294	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O6	January 2018		HRS, ACC				☑		☐
93296	XXX	R	Sept 2017	15	Leadless Pacemaker Procedures	O7	January 2018		HRS, ACC				☑		☐
93297	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.52	0.52	Yes	☑	Affirmed Jan 2017 RUC Recommenda-tion	☐
93298	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.52	0.52	Yes	☑	Affirmed Jan 2017 RUC Recommenda-tion	☐
93299	XXX	R	Feb 2017	12	Cardiac Event Recorder Procedures - Revise		April 2017	07	ACC, HRS	0.00	0.00	Yes	☑	Affirmed Jan 2017 RUC Recommenda-tion (PE Only)	☐
93568	ZZZ	R	June 2017	28	Transcatheter Closure of PDA		Editorial			0.88	0.88	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93XX1	XXX	N	Sept 2017	46	Pulmonary Wireless Pressure Sensor Services	P2	January 2018		ACC				☑		☐
94780	XXX	R	Sept 2017	39	Car Seat Testing		Editorial			0.48	0.48	Yes	☑		☐
94781	ZZZ	R	Sept 2017	39	Car Seat Testing		Editorial			0.17	0.17	Yes	☑		☐
95250	XXX	R	Feb 2017	38	Continuous Glucose Monitoring		April 2017	08	AACE, ACP, ES	0.00	0.00	Yes	☑	Affirmed Oct 2016 RUC Recommenda-tion (PE Only)	☐
95251	XXX	R	Feb 2017	38	Continuous Glucose Monitoring		April 2017	08	AACE, ACP, ES	0.70	0.70		☑	Affirmed Oct 2016 RUC Recommenda-tion	☐
9525X	XXX	N	Feb 2017	38	Continuous Glucose Monitoring	D1	April 2017	08	AACE, ACP, ES	0.00	0.00	Yes	☑	PE Only	☐
95970	XXX	R	June 2017	31	Neurostimulator Services	J1	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	0.45	0.45	Yes	☑		☐
95971	XXX	R	June 2017	31	Neurostimulator Services	J2	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	0.78	0.78	Yes	☑		☐
95972	XXX	R	June 2017	31	Neurostimulator Services	J3	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	0.80	0.80	Yes	☑		☐
95974	XXX	D	June 2017	31	Neurostimulator Services		October 2017	07					☑		☐
95975	ZZZ	D	June 2017	31	Neurostimulator Services		October 2017	07					☑		☐
95978	XXX	D	June 2017	31	Neurostimulator Services		October 2017	07					☑		☐
95979	ZZZ	D	June 2017	31	Neurostimulator Services		October 2017	07					☑		☐
95X83	XXX	N	June 2017	31	Neurostimulator Services	J4	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	0.95	0.95		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
95X84	XXX	N	June 2017	31	Neurostimulator Services	J5	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	1.19	1.19		☑		☐
95X85	XXX	N	June 2017	31	Neurostimulator Services	J6	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	1.25	1.25		☑		☐
95X86	ZZZ	N	June 2017	31	Neurostimulator Services	J7	October 2017	07	AUA, AAN, AANS/CNS, ACOG, SIS, ACNS	1.00	1.00		☑		☐
96101	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96102	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96103	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96105	XXX	F	June 2017	32	Psychological and Neuropsychological Testing	K1	October 2017	HCPAC	APA, AAP, ASHA, AAN	1.75	1.75	Yes	☑		☐
96110	XXX	F	June 2017	32	Psychological and Neuropsychological Testing	K3	October 2017	08	APA, AAP, ASHA, AAN	0.00	0.00	Yes	☑	PE Only	☐
96111	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96116	XXX	R	June 2017	32	Psychological and Neuropsychological Testing	K7	October 2017	08	APA, AAP, ASHA, AAN	1.86	1.86	Yes	☑		☐
96118	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96119	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐
96120	XXX	D	June 2017	32	Psychological and Neuropsychological Testing		October 2017	08					☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
96125	XXX	F	June 2017	32	Psychological and Neuropsychological Testing	K2	October 2017	HCPAC	APA, AAP, ASHA, AAN	1.70	1.70	Yes	☑		☐
96127	XXX	F	June 2017	32	Psychological and Neuropsychological Testing	K6	October 2017	08	APA, AAP, ASHA, AAN	0.00	0.00	Yes	☑	PE Only	☐
963X0	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K4	October 2017	08	APA, AAP, ASHA, AAN	2.60	2.50		☑		☐
963X1	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K5	October 2017	08	APA, AAP, ASHA, AAN	0.92	1.10		☑		☐
963X2	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K8	October 2017	08	APA, AAP, ASHA, AAN	1.71	1.71		☑		☐
963X3	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K9	October 2017	HCPAC	APA, AAP, ASHA, AAN	2.50	2.50		☑		☐
963X4	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K10	October 2017	HCPAC	APA, AAP, ASHA, AAN	1.90	1.90		☑		☐
963X5	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K11	October 2017	08	APA, AAP, ASHA, AAN	2.50	2.50		☑		☐
963X6	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K12	October 2017	08	APA, AAP, ASHA, AAN	1.90	1.90		☑		☐
963X7	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K13	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.55	0.55		☑		☐
963X8	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K14	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.46	0.46		☑		☐
963X9	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K15	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.00	0.00		☑	PE Only	☐
96X00	XXX	N	Sept 2017	40	Electrocorticography	Y1	January 2018		ACNS, AAN				☑		☐
96X10	ZZZ	N	June 2017	32	Psychological and Neuropsychological Testing	K16	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.00	0.00		☑	PE Only	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
96X11	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K17	January 2018	08	APA, AAP, ASHA, AAN	0.51	0.51		☑	Interim, resurvey in Jan 2018	☐
96X12	XXX	N	June 2017	32	Psychological and Neuropsychological Testing	K18	October 2017	HCPAC	APA, AAP, ASHA, AAN	0.00	0.00		☑	PE Only	☐
97X51	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E1	LOI - No SS						☐	No RUC Recommenda-tion	☐
97X52	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E2	LOI - No SS						☐	No RUC Recommenda-tion	☐
97X53	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E3	LOI - No SS						☐	No RUC Recommenda-tion	☐
97X54	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E4	LOI - No SS						☐	No RUC Recommenda-tion	☐
97X55	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E5	LOI - No SS						☐	No RUC Recommenda-tion	☐
97X56	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E6	LOI - No SS						☐	No RUC Recommenda-tion	☐
97X57	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E7	LOI - No SS						☐	No RUC Recommenda-tion	☐
97X58	XXX	N	Feb 2017	42	Adaptive Behavior Analysis	E8	LOI - No SS						☐	No RUC Recommenda-tion	☐
99090	XXX	D	Sept 2017	61	Chronic Care Remote Physiologic Monitoring		January 2018						☑		☐
99091	XXX	R	Sept 2017	61	Chronic Care Remote Physiologic Monitoring		January 2018		ACC				☑		☐
990X0	XXX	N	Sept 2017	61	Chronic Care Remote Physiologic Monitoring	Z1	January 2018		ACC				☑		☐
990X1	XXX	N	Sept 2017	61	Chronic Care Remote Physiologic Monitoring	Z2	January 2018		ACC				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99341	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial				1.01	Yes	☑		☐
99342	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial				1.52	Yes	☑		☐
99343	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial				2.53	Yes	☑		☐
99344	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial				3.38	Yes	☑		☐
99345	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial				4.09	Yes	☑		☐
99347	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial				1.00	Yes	☑		☐
99348	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial				1.56	Yes	☑		☐
99349	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial				2.33	Yes	☑		☐
99350	XXX	R	Sept 2017	06	Home Services Guidelines		Editorial				3.28	Yes	☑		☐
99446	XXX	R	Sept 2017	60	Interprofessional Internet Consultation	AA1	January 2018		AAP, ACP				☑		☐
99447	XXX	R	Sept 2017	60	Interprofessional Internet Consultation	AA2	January 2018		AAP, ACP				☑		☐
99448	XXX	R	Sept 2017	60	Interprofessional Internet Consultation	AA3	January 2018		AAP, ACP				☑		☐
99449	XXX	R	Sept 2017	60	Interprofessional Internet Consultation	AA4	January 2018		AAP, ACP				☑		☐
994X0	XXX	N	Sept 2017	60	Interprofessional Internet Consultation	AA6	January 2018		AAP, ACP				☑		☐
994X6	XXX	N	Sept 2017	60	Interprofessional Internet Consultation	AA5	January 2018		AAP, ACP				☑		☐
994X7	XXX	N	Feb 2017	06	Chronic Care Management Services	F1	April 2017	09	AGS, AAFP, AAN, ACP	1.85	1.45		☑		☑
994X9	XXX	N	Sept 2017	61	Chronic Care Remote Physiologic Monitoring	Z3	January 2018		ACC				☑		☐

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes October 2017

CPT Code	Long Descriptor	Issue	RUC Recommend-ation	CMS 000-Day Global Typically Reported with an E/M	High Volume Growth	Negative IWPUT
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	Diagnostic Bronchoscopy	2.63		X	
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	Diagnostic Bronchoscopy	2.63		X	
67505	Retrobulbar injection; alcohol	Injection – Eye	1.18	X		
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	Injection – Eye	1.18	X		
67515	Injection of medication or other substance into Tenon's capsule	Injection – Eye	0.84	X		
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	Echo Exam of Eye Thickness	0.17			X
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	Coronary Flow Reserve Measurement	1.50		X	

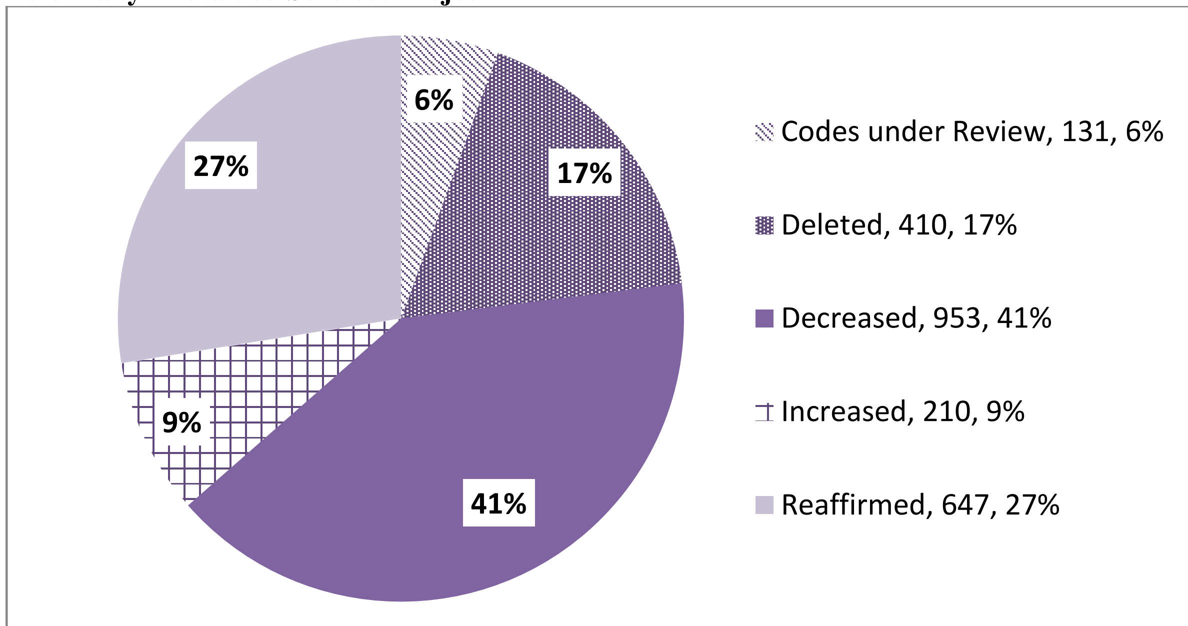
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	Coronary Flow Reserve Measurement	1.00		X	

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified 2,351 services through 17 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining over 2,300 potentially misvalued services accounting for $45 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,363 services, redistributing $5 billion. Here are the outcomes for the committee's review of 2,351 codes:

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including: recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 548 services. In September 2010, the re-review cycle began and since then the RUC has recommended 38 services to be re-examined. The remaining services

are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 153 services every September after three years of Medicare claims data is available for each service.

Methodology Improvements
The RUC implemented process improvements to methodology following its October 2013 meeting. The process improvements are designed to strengthen the RUC's primary mission of providing the final RVS update recommendations to the Centers for Medicare and Medicaid Services.

In the area of methodology, the RUC is continuously improving its processes to ensure that it is best utilizing reliable, extant data. At its most recent meeting, the RUC increased the minimum number of respondents required for each survey of commonly performed codes:

- For services performed 1 million or more times per year in the Medicare population, at least 75 physicians must complete the survey.
- For services performed from 100,000 to 999,999 times annually, at least 50 physicians will be required.

Further strengthening its methodology, the RUC also announced that specialty societies will move to a centralized online survey process, which will be coordinated by the AMA and will utilize external expertise to ensure survey and reporting improvements.

Site of Service Anomalies
The Workgroup initiated its effort by reviewing services with anomalous sites of service when compared to Medicare utilization data. Specifically, these services are performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within their global period.

The RUC identified 194 services through the site of service anomaly screen. The RUC required the specialties to resurvey 129 services to capture the appropriate physician work involved. These services were reviewed by the RUC between April 2008 and February 2011. CMS implemented 124 of these recommendations in the 2009, 2010 and 2011 Medicare Physician Payment Schedules. The RUC submitted another five recommendations as well as re-reviewed and submitted 44 recommendations to previously reviewed site of service identified codes to CMS for the 2012 Medicare Physician Payment Schedule.

Of the remaining 65 services that were not re-surveyed, the RUC modified the discharge day management for 46 services, maintained three codes and removed two codes from the screen as the typical patient was not a Medicare beneficiary and would be an inpatient. The CPT® Editorial Panel deleted 14 codes. The RUC completed review of services under this initial screen.

During this review, the RUC uncovered several services that are reported in the outpatient setting, yet, according to several expert panels and survey data from physicians who perform the procedure, the service, typically requires a hospital stay of greater than 23 hours. The RUC maintains that physician work that is typically performed, such as visits on the date of service and discharge work the following day, should be included within the overall valuation. Subsequent observation day visits and discharge day management service are appropriate proxies for this work.

The RUC will reassess the data each year going forward to determine if any new site of service anomalies arise. In 2015, the RUC identified three services in which the Medicare data from 2011-2013 indicated it was performed less than 50% of the time in the inpatient setting, yet included inpatient hospital Evaluation and Management services within the global period. These services were referred to CPT and recommendations were submitted to CMS for the 2018 Medicare Physician Payment Schedule.

In 2016, the RUC identified one site of service anomaly CPT code and submitted the recommendation to CMS for the 2019 Medicare Physician Payment Schedule. In 2017, the RUC identified one site of service anomaly CPT code and has referred this code to the CPT Editorial Panel for revision.

High Volume Growth
The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have increased by at least 100% from 2004 through 2006. The query initially resulted in the identification of 81 services, but was expanded by 16 services to include the family of services, totaling 97 services. Specialty societies submitted comments to the Workgroup in April 2008 to provide rationales for the growth in reporting. Following this review, the RUC required the specialties to survey 35 services to capture the appropriate work effort and/or direct practice expense inputs. These services were reviewed by the RUC between February 2009 and April 2010.

The RUC recommended removing 15 services from the screen as the volume growth did not impact the resources required to provide these services. The CPT® Editorial Panel deleted 34 codes. The RUC submitted 44 recommendations to CMS for services for the 2012-2017 Medicare Physician Payment Schedules. In September 2011, the RUC began review of services after two years of utilization data were collected. The RUC will continue to review the remaining four services after additional utilization data is available.

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 57 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC recommended review of five services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted eight codes and the RUC submitted recommendations for 41 services for the 2015-2018 Medicare Physician Payment Schedule.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 27 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review five services after an additional two years of utilization data is collected. The CPT Editorial Panel deleted eight codes and the RUC submitted recommendations for 13 services for the 2017-2019 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen again and the query resulted in the identification of 12 services, which was expanded to 14 services. The RUC will review two services after additional utilization data is available and provide recommendations for the remaining 12 services for the 2019 Medicare Physician Payment Schedule.

CMS Fastest Growing
In 2008, CMS developed the Fastest Growing Screen to identify all services with growth of at least 10% per year over the course of three years from 2005-2007. Through this screen, CMS identified 114 fastest growing services and the RUC added 69 services to include the family of services, totaling 183. The RUC required the specialties to survey 72 services to capture the appropriate work effort and/or direct practice expense inputs. These services were reviewed by the RUC from February 2008 through April 2010 and submitted to CMS for the Medicare Physician Payment Schedule.

The RUC recommended removing 27 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT® Editorial Panel deleted 43 codes. The RUC submitted 37 recommendations to CMS for the 2012-2019 Medicare Physician Payment Schedules. The RUC will review the remaining four services after additional utilization data is available.

High IWPUT
The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have an intra-service work per unit of time (IWPUT) calculation greater than 0.14, indicating an outlier intensity. The query resulted in identification of 32 services. Specialty societies submitted comments to the Workgroup in April 2008 for these services. As a result of this screen, the RUC has reviewed and submitted recommendations to CMS for 28 codes, removing four services from the screen as the IWPUT was considered appropriate. The RUC completed review of services under this screen.

Services Surveyed by One Specialty – Now Performed by a Different Specialty
In October 2009, services that were originally surveyed by one specialty, but now performed predominantly by other specialties were identified and reviewed. The RUC identified 21 services by this screen, adding 19 services to address various families of codes. The majority of these services required clarification within CPT®. The CPT® Editorial Panel deleted 18 codes. The RUC submitted 22 recommendations for physician work and practice expense to CMS for the 2011-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In April 2013, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified and the RUC recommended that one be removed from the screen since the specialty societies currently performing this service indicated that the service is appropriate and recommended that the other code be referred to CPT® to be revised. The RUC completed review of services under this screen.

Harvard Valued
Utilization over 1 Million
CMS requested that the RUC pay specific attention to Harvard valued codes that have a high utilization. The RUC identified nine Harvard valued services with high utilization (performed over 1 million times per year). The RUC also incorporated an additional 12 Harvard valued codes within the initial family of services identified. The CPT® Editorial Panel deleted one code. The RUC submitted 20 relative value work recommendations to CMS for the 2011 and 2012 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Utilization over 100,000
The RUC continued to review Harvard valued codes with significant utilization. The Relativity Assessment Workgroup expanded the review of Harvard codes to those with utilization over 100,000 which totaled 38 services. The RUC expanded this screen by 101 codes to include the family of services, totaling 139 services. The CPT® Editorial Panel deleted 27 codes. The RUC submitted 112 recommendations to CMS for the 2011-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Utilization over 30,000
In April 2011, the RUC continued to identify Harvard valued codes with utilization over 30,000, based on 2009 Medicare claims data. The RUC determined that the specialty societies should survey the remaining 36 Harvard codes with utilization over 30,000 for September 2011. The RUC expanded the screen to include the family of services, totaling 65 services. The CPT® Editorial Panel deleted 12 codes. The RUC submitted recommendations for 53 services for the 2013-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Medicare Allowed Charges >$10 million
In June 2012, CMS identified 16 services that were Harvard valued with annual allowed charges (2011 data) > $10 million. The RUC expanded this screen to 33 services to include the proper family of services. The RUC removed two services from review as the allowed charges are approximately $1 million and did not meet the screen criteria. The CPT® Editorial Panel deleted one service. The RUC submitted recommendations for 30 services for the 2013-2017 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

CMS/Other
Utilization over 500,000
In April 2011, the RUC identified 410 codes with a source of "CMS/Other." CMS/Other codes are services which were not reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. "CMS/Other" source codes would not have been flagged in the Harvard only screens, therefore the RUC recommended that a list of all CMS/Other codes be developed and reviewed. The RUC established the threshold for CMS/Other source codes with Medicare utilization of 500,000 or more, which resulted in 19 codes. The RUC expanded this screen to 21 services to include the proper family of services. The CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules. The RUC removed one service from the screen and will review one service after additional utilization data is available.

Utilization over 250,000
In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more, which resulted in 26 services and was expanded to 52 services to include the family of services. The CPT Editorial Panel deleted 11 codes identified under this screen. The RUC removed nine services and submitted 32 recommendations to CMS for the 2015-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Utilization over 100,000
In October 2016, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 100,000 or more, which resulted in 27 services and was expanded to 41 services to include the family of services. The RUC referred two codes to CPT for deletion and submitted recommendations for 39 services for the 2019 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Bundled CPT® Services
Reported 95% or More Together
The Relativity Assessment Workgroup solicited data from CMS regarding services inherently performed by the same physician on the same date of service (95% of the time) in an attempt to identify pairings of services that should be bundled together. The CPT® Editorial Panel deleted 31 individual component codes and replaced them with 53 new codes that describe bundles of services. The RUC then surveyed and reviewed work and practice costs associated with these services to account for any efficiencies achieved through the bundling. The RUC completed review of all services under this screen.

Reported 75% or More Together
In February 2010, the Workgroup continued review of services provided on the same day by the same provider, this time lowering the threshold to 75% or more together. The Relativity Assessment Workgroup again analyzed the Medicare claims data and found 151 code pairs which met the threshold. The Workgroup then collected these code pairs into similar "groups" to ensure that the entire family of services would be coordinated under one code bundling proposal. The grouping effort resulted in 20 code groups, totaling 80 codes, and were sent to specialty societies to solicit action plans for consideration at

the April 2010 RUC meeting. Resulting from the Relativity Assessment Workgroup review, 81 additional codes were added for review as part of the family of services to ensure duplication of work and practice expense was mitigated throughout the entire set of services. Of the 161 total codes under review, the CPT® Editorial Panel deleted 35 individual component codes and replaced the component coding with 126 new and/or revised codes that described the bundles of services. The RUC will review two services after additional utilization data is available.

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 167 total codes under review, the CPT® Editorial Panel deleted 52 services. The RUC has submitted 113 code recommendations for the 2014-2019 Medicare Physician Payment Schedules and will review two services after additional utilization data is available.

In January and April 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its fourth cycle analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 8 code pair groups and recommended code bundling for 18 individual codes. In October 2015, the CPT Editorial Panel started review of the code bundling solutions. Of the 75 total codes under review, the CPT Editorial Panel deleted 26 services. The RUC submitted 47 code recommendations for the 2017-2019 Medicare Physician Payment Schedules and will review the two services after additional utilization data is available.

In October 2017 the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup will review these codes to determine if code bundling solutions are appropriate.

Low Value/Billed in Multiple Units
CMS has requested that services with low work RVUs that are commonly billed with multiple units in a single encounter be reviewed. CMS identified services that are reported in multiples of five or more per day, with work RVUs of less than or equal to 0.50 RVUs.

In October 2010, the Workgroup reviewed 12 CMS identified services and determined that six of the codes were improperly identified as the services were either not reported in multiple units or were reported in a few units and that was considered in the original valuation. The RUC submitted recommendations for the remaining six services for the 2012 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Low Value/High Volume Codes
CMS has requested that services with low work RVUs and high utilization be reviewed. CMS has requested that the RUC review 24 services that have low work RVUs (less than or equal to 0.25) and high utilization. The RUC questioned the criteria CMS used to identify these services as it appeared some codes were missing from the screen criteria indicated. The RUC identified codes with a work RVU ranging from 0.01 - 0.50 and Medicare utilization greater than one million. In February 2011, the RUC reviewed the codes identified by this criteria and added 5 codes, totaling 29. The RUC submitted 24 recommendations to CMS for the 2012 Medicare Physician Payment Schedule and five recommendations to CMS for the 2013 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Multi-Specialty Points of Comparison List
CMS requested that services on the Multi-Specialty Points of Comparison (MPC) list should be reviewed. CMS prioritized the review of the MPC list to 33 codes, ranking the codes by allowed service units and charges based on CY 2009 claims data as well as those services reviewed by the RUC more than six years ago. The RUC expanded the list to 182 services to include additional codes as part of a family (over 100 of these codes are part of the review of GI endoscopy codes). The CPT® Editorial Panel deleted 25 codes. The RUC submitted recommendations for 157 codes for the 2012-2015 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

CMS High Expenditure Procedural Codes
In the Proposed Rule for 2012, CMS requested that the RUC review a list of 70 high Medicare Physician Payment Schedule expenditure procedural codes representing services furnished by an array of specialties. CMS selected these codes since they have not been reviewed for at least 6 years, and in many cases the last review occurred more than 10 years ago.

The RUC reviewed the 70 services identified and expanded the list to 145 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 20 codes. The RUC submitted 123 recommendations to CMS for the 2013-2019 Medicare Physician Payment Schedules will review utilization data for two services after additional data is available.

In the Final Rule for 2016, CMS requested that the RUC review a list of 103 high Medicare Physician Payment Schedule high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010.

The RUC expanded the list of services to 238 services to include additional codes as part of the family. The CPT Editorial Panel deleted 29 codes. The RUC submitted 206 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules and will review the remaining three services after additional utilization data is available.

Services with Stand-Alone PE Procedure Time
In June 2012, CMS proposed adjustments to services with stand-alone procedure time assumptions used in developing non-facility PE RVUs. These assumptions are not based on physician time assumptions. CMS prioritized CPT® codes that have annual Medicare allowed charges of $100,000 or more, include direct equipment inputs that amount to $100 or more, and have PE procedure times greater than five minutes for review. The RUC reviewed 27 services identified through this screen and expanded to 29 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 11 codes. The RUC submitted 18 recommendations for the 2014-2015 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Pre-Time Analysis
In January 2014, the RUC reviewed codes that were RUC reviewed prior to April 2008, with pre-time greater than pre-time package 4 *Facility - Difficult Patient/Difficult Procedure* (63 minutes) for services with 2012 Medicare Utilization over 10,000. The screen identified 19 services with more pre-service time than the longest standardized pre-service package and was expanded to 24 to include additional codes as part of the family. The RUC reviewed these services and referred three services to the CPT® Editorial Panel for revision. The CPT Editorial Panel deleted one service and will review three services for CPT 2018. The RUC reviewed 18 services and noted that they were all originally valued by magnitude estimation and therefore readjustments in pre-service time categories did not alter the work values. Additionally, crosswalk references for each service were presented validating the pre-time adjustments.

The RUC noted that this screen was useful, however did not reveal any large outliers and therefore the utilization threshold does not need to be lowered to identify more services. The RUC submitted 20 recommendations for the 2016 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Post-Operative Visits

010-Day Global Codes

In January 2014, the RUC reviewed all 477, 010-day global codes to determine any outliers. Many 010-day global period services only include one post-operative office visit. The Relativity Assessment Workgroup pared down the list to 19 services with >1.5 office visits and 2012 Medicare utilization > 1,000. The RUC reviewed the 19 services, which was expanded to 21 services for additional codes in the family of services, identified via this screen. The RUC referred two codes to the CPT Editorial Panel for revision. The RUC submitted recommendations for 21 services for the 2015-2017 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

090-Day Global Codes

In January 2014, the RUC reviewed all 3,788, 090-day global codes to determine any outliers. Based on 2012 Medicare utilization data, 10 services were identified, that were reported at least 1,000 times per year and included more than six office visits. The RUC expanded the services identified in this screen to 38 to include additional codes as part of the family. The CPT® Editorial Panel deleted 8 services. The RUC submitted recommendations for 30 services for the 2015-2017 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

High Level E/M in Global Period

In October 2015, the RUC reviewed all services with Medicare utilization greater than 10,000 that have a level 4 (99214) or level 5 (99215) office visit included in the global period. There were no codes with volume greater than 10,000 that had a level 5 office visits included. Seven services were identified that have a level 4 office visit included. The RUC expanded the list of services to 11 services to include additional codes as part of the family. The RUC confirmed that the level 4 post-operative visits were appropriate and well-defined for four services. The CPT Editorial Panel deleted one code. The RUC submitted recommendations for 10 services for the 2017-2018 Medicare Physician Payment Schedules. The RUC noted that this screen will be complete after these services are reviewed because the RUC has more rigorously questioned level 4 office visits in the global period in recent years and will continue this process going forward. The RUC has completed review of the services under this screen.

000-Day Global Services Reported with an E/M with Modifier 25

In the NPRM for 2017 CMS identified 83 services with a 000-day global period billed with an E/M 50 percent of the time or more, on the same day of service, same patient, by the same physician, that have not been reviewed in the last five years with Medicare utilization greater than 20,000.

The RUC commented that it appreciated CMS' identification of an objective screen and reasonable query. However, based on further analysis of the codes identified, it appears only 19 services met the criteria for this screen and have not been reviewed to specifically address an E/M performed on the same date. There were 38 codes that did not meet the screen criteria; they were either reviewed in the last 5 years and/or are not typically reported with an E/M. For 26 codes, the summary of recommendation (SOR), RUC rationale or practice expense inputs submitted specifically states that an E/M is typically reported with these services and the RUC accounted for this in its valuation.

The RUC requested that CMS remove 64 services that did not meet the screen criteria or which have already been valued as typically being reported with an E/M service. The RUC requested that CMS condense and finalize the list of services for this screen to the 19 remaining services.

In the Final Rule for 2017, CMS did finalize the list of 000-day global services reported with an E/M to the 19 services that truly met the criteria. The RUC recommended that two additional codes be removed from this screen as the specialty societies discovered that in fact an E/M as typical was considered in the survey process. Additional codes were added as part of the family of codes identified, totaling 22. The CPT Editorial Panel deleted one code and the RUC submitted 21 recommendations for the 2019 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Public Comment Requests
In 2011, CMS announced that due to the ongoing identification of potentially misvalued services by CMS and the RUC, the Agency will no longer conduct a separate Five-Year Review. CMS will now call for public comments on an annual basis as part of the comment process on the Final Rule each year.

Final Rule for 2013
In the Final Rule for the 2013 Medicare Physician Payment Schedule, the public and CMS identified 35 potentially misvalued services, which was expanded to 46 services to include the entire code family. The RUC reviewed these services and recommended that eight services be removed from review as two G-codes lacked specialty society interest and six services are not potentially misvalued since there is no reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. The RUC submitted recommendations for 32 services for the 2014-2018 Medicare Physician Payment Schedules. The RUC will review six services after additional utilization data is available.

Final Rule for 2014
CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 91 services. The CPT® Editorial Panel deleted 11 services. The RUC submitted recommendations to CMS for 79 services for the 2015-2018 Medicare Physician Payment Schedules and will review one service after additional data is available.

Final Rule for 2015
In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 52 services to include additional codes as part of this family. The CPT Editorial Panel deleted 15 services. The RUC submitted 36 recommendations for the 2016-2019 Medicare Physician Payment Schedules and will review one service after additional utilization data is available.

Final Rule for 2016
In the Final Rule for 2016 the public and CMS nominated 25 services as potentially misvalued, which the RUC expanded to 41 services to include an additional code as part of the family. The CPT Editorial Panel deleted 3 services. The RUC submitted 32 recommendations for the 2017-2018 Medicare Physician Payment Schedules and will review the remaining six services for the 2019 Medicare Physician Payment Schedule.

Other Issues
In addition to the above screening criteria, the Relativity Assessment Workgroup performed an exhaustive search of the RUC database for services indicated by the RUC to be re-reviewed at a later date. Three codes were found that had not yet been re-reviewed. The RUC recommended a work RVU decrease for two codes and to maintain the work RVU for another code.

CMS also identified 72 services that required further practice expense review. The RUC submitted practice expense recommendations on 67 services and the CPT® Editorial Panel deleted 5 services. The RUC also reviewed special requests for 19 audiology and speech-language pathology services. The RUC submitted recommendations for 10 services for the 2010 Medicare Physician Payment Schedule and the remaining nine services for the 2011 Medicare Physician Payment Schedule.

CMS Requests and RUC Relativity Assessment Workgroup Code Status	
Total Number of Codes Identified*	**2,351**
Codes Completed	**2,220**
Work and PE Maintained	647
Work Increased	210
Work Decreased	795
Direct Practice Expense Revised (beyond work changes)	158
Deleted from CPT®	410
Codes Under Review	**131**
Referred to CPT® Editorial Panel	6
RUC to Review for *CPT 2019*	30
RUC to review future review after additional data obtained	95

**The total number of codes identified will not equal the number of codes from each screen as some codes have been identified in more than one screen.*

The RUC's efforts for 2009-2017 have resulted in $5 billion for redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

00537 **Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2016 Medicare Utilization:** 69,717

2007 Work RVU: 0.00 **2017 Work RVU:** 7.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

RUC Recommendation: Review action plan and additional utilization data (Oct 2019). Notify Anesthesia WG that this is a high growth service.

Referred to CPT **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

00731 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified**

Global: **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017295 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 5 base units

Referred to CPT September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

00732 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)**

Global: **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 6 base units

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

00740 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 1,401,130

2007 Work RVU: 0.00 **2017 Work RVU:** 5.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

00810 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 1,885,926

2007 Work RVU: 0.00 **2017 Work RVU:** 5.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

00811 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified**

Global: **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 4 base units **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

00812 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy**

Global: **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 3 base units **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

00813 **Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum**

Global:
Issue: Anesthesia for Intestinal Endoscopic Procedures
Screen: CMS Request - Final Rule for 2016
Complete? Yes

Most Recent RUC Meeting: January 2017
Tab 04
Specialty Developing Recommendation: ASA
First Identified: September 2016
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: 5 base units
Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

01930 **Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified**

Global: XXX
Issue: Anesthesia for Interventional Radiology
Screen: High Volume Growth1
Complete? Yes

Most Recent RUC Meeting: February 2008
Tab S
Specialty Developing Recommendation: ASA
First Identified: February 2008
2016 Medicare Utilization: 26,544
2007 Work RVU: 0.00
2007 NF PE RVU: 0
2007 Fac PE RVU 0
2017 Work RVU: 5.00
2017 NF PE RVU: 0.00
2017 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

01936 **Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic**

Global: XXX
Issue: Anesthesia for percutaneous image guided spine procedures
Screen: High Volume Growth4
Complete? No

Most Recent RUC Meeting: April 2017
Tab 38
Specialty Developing Recommendation: ASA
First Identified: October 2016
2016 Medicare Utilization: 254,208
2007 Work RVU: 0.00
2007 NF PE RVU: 0
2007 Fac PE RVU 0
2017 Work RVU: 5.00
2017 NF PE RVU: 0.00
2017 Fac PE RVU: 0.00

RUC Recommendation: Review addiitonal data (October 2019)
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

Status Report: CMS Requests and Relativity Assessment Issues

10021 Fine needle aspiration; without imaging guidance

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2016 Medicare Utilization:** 23,974

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 2.14 **2017 NF PE RVU:** 2.03
2007 Fac PE RVU 0.50 **2017 Fac PE RVU:**0.56

RUC Recommendation: 1.20 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

10022 Fine needle aspiration; with imaging guidance

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2016 Medicare Utilization:** 188,006

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 2.41 **2017 NF PE RVU:** 2.60
2007 Fac PE RVU 0.40 **2017 Fac PE RVU:**0.48

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

10030 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2016 Medicare Utilization:** 8,010

2007 Work RVU: **2017 Work RVU:** 2.75
2007 NF PE RVU: **2017 NF PE RVU:** 16.41
2007 Fac PE RVU **2017 Fac PE RVU:**1.08

RUC Recommendation: 3.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10040 **Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)**

Global: 010 **Issue:** Acne Surgery **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 13 **Specialty Developing Recommendation:** AAD **First Identified:** October 2015 **2016 Medicare Utilization:** 37,156

2007 Work RVU: 1.19 **2017 Work RVU:** 1.21
2007 NF PE RVU: 1.09 **2017 NF PE RVU:** 1.51
2007 Fac PE RVU 0.84 **2017 Fac PE RVU:** 1.15

RUC Recommendation: 0.91 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

10060 **Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single**

Global: 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 422,521

2007 Work RVU: 1.19 **2017 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2017 NF PE RVU:** 1.98
2007 Fac PE RVU 0.97 **2017 Fac PE RVU:** 1.43

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

10061 **Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple**

Global: 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits Screen **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2016 Medicare Utilization:** 157,882

2007 Work RVU: 2.42 **2017 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2017 NF PE RVU:** 3.11
2007 Fac PE RVU 1.51 **2017 Fac PE RVU:** 2.38

RUC Recommendation: 2.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10120 **Incision and removal of foreign body, subcutaneous tissues; simple** **Global:** 010 **Issue:** **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2016 Medicare Utilization:** 44,081

2007 Work RVU: 1.23 **2017 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2017 NF PE RVU:** 2.96
2007 Fac PE RVU 0.97 **2017 Fac PE RVU:**1.59

RUC Recommendation: 1.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

10180 **Incision and drainage, complex, postoperative wound infection** **Global:** 010 **Issue:** **Screen:** RUC identified when reviewing comparison codes **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2016 Medicare Utilization:** 11,608

2007 Work RVU: 2.27 **2017 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2017 NF PE RVU:** 4.20
2007 Fac PE RVU 1.94 **2017 Fac PE RVU:**2.32

RUC Recommendation: Remove from re-review **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

10X11 **Global:** **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

10X12

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

10X13

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

10X14

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10X15

Global:

Issue: Fine Needle Aspiration

Screen: CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab 04

Specialty Developing Recommendation:

First Identified: June 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 1.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

10X16

Global:

Issue: Fine Needle Aspiration

Screen: CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab 04

Specialty Developing Recommendation:

First Identified: June 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 2.43

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

10X17

Global:

Issue: Fine Needle Aspiration

Screen: CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab 04

Specialty Developing Recommendation:

First Identified: June 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 1.65

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

10X18 | **Global:** | **Issue:** Fine Needle Aspiration | **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 | **Complete?** No

Most Recent RUC Meeting: October 2017 | **Tab** 04 | **Specialty Developing Recommendation:** | **First Identified:** June 2017 | **2016 Medicare Utilization:** | **2007 Work RVU:** | **2017 Work RVU:** | **2007 NF PE RVU:** | **2017 NF PE RVU:** | **2007 Fac PE RVU** | **2017 Fac PE RVU:**

RUC Recommendation: Interim Contractor Price | **Referred to CPT** | **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

10X19 | **Global:** | **Issue:** Fine Needle Aspiration | **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 | **Complete?** No

Most Recent RUC Meeting: October 2017 | **Tab** 04 | **Specialty Developing Recommendation:** | **First Identified:** June 2017 | **2016 Medicare Utilization:** | **2007 Work RVU:** | **2017 Work RVU:** | **2007 NF PE RVU:** | **2017 NF PE RVU:** | **2007 Fac PE RVU** | **2017 Fac PE RVU:**

RUC Recommendation: Interim Contractor Price | **Referred to CPT** | **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

11040 Deleted from CPT | **Global:** 000 | **Issue:** Excision and Debridement | **Screen:** Site of Service Anomaly | **Complete?** Yes

Most Recent RUC Meeting: September 2007 | **Tab** 16 | **Specialty Developing Recommendation:** APMA, APTA | **First Identified:** September 2007 | **2016 Medicare Utilization:** | **2007 Work RVU:** 0.50 | **2017 Work RVU:** | **2007 NF PE RVU:** 0.56 | **2017 NF PE RVU:** | **2007 Fac PE RVU** 0.20 | **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **Referred to CPT** October 2009 | **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

11041 **Deleted from CPT**
Global: 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 0.60 **2007 NF PE RVU:** 0.68 **2007 Fac PE RVU** 0.30
2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**
Result: Deleted from CPT

11042 **Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less**
Global: 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,733,043

2007 Work RVU: 0.80 **2007 NF PE RVU:** 0.97 **2007 Fac PE RVU** 0.39
2017 Work RVU: 1.01 **2017 NF PE RVU:** 2.17 **2017 Fac PE RVU:**0.64

RUC Recommendation: 1.12 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**
Result: Increase

11043 **Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less**
Global: 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2016 Medicare Utilization:** 332,656

2007 Work RVU: 3.04 **2007 NF PE RVU:** 3.45 **2007 Fac PE RVU** 2.62
2017 Work RVU: 2.70 **2017 NF PE RVU:** 3.39 **2017 Fac PE RVU:**1.39

RUC Recommendation: 3.00 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**
Result: Decrease

11044 **Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less**
Global: 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2016 Medicare Utilization:** 73,461

2007 Work RVU: 4.11 **2007 NF PE RVU:** 4.58 **2007 Fac PE RVU** 3.73
2017 Work RVU: 4.10 **2017 NF PE RVU:** 4.18 **2017 Fac PE RVU:**1.89

RUC Recommendation: 4.56 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**
Result: Increase

11045 **Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2016 Medicare Utilization:** 390,492

2007 Work RVU: **2017 Work RVU:** 0.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.59
2007 Fac PE RVU **2017 Fac PE RVU:** 0.18

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11046 **Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2016 Medicare Utilization:** 170,685

2007 Work RVU: **2017 Work RVU:** 1.03
2007 NF PE RVU: **2017 NF PE RVU:** 0.88
2007 Fac PE RVU **2017 Fac PE RVU:** 0.41

RUC Recommendation: 1.29 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11047 **Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2016 Medicare Utilization:** 40,378

2007 Work RVU: **2017 Work RVU:** 1.80
2007 NF PE RVU: **2017 NF PE RVU:** 1.41
2007 Fac PE RVU **2017 Fac PE RVU:** 0.74

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11055 **Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion**

Global: 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2016 Medicare Utilization:** 901,996

2007 Work RVU: 0.43 **2017 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.98
2007 Fac PE RVU 0.16 **2017 Fac PE RVU:**0.09

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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11056 **Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions**

Global: 000 **Issue:** Trim Skin Lesions **Screen:** MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2016 Medicare Utilization:** 2,011,745

2007 Work RVU: 0.61 **2017 Work RVU:** 0.50
2007 NF PE RVU: 0.70 **2017 NF PE RVU:** 1.12
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.12

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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11057 **Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions**

Global: 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2016 Medicare Utilization:** 372,428

2007 Work RVU: 0.79 **2017 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2017 NF PE RVU:** 1.16
2007 Fac PE RVU 0.28 **2017 Fac PE RVU:**0.16

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

11100 **Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion**

Global: 000 **Issue:** Biopsy of Skin Lesion **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2016 Medicare Utilization:** 3,459,132

2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 1.41 **2017 NF PE RVU:** 2.01
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.49

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

11101 **Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biopsy of Skin Lesion **Screen:** Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2016 Medicare Utilization:** 1,471,410

2007 Work RVU: 0.41 **2017 Work RVU:** 0.41
2007 NF PE RVU: 0.35 **2017 NF PE RVU:** 0.46
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:**0.25

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

11300 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 93,436

2007 Work RVU: 0.51 **2017 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2017 NF PE RVU:** 2.10
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.34

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11301 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**
Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 185,039
2007 Work RVU: 0.85 **2017 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2017 NF PE RVU:** 2.40
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.53
RUC Recommendation: 0.90 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

11302 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**
Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 114,646
2007 Work RVU: 1.05 **2017 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2017 NF PE RVU:** 2.83
2007 Fac PE RVU 0.47 **2017 Fac PE RVU:**0.62
RUC Recommendation: 1.16 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

11303 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm**
Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 17,007
2007 Work RVU: 1.24 **2017 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2017 NF PE RVU:** 3.02
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:**0.72
RUC Recommendation: 1.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

11305 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less**
Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 104,210
2007 Work RVU: 0.67 **2017 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2017 NF PE RVU:** 1.94
2007 Fac PE RVU 0.26 **2017 Fac PE RVU:**0.26
RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

11306 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 99,325

2007 Work RVU: 0.99 **2017 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2017 NF PE RVU:** 2.41
2007 Fac PE RVU 0.41 **2017 Fac PE RVU:**0.43

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11307 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 50,289

2007 Work RVU: 1.14 **2017 Work RVU:** 1.20
2007 NF PE RVU: 1.40 **2017 NF PE RVU:** 2.74
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:**0.58

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11308 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 15,303

2007 Work RVU: 1.41 **2017 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2017 NF PE RVU:** 2.69
2007 Fac PE RVU 0.58 **2017 Fac PE RVU:**0.52

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11310 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 77,151

2007 Work RVU: 0.73 **2017 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2017 NF PE RVU:** 2.33
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.46

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11311 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**
Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 103,803
2007 Work RVU: 1.05 **2017 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2017 NF PE RVU:** 1.90
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:**0.64
RUC Recommendation: 1.43 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

11312 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**
Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 51,150
2007 Work RVU: 1.20 **2017 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2017 NF PE RVU:** 3.08
2007 Fac PE RVU 0.56 **2017 Fac PE RVU:**0.77
RUC Recommendation: 1.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

11313 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm**
Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 8,180
2007 Work RVU: 1.62 **2017 Work RVU:** 1.68
2007 NF PE RVU: 1.90 **2017 NF PE RVU:** 3.37
2007 Fac PE RVU 0.73 **2017 Fac PE RVU:**0.97
RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

11719 **Trimming of nondystrophic nails, any number**
Global: 000 **Issue:** Debridement of Nail **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 32 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2016 Medicare Utilization:** 1,058,950
2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.22
2007 Fac PE RVU 0.07 **2017 Fac PE RVU:**0.04
RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

11720 **Debridement of nail(s) by any method(s); 1 to 5**

Global: 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** **2016 Medicare Utilization:** 2,131,862

2007 Work RVU: 0.32 **2017 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2017 NF PE RVU:** 0.57
2007 Fac PE RVU 0.11 **2017 Fac PE RVU:**0.08

RUC Recommendation: 0.32 (Interim)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

11721 **Debridement of nail(s) by any method(s); 6 or more**

Global: 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2016 Medicare Utilization:** 7,361,128

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:**0.13

RUC Recommendation: 0.54 (Interim)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

11730 **Avulsion of nail plate, partial or complete, simple; single**

Global: 000 **Issue:** Removal of Nail Plate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APMA **First Identified:** July 2015 **2016 Medicare Utilization:** 443,894

2007 Work RVU: 1.10 **2017 Work RVU:** 1.05
2007 NF PE RVU: 1.11 **2017 NF PE RVU:** 1.84
2007 Fac PE RVU 0.40 **2017 Fac PE RVU:**0.46

RUC Recommendation: 1.10

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

11750 **Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal**

Global: 010 **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Medicare Utilization:** 212,546

2007 Work RVU: 2.40 **2017 Work RVU:** 1.58
2007 NF PE RVU: 2.37 **2017 NF PE RVU:** 2.64
2007 Fac PE RVU 1.79 **2017 Fac PE RVU:**1.54

RUC Recommendation: 1.99

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

11752 **Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx**

Global: 010 **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Medicare Utilization:** 1,497

2007 Work RVU: 3.48 **2017 Work RVU:**
2007 NF PE RVU: 3.28 **2017 NF PE RVU:**
2007 Fac PE RVU 2.95 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

11755 **Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)**

Global: 000 **Issue:** Biopsy of Nail **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41i **Specialty Developing Recommendation:** APMA **First Identified:** July 2016 **2016 Medicare Utilization:** 59,476

2007 Work RVU: 1.31 **2017 Work RVU:** 1.31
2007 NF PE RVU: 1.69 **2017 NF PE RVU:** 2.36
2007 Fac PE RVU 0.77 **2017 Fac PE RVU:**0.81

RUC Recommendation: 1.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11900 **Injection, intralesional; up to and including 7 lesions**

Global: 000 **Issue:** Skin Injection Services **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 31 **Specialty Developing Recommendation:** AAD **First Identified:** October 2009 **2016 Medicare Utilization:** 224,118

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2017 NF PE RVU:** 0.99
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.31

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

11901 **Injection, intralesional; more than 7 lesions**
Global: 000 **Issue:** Skin Injection Services **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 31 **Specialty Developing Recommendation:** AAD **First Identified:** February 2010 **2016 Medicare Utilization:** 66,429

2007 Work RVU: 0.80 **2017 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2017 NF PE RVU:** 1.08
2007 Fac PE RVU 0.37 **2017 Fac PE RVU:**0.49

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

11980 **Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)**
Global: 000 **Issue:** Hormone Pellet Implantation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 20 **Specialty Developing Recommendation:** AUA **First Identified:** April 2013 **2016 Medicare Utilization:** 32,729

2007 Work RVU: 1.48 **2017 Work RVU:** 1.10
2007 NF PE RVU: 1.10 **2017 NF PE RVU:** 1.45
2007 Fac PE RVU 0.55 **2017 Fac PE RVU:**0.40

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

11981 **Insertion, non-biodegradable drug delivery implant**
Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AUA, AAOS **First Identified:** June 2008 **2016 Medicare Utilization:** 12,812

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2017 NF PE RVU:** 2.27
2007 Fac PE RVU 0.66 **2017 Fac PE RVU:**0.65

RUC Recommendation: Review action plan. Remove from screen **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

11982 **Removal, non-biodegradable drug delivery implant**
Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2016 Medicare Utilization:** 3,946

2007 Work RVU: 1.78 **2017 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 2.46
2007 Fac PE RVU 0.81 **2017 Fac PE RVU:**0.81

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11983 **Removal with reinsertion, non-biodegradable drug delivery implant**

Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2016 Medicare Utilization:** 2,505

2007 Work RVU: 3.30 **2017 Work RVU:** 3.30
2007 NF PE RVU: 2.38 **2017 NF PE RVU:** 2.67
2007 Fac PE RVU 1.44 **2017 Fac PE RVU:** 1.31

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

11X02

Global: **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.66 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11X03

Global: **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.38 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11X04

Global: **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.83 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11X05 **Global:** **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11X06 **Global:** **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.01 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11X07 **Global:** **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.54 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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** **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2016 Medicare Utilization:** 192,422

2007 Work RVU: 1.72 **2017 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2017 NF PE RVU:** 1.59
2007 Fac PE RVU 0.76 **2017 Fac PE RVU:**0.32

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12002 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2016 Medicare Utilization:** 148,075

2007 Work RVU: 1.88 **2017 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2017 NF PE RVU:** 1.79
2007 Fac PE RVU 0.89 **2017 Fac PE RVU:**0.39

RUC Recommendation: 1.14 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12004 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 23,166

2007 Work RVU: 2.26 **2017 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2017 NF PE RVU:** 1.98
2007 Fac PE RVU 0.99 **2017 Fac PE RVU:**0.46

RUC Recommendation: 1.44 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12005 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 6,371

2007 Work RVU: 2.88 **2017 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2017 NF PE RVU:** 2.32
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**0.48

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12006 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 1,228

2007 Work RVU: 3.68 **2017 Work RVU:** 2.39
2007 NF PE RVU: 3.30 **2017 NF PE RVU:** 2.66
2007 Fac PE RVU 1.46 **2017 Fac PE RVU:**0.62

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12007 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 445

2007 Work RVU: 4.13 **2017 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2017 NF PE RVU:** 2.87
2007 Fac PE RVU 1.73 **2017 Fac PE RVU:**0.87

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst **Published in CPT Asst:**

12011 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 92,807

2007 Work RVU: 1.78 **2017 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2017 NF PE RVU:** 1.88
2007 Fac PE RVU 0.78 **2017 Fac PE RVU:**0.36

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst **Published in CPT Asst:**

12013 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2016 Medicare Utilization:** 52,843

2007 Work RVU: 2.01 **2017 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2017 NF PE RVU:** 1.84
2007 Fac PE RVU 0.92 **2017 Fac PE RVU:**0.27

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst **Published in CPT Asst:**

12014 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 7,102

2007 Work RVU: 2.48 **2017 Work RVU:** 1.57
2007 NF PE RVU: 2.50 **2017 NF PE RVU:** 1.99
2007 Fac PE RVU 1.04 **2017 Fac PE RVU:**0.35

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12015 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 3,541

2007 Work RVU: 3.21 **2017 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2017 NF PE RVU:** 2.32
2007 Fac PE RVU 1.22 **2017 Fac PE RVU:**0.44

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12016 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 547

2007 Work RVU: 3.94 **2017 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2017 NF PE RVU:** 2.73
2007 Fac PE RVU 1.47 **2017 Fac PE RVU:**0.62

RUC Recommendation: 2.68 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12017 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 71

2007 Work RVU: 4.72 **2017 Work RVU:** 3.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **2017 Fac PE RVU:**0.80

RUC Recommendation: 3.18 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12018 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2016 Medicare Utilization:** 26

2007 Work RVU: 5.54 **2017 Work RVU:** 3.61
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **2017 Fac PE RVU:**0.91

RUC Recommendation: 3.61 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12031 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 60,377

2007 Work RVU: 2.17 **2017 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2017 NF PE RVU:** 4.43
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:** 2.10

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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12032 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2016 Medicare Utilization:** 250,885

2007 Work RVU: 2.49 **2017 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2017 NF PE RVU:** 5.71
2007 Fac PE RVU 1.92 **2017 Fac PE RVU:** 2.72

RUC Recommendation: 2.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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12034 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 23,766

2007 Work RVU: 2.94 **2017 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2017 NF PE RVU:** 5.41
2007 Fac PE RVU 1.59 **2017 Fac PE RVU:** 2.53

RUC Recommendation: 2.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

12035 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 4,927

2007 Work RVU: 3.44 **2017 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2017 NF PE RVU:** 6.71
2007 Fac PE RVU 2.14 **2017 Fac PE RVU:**2.81

RUC Recommendation: 3.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

12036 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 1,080

2007 Work RVU: 4.06 **2017 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2017 NF PE RVU:** 6.96
2007 Fac PE RVU 2.47 **2017 Fac PE RVU:**3.03

RUC Recommendation: 4.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

12037 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 543

2007 Work RVU: 4.68 **2017 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2017 NF PE RVU:** 7.72
2007 Fac PE RVU 2.88 **2017 Fac PE RVU:**3.51

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

12041 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 20,074

2007 Work RVU: 2.39 **2017 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2017 NF PE RVU:** 4.32
2007 Fac PE RVU 1.29 **2017 Fac PE RVU:**1.93

RUC Recommendation: 2.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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12042 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 49,194

2007 Work RVU: 2.76 **2017 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2017 NF PE RVU:** 5.00
2007 Fac PE RVU 1.63 **2017 Fac PE RVU:**2.58

RUC Recommendation: 2.79 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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12044 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 2,241

2007 Work RVU: 3.16 **2017 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2017 NF PE RVU:** 6.52
2007 Fac PE RVU 1.69 **2017 Fac PE RVU:**2.52

RUC Recommendation: 3.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

12045 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 434

2007 Work RVU: 3.65 **2017 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2017 NF PE RVU:** 7.02
2007 Fac PE RVU 2.23 **2017 Fac PE RVU:**3.41

RUC Recommendation: 3.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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12046 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 90

2007 Work RVU: 4.26 **2017 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2017 NF PE RVU:** 8.23
2007 Fac PE RVU 2.64 **2017 Fac PE RVU:**3.63

RUC Recommendation: 4.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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12047 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 44

2007 Work RVU: 4.66 **2017 Work RVU:** 4.95
2007 NF PE RVU: 6.30 **2017 NF PE RVU:** 9.85
2007 Fac PE RVU 2.95 **2017 Fac PE RVU:**4.92

RUC Recommendation: 5.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

12051 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less**
Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 57,422

2007 Work RVU: 2.49 **2017 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2017 NF PE RVU:** 4.64
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**2.26

RUC Recommendation: 2.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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12052 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**
Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 78,214

2007 Work RVU: 2.81 **2017 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2017 NF PE RVU:** 5.05
2007 Fac PE RVU 1.72 **2017 Fac PE RVU:**2.59

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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12053 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm**
Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 9,291

2007 Work RVU: 3.14 **2017 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2017 NF PE RVU:** 6.15
2007 Fac PE RVU 1.68 **2017 Fac PE RVU:**2.63

RUC Recommendation: 3.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

12054 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**
Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 2,671

2007 Work RVU: 3.47 **2017 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2017 NF PE RVU:** 6.19
2007 Fac PE RVU 1.74 **2017 Fac PE RVU:**2.38

RUC Recommendation: 3.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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12055 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**
Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 321

2007 Work RVU: 4.44 **2017 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2017 NF PE RVU:** 8.05
2007 Fac PE RVU 2.13 **2017 Fac PE RVU:**3.60

RUC Recommendation: 4.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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12056 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**
Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 62

2007 Work RVU: 5.25 **2017 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2017 NF PE RVU:** 7.93
2007 Fac PE RVU 2.89 **2017 Fac PE RVU:**3.86

RUC Recommendation: 5.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

12057 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 29

2007 Work RVU: 5.97 **2017 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2017 NF PE RVU:** 8.20
2007 Fac PE RVU 3.53 **2017 Fac PE RVU:**4.05

RUC Recommendation: 6.28 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Increase

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13100 **Repair, complex, trunk; 1.1 cm to 2.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2016 Medicare Utilization:** 5,897

2007 Work RVU: 3.14 **2017 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2017 NF PE RVU:** 6.04
2007 Fac PE RVU 2.35 **2017 Fac PE RVU:**2.49

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Decrease

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13101 **Repair, complex, trunk; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2016 Medicare Utilization:** 88,366

2007 Work RVU: 3.93 **2017 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2017 NF PE RVU:** 7.21
2007 Fac PE RVU 2.77 **2017 Fac PE RVU:**3.29

RUC Recommendation: 3.50 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Decrease

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13102 **Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2016 Medicare Utilization:** 23,586

2007 Work RVU: 1.24 **2017 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2017 NF PE RVU:** 2.00
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:**0.70

RUC Recommendation: 1.24 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Maintain

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13120 **Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2016 Medicare Utilization:** 10,728

2007 Work RVU: 3.32 **2017 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2017 NF PE RVU:** 6.22
2007 Fac PE RVU 2.41 **2017 Fac PE RVU:**3.10

RUC Recommendation: 3.23 and CPT Assistant article published **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016

13121 **Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2016 Medicare Utilization:** 166,736

2007 Work RVU: 4.36 **2017 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2017 NF PE RVU:** 7.53
2007 Fac PE RVU 3.02 **2017 Fac PE RVU:**3.13

RUC Recommendation: 4.00 and CPT Assistant article published **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016

13122 **Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2016 Medicare Utilization:** 25,478

2007 Work RVU: 1.44 **2017 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 2.11
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**0.80

RUC Recommendation: 1.44 and CPT Assistant article published **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016

13131 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 38,618

2007 Work RVU: 3.80 **2017 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2017 NF PE RVU:** 6.66
2007 Fac PE RVU 2.74 **2017 Fac PE RVU:**2.94

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13132 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm**
Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2016 Medicare Utilization:** 267,186

2007 Work RVU: 6.48 **2017 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2017 NF PE RVU:** 8.04
2007 Fac PE RVU 4.38 **2017 Fac PE RVU:**3.62

RUC Recommendation: 4.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

13133 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)**
Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2016 Medicare Utilization:** 15,612

2007 Work RVU: 2.19 **2017 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2017 NF PE RVU:** 2.56
2007 Fac PE RVU 1.02 **2017 Fac PE RVU:**1.28

RUC Recommendation: 2.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

13150 **Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less**
Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 3.82 **2017 Work RVU:**
2007 NF PE RVU: 4.83 **2017 NF PE RVU:**
2007 Fac PE RVU 2.76 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

13151 **Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm**
Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2016 Medicare Utilization:** 34,107

2007 Work RVU: 4.46 **2017 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2017 NF PE RVU:** 7.00
2007 Fac PE RVU 3.17 **2017 Fac PE RVU:**3.31

RUC Recommendation: 4.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 53,215

2007 Work RVU: 6.34 **2007 NF PE RVU:** 6.42 **2007 Fac PE RVU** 4.03

2017 Work RVU: 5.34 **2017 NF PE RVU:** 8.26 **2017 Fac PE RVU:** 3.94

RUC Recommendation: 5.34 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2016 Medicare Utilization:** 1,003

2007 Work RVU: 2.38 **2007 NF PE RVU:** 1.96 **2007 Fac PE RVU** 1.11

2017 Work RVU: 2.38 **2017 NF PE RVU:** 2.77 **2017 Fac PE RVU:** 1.34

RUC Recommendation: 2.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2016 Medicare Utilization:** 8,783

2007 Work RVU: 6.83 **2007 NF PE RVU:** 8.14 **2007 Fac PE RVU** 5.63

2017 Work RVU: 6.37 **2017 NF PE RVU:** 10.23 **2017 Fac PE RVU:** 6.98

RUC Recommendation: 6.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

14001 **Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 9,444 **2007 Work RVU:** 9.60 **2017 Work RVU:** 8.78 **2007 NF PE RVU:** 9.86 **2017 NF PE RVU:** 12.53 **2007 Fac PE RVU** 7.22 **2017 Fac PE RVU:**8.58

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14020 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2016 Medicare Utilization:** 20,185 **2007 Work RVU:** 7.66 **2017 Work RVU:** 7.22 **2007 NF PE RVU:** 8.98 **2017 NF PE RVU:** 11.44 **2007 Fac PE RVU** 6.64 **2017 Fac PE RVU:**7.97

RUC Recommendation: 7.02 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14021 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 18,836 **2007 Work RVU:** 11.18 **2017 Work RVU:** 9.72 **2007 NF PE RVU:** 10.63 **2017 NF PE RVU:** 13.56 **2007 Fac PE RVU** 8.41 **2017 Fac PE RVU:**9.46

RUC Recommendation: 9.52 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14040 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2016 Medicare Utilization:** 71,404 **2007 Work RVU:** 8.44 **2017 Work RVU:** 8.60 **2007 NF PE RVU:** 9.17 **2017 NF PE RVU:** 11.80 **2007 Fac PE RVU** 7.17 **2017 Fac PE RVU:**8.32

RUC Recommendation: 8.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

14041 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 44,264

2007 Work RVU: 12.67 **2017 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2017 NF PE RVU:** 14.42
2007 Fac PE RVU 8.88 **2017 Fac PE RVU:** 9.99

RUC Recommendation: 10.63 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14060 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2016 Medicare Utilization:** 93,921

2007 Work RVU: 9.07 **2017 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2017 NF PE RVU:** 11.53
2007 Fac PE RVU 7.39 **2017 Fac PE RVU:** 8.80

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

14061 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 29,282

2007 Work RVU: 13.67 **2017 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2017 NF PE RVU:** 15.71
2007 Fac PE RVU 9.72 **2017 Fac PE RVU:** 10.81

RUC Recommendation: 11.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14300 **Deleted from CPT**

Global: 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 13.26 **2017 Work RVU:**
2007 NF PE RVU: 11.77 **2017 NF PE RVU:**
2007 Fac PE RVU 9.28 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

14301 **Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm**

Global: 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 32,789

2007 Work RVU: **2017 Work RVU:** 12.65
2007 NF PE RVU: **2017 NF PE RVU:** 15.99
2007 Fac PE RVU **2017 Fac PE RVU:** 10.72

RUC Recommendation: 12.47 **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14302 **Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 32,155

2007 Work RVU: **2017 Work RVU:** 3.73
2007 NF PE RVU: **2017 NF PE RVU:** 2.01
2007 Fac PE RVU **2017 Fac PE RVU:** 2.01

RUC Recommendation: 3.73 **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15002 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2016 Medicare Utilization:** 19,524

2007 Work RVU: 3.65 **2017 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2017 NF PE RVU:** 5.59
2007 Fac PE RVU 1.65 **2017 Fac PE RVU:** 2.26

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15004 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2016 Medicare Utilization:** 26,166

2007 Work RVU: 4.58 **2017 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2017 NF PE RVU:** 6.18
2007 Fac PE RVU 1.97 **2017 Fac PE RVU:** 2.57

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

15100 **Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2016 Medicare Utilization:** 15,491

2007 Work RVU: 9.74 **2017 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2017 NF PE RVU:** 12.66
2007 Fac PE RVU 7.57 **2017 Fac PE RVU:** 8.79

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

15120 **Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** Autograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 10,556

2007 Work RVU: 10.96 **2017 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2017 NF PE RVU:** 12.37
2007 Fac PE RVU 7.71 **2017 Fac PE RVU:** 8.20

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

15170 **Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 5.99 **2017 Work RVU:**
2007 NF PE RVU: 3.79 **2017 NF PE RVU:**
2007 Fac PE RVU 2.37 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15171 **Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.55 **2017 Work RVU:**
2007 NF PE RVU: 0.68 **2017 NF PE RVU:**
2007 Fac PE RVU 0.60 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15175 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children**

Global: 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 7.99 **2017 Work RVU:**
2007 NF PE RVU: 5.40 **2017 NF PE RVU:**
2007 Fac PE RVU 3.96 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15176 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 2.45 **2017 Work RVU:**
2007 NF PE RVU: 1.10 **2017 NF PE RVU:**
2007 Fac PE RVU 0.95 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15220 **Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less**

Global: 090 **Issue:** Skin Graft **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 9,392

2007 Work RVU: 7.95 **2017 Work RVU:** 8.09
2007 NF PE RVU: 9.50 **2017 NF PE RVU:** 12.55
2007 Fac PE RVU 6.69 **2017 Fac PE RVU:**8.31

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

15240 **Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2016 Medicare Utilization:** 13,525

2007 Work RVU: 10.15 **2017 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2017 NF PE RVU:** 14.54
2007 Fac PE RVU 8.20 **2017 Fac PE RVU:**11.03

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15271 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 89,162

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 2.27
2007 Fac PE RVU **2017 Fac PE RVU:**0.73

RUC Recommendation: 1.50 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15272 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 10,540

2007 Work RVU: **2017 Work RVU:** 0.33
2007 NF PE RVU: **2017 NF PE RVU:** 0.39
2007 Fac PE RVU **2017 Fac PE RVU:**0.12

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15273 **Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 4,385

2007 Work RVU: **2017 Work RVU:** 3.50
2007 NF PE RVU: **2017 NF PE RVU:** 4.39
2007 Fac PE RVU **2017 Fac PE RVU:**1.72

RUC Recommendation: 3.50 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15274 **Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 25,336

2007 Work RVU: **2017 Work RVU:** 0.80
2007 NF PE RVU: **2017 NF PE RVU:** 1.07
2007 Fac PE RVU **2017 Fac PE RVU:** 0.36

RUC Recommendation: 0.80 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15275 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 99,014

2007 Work RVU: **2017 Work RVU:** 1.83
2007 NF PE RVU: **2017 NF PE RVU:** 2.22
2007 Fac PE RVU **2017 Fac PE RVU:** 0.75

RUC Recommendation: 1.83 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15276 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 5,051

2007 Work RVU: **2017 Work RVU:** 0.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.43
2007 Fac PE RVU **2017 Fac PE RVU:** 0.17

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15277 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 1,478

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 4.63
2007 Fac PE RVU **2017 Fac PE RVU:** 1.90

RUC Recommendation: 4.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15278 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 2,925

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.24
2007 Fac PE RVU **2017 Fac PE RVU:** 0.47

RUC Recommendation: 1.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15320 **Deleted from CPT**

Global: 090 **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 5.36 **2017 Work RVU:**
2007 NF PE RVU: 3.66 **2017 NF PE RVU:**
2007 Fac PE RVU 2.49 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**
Global: ZZZ **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.50 **2017 Work RVU:**
2007 NF PE RVU: 0.69 **2017 NF PE RVU:**
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15330 **Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**
Global: 090 **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 3.99 **2017 Work RVU:**
2007 NF PE RVU: 3.18 **2017 NF PE RVU:**
2007 Fac PE RVU 2.15 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15331 **Deleted from CPT**
Global: ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.00 **2017 Work RVU:**
2007 NF PE RVU: 0.46 **2017 NF PE RVU:**
2007 Fac PE RVU 0.39 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15335 **Deleted from CPT**
Global: 090 **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 4.50 **2017 Work RVU:**
2007 NF PE RVU: 3.46 **2017 NF PE RVU:**
2007 Fac PE RVU 2.35 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15336 **Deleted from CPT**
Global: ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.43 **2017 Work RVU:**
2007 NF PE RVU: 0.70 **2017 NF PE RVU:**
2007 Fac PE RVU 0.55 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT
Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

15360 **Deleted from CPT**
Global: 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 3.93 **2017 Work RVU:**
2007 NF PE RVU: 4.47 **2017 NF PE RVU:**
2007 Fac PE RVU 3.13 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT
Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

15361 **Deleted from CPT**
Global: ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.15 **2017 Work RVU:**
2007 NF PE RVU: 0.58 **2017 NF PE RVU:**
2007 Fac PE RVU 0.44 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT
Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

15365 **Deleted from CPT**
Global: 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 4.21 **2017 Work RVU:**
2007 NF PE RVU: 4.5 **2017 NF PE RVU:**
2007 Fac PE RVU 3.20 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT
Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT** **Global:** ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.45 **2017 Work RVU:**
2007 NF PE RVU: 0.70 **2017 NF PE RVU:**
2007 Fac PE RVU 0.56 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15400 **Deleted from CPT** **Global:** 090 **Issue:** Xenograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 4.38 **2017 Work RVU:**
2007 NF PE RVU: 4.25 **2017 NF PE RVU:**
2007 Fac PE RVU 3.95 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15401 **Deleted from CPT** **Global:** ZZZ **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.00 **2017 Work RVU:**
2007 NF PE RVU: 1.67 **2017 NF PE RVU:**
2007 Fac PE RVU 0.42 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15420 **Deleted from CPT** **Global:** 090 **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 4.89 **2017 Work RVU:**
2007 NF PE RVU: 4.86 **2017 NF PE RVU:**
2007 Fac PE RVU 3.83 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15421 **Deleted from CPT**

Global: ZZZ **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.50 **2017 Work RVU:**
2007 NF PE RVU: 1.29 **2017 NF PE RVU:**
2007 Fac PE RVU 0.60 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15570 **Formation of direct or tubed pedicle, with or without transfer; trunk**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 407

2007 Work RVU: 10.00 **2017 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2017 NF PE RVU:** 13.99
2007 Fac PE RVU 6.71 **2017 Fac PE RVU:**9.12

RUC Recommendation: 10.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2016 Medicare Utilization:** 613

2007 Work RVU: 9.94 **2017 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2017 NF PE RVU:** 13.52
2007 Fac PE RVU 6.53 **2017 Fac PE RVU:**9.67

RUC Recommendation: 9.94 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,900

2007 Work RVU: 10.52 **2017 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2017 NF PE RVU:** 13.57
2007 Fac PE RVU 7.60 **2017 Fac PE RVU:**9.62

RUC Recommendation: 10.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 4,406

2007 Work RVU: 9.24 **2017 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2017 NF PE RVU:** 12.24
2007 Fac PE RVU 6.81 **2017 Fac PE RVU:** 8.58

RUC Recommendation: 9.24 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15730 **Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

Global: **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** AAO **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 13.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15731 **Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2016 Medicare Utilization:** 2,204

2007 Work RVU: 14.12 **2017 Work RVU:** 14.38
2007 NF PE RVU: 12.13 **2017 NF PE RVU:** 15.49
2007 Fac PE RVU 9.56 **2017 Fac PE RVU:** 12.34

RUC Recommendation: Not part of family **Referred to CPT** September 2016 **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 11,367

2007 Work RVU: 19.70 **2017 Work RVU:** 16.38
2007 NF PE RVU: 17.27 **2017 NF PE RVU:** 18.00
2007 Fac PE RVU 12.01 **2017 Fac PE RVU:** 13.44

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

15733 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**

Global: **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 15.68 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2016 Medicare Utilization:** 24,157

2007 Work RVU: 19.62 **2017 Work RVU:** 19.86
2007 NF PE RVU: 17.58 **2017 NF PE RVU:** 19.15
2007 Fac PE RVU 12.32 **2017 Fac PE RVU:** 14.15

RUC Recommendation: 23.00 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

15736 **Muscle, myocutaneous, or fasciocutaneous flap; upper extremity** **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASSH, ASPS **First Identified:** January 2016 **2016 Medicare Utilization:** 1,595

2007 Work RVU: 16.92 **2017 Work RVU:** 17.04
2007 NF PE RVU: 17.17 **2017 NF PE RVU:** 17.54
2007 Fac PE RVU 10.96 **2017 Fac PE RVU:** 12.62

RUC Recommendation: 17.04 **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15738 **Muscle, myocutaneous, or fasciocutaneous flap; lower extremity** **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2016 **2016 Medicare Utilization:** 6,051

2007 Work RVU: 18.92 **2017 Work RVU:** 19.04
2007 NF PE RVU: 17.04 **2017 NF PE RVU:** 17.49
2007 Fac PE RVU 11.45 **2017 Fac PE RVU:** 12.87

RUC Recommendation: 19.04 **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15740 **Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel** **Global:** 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,906

2007 Work RVU: 11.57 **2017 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2017 NF PE RVU:** 15.40
2007 Fac PE RVU 8.58 **2017 Fac PE RVU:** 10.94

RUC Recommendation: 11.57 **Referred to CPT** February 2009 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15777 **Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2016 Medicare Utilization:** 8,046

2007 Work RVU: **2017 Work RVU:** 3.65
2007 NF PE RVU: **2017 NF PE RVU:** 1.91
2007 Fac PE RVU **2017 Fac PE RVU:** 1.91

RUC Recommendation: 3.65 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15823 **Blepharoplasty, upper eyelid; with excessive skin weighting down lid**

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2016 Medicare Utilization:** 93,621

2007 Work RVU: 8.12 **2017 Work RVU:** 6.81
2007 NF PE RVU: 7.80 **2017 NF PE RVU:** 9.84
2007 Fac PE RVU 6.41 **2017 Fac PE RVU:** 8.08

RUC Recommendation: 6.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2016 Medicare Utilization:** 16,600

2007 Work RVU: 0.80 **2017 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2017 NF PE RVU:** 1.52
2007 Fac PE RVU 0.58 **2017 Fac PE RVU:** 0.75

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2016 Medicare Utilization:** 1,950

2007 Work RVU: 1.85 **2017 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2017 NF PE RVU:** 2.20
2007 Fac PE RVU 0.94 **2017 Fac PE RVU:**1.21

RUC Recommendation: 1.85 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2016 Medicare Utilization:** 840

2007 Work RVU: 2.08 **2017 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2017 NF PE RVU:** 2.85
2007 Fac PE RVU 1.08 **2017 Fac PE RVU:**1.42

RUC Recommendation: CPT Assistant article published. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2016 Medicare Utilization:** 5,719,507

2007 Work RVU: 0.62 **2017 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2017 NF PE RVU:** 1.20
2007 Fac PE RVU 0.59 **2017 Fac PE RVU:**0.83

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2016 Medicare Utilization:** 18,354,863

2007 Work RVU: 0.07 **2017 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2017 NF PE RVU:** 0.11
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:**0.02

RUC Recommendation: 0.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2016 Medicare Utilization:** 869,926

2007 Work RVU: 1.82 **2017 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2017 NF PE RVU:** 2.70
2007 Fac PE RVU 1.54 **2017 Fac PE RVU:**1.30

RUC Recommendation: 1.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Medicare Utilization:** 3,289

2007 Work RVU: 4.62 **2017 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2017 NF PE RVU:** 5.54
2007 Fac PE RVU 3.33 **2017 Fac PE RVU:**3.75

RUC Recommendation: 3.61 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**
Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Medicare Utilization:** 1,040

2007 Work RVU: 9.19 **2017 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2017 NF PE RVU:** 6.84
2007 Fac PE RVU 5.41 **2017 Fac PE RVU:**4.47

RUC Recommendation: 4.68 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**
Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Medicare Utilization:** 3,914

2007 Work RVU: 13.22 **2017 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2017 NF PE RVU:** 9.70
2007 Fac PE RVU 7.49 **2017 Fac PE RVU:**6.59

RUC Recommendation: 6.37 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**
Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 2,140,892

2007 Work RVU: 0.67 **2017 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2017 NF PE RVU:** 2.35
2007 Fac PE RVU 0.74 **2017 Fac PE RVU:**1.21

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 109,613

2007 Work RVU: 0.94 **2017 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2017 NF PE RVU:** 2.63
2007 Fac PE RVU 0.89 **2017 Fac PE RVU:** 1.36

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 168,012

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.25 **2017 NF PE RVU:** 1.67
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:** 0.49

RUC Recommendation: CPT Assistant article published **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2016 Medicare Utilization:** 135,223

2007 Work RVU: 1.19 **2017 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2017 NF PE RVU:** 2.67
2007 Fac PE RVU 0.90 **2017 Fac PE RVU:** 1.24

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2016 Medicare Utilization:** 271,328

2007 Work RVU: 1.60 **2017 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2017 NF PE RVU:** 3.10
2007 Fac PE RVU 1.09 **2017 Fac PE RVU:** 1.49

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2016 Medicare Utilization:** 54,574

2007 Work RVU: 1.51 **2017 Work RVU:** 1.54
2007 NF PE RVU: 2.00 **2017 NF PE RVU:** 2.87
2007 Fac PE RVU 1.05 **2017 Fac PE RVU:** 1.43

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2016 Medicare Utilization:** 83,448

2007 Work RVU: 1.79 **2017 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2017 NF PE RVU:** 3.20
2007 Fac PE RVU 1.18 **2017 Fac PE RVU:** 1.59

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2016 Medicare Utilization:** 102,604

2007 Work RVU: 1.74 **2017 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2017 NF PE RVU:** 3.02
2007 Fac PE RVU 1.16 **2017 Fac PE RVU:**1.57

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2016 Medicare Utilization:** 97,168

2007 Work RVU: 2.06 **2017 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2017 NF PE RVU:** 3.41
2007 Fac PE RVU 1.31 **2017 Fac PE RVU:**1.75

RUC Recommendation: 2.09 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2016 Medicare Utilization:** 727,500

2007 Work RVU: 6.20 **2017 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2017 NF PE RVU:** 11.66
2007 Fac PE RVU 3.16 **2017 Fac PE RVU:**3.81

RUC Recommendation: 6.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17312 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ Issue: Mohs Surgery Screen: CMS High Expenditure Procedural Codes1 Complete? Yes

Most Recent RUC Meeting: April 2013 Tab 18 Specialty Developing Recommendation: AAD First Identified: September 2011 2016 Medicare Utilization: 494,909

2007 Work RVU: 3.30 2017 Work RVU: 3.30
2007 NF PE RVU: 6.92 2017 NF PE RVU: 7.24
2007 Fac PE RVU 1.68 2017 Fac PE RVU:2.02

RUC Recommendation: 3.30 Referred to CPT Result: Maintain
Referred to CPT Asst ☐ Published in CPT Asst:

17313 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks**

Global: 000 Issue: Mohs Surgery Screen: CMS High Expenditure Procedural Codes1 Complete? Yes

Most Recent RUC Meeting: April 2013 Tab 18 Specialty Developing Recommendation: AAD First Identified: January 2012 2016 Medicare Utilization: 111,792

2007 Work RVU: 5.56 2017 Work RVU: 5.56
2007 NF PE RVU: 9.95 2017 NF PE RVU: 11.17
2007 Fac PE RVU 2.83 2017 Fac PE RVU:3.42

RUC Recommendation: 5.56 Referred to CPT Result: Maintain
Referred to CPT Asst ☐ Published in CPT Asst:

17314 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ Issue: Mohs Surgery Screen: CMS High Expenditure Procedural Codes1 Complete? Yes

Most Recent RUC Meeting: April 2013 Tab 18 Specialty Developing Recommendation: AAD First Identified: January 2012 2016 Medicare Utilization: 53,357

2007 Work RVU: 3.06 2017 Work RVU: 3.06
2007 NF PE RVU: 6.41 2017 NF PE RVU: 7.07
2007 Fac PE RVU 1.55 2017 Fac PE RVU:1.88

RUC Recommendation: 3.06 Referred to CPT Result: Maintain
Referred to CPT Asst ☐ Published in CPT Asst:

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2016 Medicare Utilization:** 21,083

2007 Work RVU: 0.87 **2017 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2017 NF PE RVU:** 1.28
2007 Fac PE RVU 0.44 **2017 Fac PE RVU:**0.54

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

19020 **Mastotomy with exploration or drainage of abscess, deep**

Global: 090 **Issue:** Mastotomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,931

2007 Work RVU: 3.74 **2017 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2017 NF PE RVU:** 8.76
2007 Fac PE RVU 2.76 **2017 Fac PE RVU:**4.10

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 56,180

2007 Work RVU: **2017 Work RVU:** 3.29
2007 NF PE RVU: **2017 NF PE RVU:** 15.98
2007 Fac PE RVU **2017 Fac PE RVU:**1.23

RUC Recommendation: 3.29 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19082 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 3,945

2007 Work RVU: **2017 Work RVU:** 1.65
2007 NF PE RVU: **2017 NF PE RVU:** 14.37
2007 Fac PE RVU **2017 Fac PE RVU:** 0.62

RUC Recommendation: 1.65 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 108,793

2007 Work RVU: **2017 Work RVU:** 3.10
2007 NF PE RVU: **2017 NF PE RVU:** 15.61
2007 Fac PE RVU **2017 Fac PE RVU:** 1.16

RUC Recommendation: 3.10 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 13,304

2007 Work RVU: **2017 Work RVU:** 1.55
2007 NF PE RVU: **2017 NF PE RVU:** 13.87
2007 Fac PE RVU **2017 Fac PE RVU:** 0.58

RUC Recommendation: 1.55 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 4,235

2007 Work RVU: **2017 Work RVU:** 3.64
2007 NF PE RVU: **2017 NF PE RVU:** 24.93
2007 Fac PE RVU **2017 Fac PE RVU:** 1.36

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 835

2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 21.16
2007 Fac PE RVU **2017 Fac PE RVU:** 0.68

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 2.00 **2017 Work RVU:**
2007 NF PE RVU: 3.68 **2017 NF PE RVU:**
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.69 **2017 Work RVU:**
2007 NF PE RVU: 11.01 **2017 NF PE RVU:**
2007 Fac PE RVU 1.18 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 31,181

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 4.64
2007 Fac PE RVU **2017 Fac PE RVU:** 0.75

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19282 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 2,702

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 3.64
2007 Fac PE RVU **2017 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 3,833

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 5.49
2007 Fac PE RVU **2017 Fac PE RVU:**0.75

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 406

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 4.67
2007 Fac PE RVU **2017 Fac PE RVU:**0.37

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 20,934

2007 Work RVU: **2017 Work RVU:** 1.70
2007 NF PE RVU: **2017 NF PE RVU:** 12.80
2007 Fac PE RVU **2017 Fac PE RVU:**0.64

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 1,617

2007 Work RVU: **2017 Work RVU:** 0.85
2007 NF PE RVU: **2017 NF PE RVU:** 11.85
2007 Fac PE RVU **2017 Fac PE RVU:** 0.32

RUC Recommendation: 0.85 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 278

2007 Work RVU: **2017 Work RVU:** 2.55
2007 NF PE RVU: **2017 NF PE RVU:** 21.76
2007 Fac PE RVU **2017 Fac PE RVU:** 0.96

RUC Recommendation: 3.02 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:** 65

2007 Work RVU: **2017 Work RVU:** 1.28
2007 NF PE RVU: **2017 NF PE RVU:** 18.36
2007 Fac PE RVU **2017 Fac PE RVU:** 0.48

RUC Recommendation: 1.51 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19290 **Preoperative placement of needle localization wire, breast;**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 1.27 **2017 Work RVU:**
2007 NF PE RVU: 2.81 **2017 NF PE RVU:**
2007 Fac PE RVU 0.41 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.63 **2017 Work RVU:**
2007 NF PE RVU: 1.17 **2017 NF PE RVU:**
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.57 **2017 NF PE RVU:**
2007 Fac PE RVU 2.02 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2016 Medicare Utilization:** 23,234

2007 Work RVU: 15.67 **2017 Work RVU:** 15.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.52 **2017 Fac PE RVU:**9.50

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19318 **Reduction mammaplasty**

Global: 090 **Issue:** Mammaplasty **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 7,725

2007 Work RVU: 15.91 **2017 Work RVU:** 16.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.94 **2017 Fac PE RVU:**12.98

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

19340 **Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction**

Global: 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS **First Identified:** **2016 Medicare Utilization:** 4,609

2007 Work RVU: 6.32 **2017 Work RVU:** 13.99
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **2017 Fac PE RVU:**12.50

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19357 **Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion**

Global: 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 7,254

2007 Work RVU: 20.57 **2017 Work RVU:** 18.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **2017 Fac PE RVU:**21.62

RUC Recommendation: 18.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20000 **Deleted from CPT**

Global: 010 **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 2.14 **2017 Work RVU:**
2007 NF PE RVU: 2.71 **2017 NF PE RVU:**
2007 Fac PE RVU 1.68 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

20005 **Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)**

Global: 010 **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 4,266

2007 Work RVU: 3.55 **2017 Work RVU:** 3.58
2007 NF PE RVU: 3.54 **2017 NF PE RVU:** 4.73
2007 Fac PE RVU 2.20 **2017 Fac PE RVU:**2.59

RUC Recommendation: 3.55. Survey for April 2018. Specialties indicate will delete this code **Referred to CPT** June 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20225 **Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**

Global: 000 **Issue:** **Screen:** Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 14,008

2007 Work RVU: 1.87 **2017 Work RVU:** 1.87
2007 NF PE RVU: 21.49 **2017 NF PE RVU:** 12.75
2007 Fac PE RVU 1.10 **2017 Fac PE RVU:**1.07

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

20240 **Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2016 Medicare Utilization:** 3,961

2007 Work RVU: 3.25 **2017 Work RVU:** 2.61
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2017 Fac PE RVU:**1.43

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

20245 **Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)**

Global: 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2016 Medicare Utilization:** 4,010

2007 Work RVU: 8.77 **2017 Work RVU:** 6.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2017 Fac PE RVU:**3.21

RUC Recommendation: 6.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated**

Global: 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,958

2007 Work RVU: 3.51 **2017 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2017 NF PE RVU:** 9.43
2007 Fac PE RVU 2.52 **2017 Fac PE RVU:**2.94

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

20526 **Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel**

Global: 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2016 Medicare Utilization:** 88,262

2007 Work RVU: 0.94 **2017 Work RVU:** 0.94
2007 NF PE RVU: 0.93 **2017 NF PE RVU:** 1.10
2007 Fac PE RVU 0.50 **2017 Fac PE RVU:**0.56

RUC Recommendation: Remove fromm screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst **Published in CPT Asst:**

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")**

Global: 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2016 Medicare Utilization:** 841,001

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.66
2007 Fac PE RVU 0.25 **2017 Fac PE RVU:**0.29

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst **Published in CPT Asst:**

20551 **Injection(s); single tendon origin/insertion**

Global: 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2016 Medicare Utilization:** 203,851

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 0.89
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.39

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 366,284

2007 Work RVU: 0.66 **2017 Work RVU:** 0.66
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.36

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 326,995

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 0.78 **2017 NF PE RVU:** 0.98
2007 Fac PE RVU 0.23 **2017 Fac PE RVU:**0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20600 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance** **Global:** 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2016 Medicare Utilization:** 424,587

2007 Work RVU: 0.66 **2017 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.63
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:**0.29

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2016 Medicare Utilization:** 34,460

2007 Work RVU: **2017 Work RVU:** 0.89
2007 NF PE RVU: **2017 NF PE RVU:** 1.07
2007 Fac PE RVU **2017 Fac PE RVU:** 0.35

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2016 Medicare Utilization:** 489,904

2007 Work RVU: 0.68 **2017 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:** 0.31

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2016 Medicare Utilization:** 48,940

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.16
2007 Fac PE RVU **2017 Fac PE RVU:** 0.40

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2016 Medicare Utilization:** 6,650,209

2007 Work RVU: 0.79 **2017 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2017 NF PE RVU:** 0.81
2007 Fac PE RVU 0.42 **2017 Fac PE RVU:**0.42

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2016 Medicare Utilization:** 948,250

2007 Work RVU: **2017 Work RVU:** 1.10
2007 NF PE RVU: **2017 NF PE RVU:** 1.33
2007 Fac PE RVU **2017 Fac PE RVU:**0.51

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20612 **Aspiration and/or injection of ganglion cyst(s) any location**

Global: 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2016 Medicare Utilization:** 26,557

2007 Work RVU: 0.70 **2017 Work RVU:** 0.70
2007 NF PE RVU: 0.71 **2017 NF PE RVU:** 0.93
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:**0.41

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**
Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2016 Medicare Utilization:** 55,724
2007 Work RVU: 5.90 **2017 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2017 NF PE RVU:** 10.66
2007 Fac PE RVU 3.82 **2017 Fac PE RVU:** 5.20
RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**
Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Medicare Utilization:** 3,053
2007 Work RVU: 6.40 **2017 Work RVU:** 16.27
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2017 Fac PE RVU:** 13.09
RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20694 **Removal, under anesthesia, of external fixation system**
Global: 090 **Issue:** External Fixation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 6,181
2007 Work RVU: 4.20 **2017 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2017 NF PE RVU:** 7.07
2007 Fac PE RVU 3.92 **2017 Fac PE RVU:** 4.65
RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)**
Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,999
2007 Work RVU: 5.77 **2017 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2017 NF PE RVU:** 8.32
2007 Fac PE RVU 5.50 **2017 Fac PE RVU:** 1.92
RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20902 **Bone graft, any donor area; major or large** | **Global:** 000 | **Issue:** Bone Graft Procedures | **Screen:** Site of Service Anomaly | **Complete?** Yes

Most Recent RUC Meeting: April 2008 | **Tab** 29 | **Specialty Developing Recommendation:** AOFAS, AAOS | **First Identified:** April 2008 | **2016 Medicare Utilization:** 4,744

2007 Work RVU: 7.98 | **2017 Work RVU:** 4.58
2007 NF PE RVU: NA | **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.63 | **2017 Fac PE RVU:** 2.79

RUC Recommendation: 4.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)** | **Global:** 090 | **Issue:** Tissue Grafts | **Screen:** CMS Fastest Growing / Site of Service Anomaly | **Complete?** No

Most Recent RUC Meeting: October 2017 | **Tab** 19 | **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS | **First Identified:** October 2008 | **2016 Medicare Utilization:** 14,715

2007 Work RVU: 5.70 | **2017 Work RVU:** 5.79
2007 NF PE RVU: NA | **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.67 | **2017 Fac PE RVU:** 5.38

RUC Recommendation: Refer to CPT and CPT Assistant

Referred to CPT May 2018 / October 2009
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm** | **Global:** 090 | **Issue:** Radical Resection of Soft Tissue Tumor | **Screen:** Site of Service Anomaly | **Complete?** Yes

Most Recent RUC Meeting: February 2009 | **Tab** 6 | **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS | **First Identified:** September 2007 | **2016 Medicare Utilization:** 806

2007 Work RVU: 5.59 | **2017 Work RVU:** 9.89
2007 NF PE RVU: NA | **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.85 | **2017 Fac PE RVU:** 8.69

RUC Recommendation: 9.71

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible** | **Global:** 090 | **Issue:** Excision of Bone – Mandible | **Screen:** Site of Service Anomaly | **Complete?** Yes

Most Recent RUC Meeting: October 2010 | **Tab** 61 | **Specialty Developing Recommendation:** AAOMS | **First Identified:** September 2007 | **2016 Medicare Utilization:** 2,344

2007 Work RVU: 11.07 | **2017 Work RVU:** 10.03
2007 NF PE RVU: 12.32 | **2017 NF PE RVU:** 13.98
2007 Fac PE RVU 9.21 | **2017 Fac PE RVU:** 10.07

RUC Recommendation: 10.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

21495 **Open treatment of hyoid fracture**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: 6.55 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 8.73 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 652

2007 Work RVU: 8.91 **2017 Work RVU:** 14.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.13 **2017 Fac PE RVU:**9.98

RUC Recommendation: 14.57 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21800 **Closed treatment of rib fracture, uncomplicated, each**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** July 2013 **2016 Medicare Utilization:**

2007 Work RVU: 0.98 **2017 Work RVU:**
2007 NF PE RVU: 1.34 **2017 NF PE RVU:**
2007 Fac PE RVU 1.34 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21805 **Open treatment of rib fracture without fixation, each**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: 2.80 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.28 **2017 Fac PE RVU:**

RUC Recommendation: Referred to CPT for deletion **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: 6.92 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.03 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Medicare Utilization:** 308

2007 Work RVU: **2017 Work RVU:** 10.79
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**4.45

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Medicare Utilization:** 283

2007 Work RVU: **2017 Work RVU:** 13.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**5.20

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Medicare Utilization:** 38

2007 Work RVU: **2017 Work RVU:** 17.61
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**6.60

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** January 2014 **2016 Medicare Utilization:** 223

2007 Work RVU: 1.31 **2017 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2017 NF PE RVU:** 2.40
2007 Fac PE RVU 1.77 **2017 Fac PE RVU:**2.50

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** October 2013 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

21825 **Open treatment of sternum fracture with or without skeletal fixation**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2016 Medicare Utilization:** 1,010

2007 Work RVU: 7.65 **2017 Work RVU:** 7.76
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.16 **2017 Fac PE RVU:**6.03

RUC Recommendation: Unrelated to the family **Referred to CPT** October 2013 **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 353

2007 Work RVU: 18.38 **2017 Work RVU:** 15.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2017 Fac PE RVU:**10.59

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**
Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2016 Medicare Utilization:** 4,802

2007 Work RVU: 20.77 **2017 Work RVU:** 21.02
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **2017 Fac PE RVU:**16.54

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst **Published in CPT Asst:**

22305 **Closed treatment of vertebral process fracture(s)**
Global: 090 **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2016 Medicare Utilization:** 2,275

2007 Work RVU: 2.08 **2017 Work RVU:**
2007 NF PE RVU: 2.27 **2017 NF PE RVU:**
2007 Fac PE RVU 1.89 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst **Published in CPT Asst:**

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**
Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 8,646

2007 Work RVU: 3.69 **2017 Work RVU:** 3.89
2007 NF PE RVU: 2.85 **2017 NF PE RVU:** 4.12
2007 Fac PE RVU 2.40 **2017 Fac PE RVU:**3.43

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 4,760

2007 Work RVU: **2017 Work RVU:** 7.90
2007 NF PE RVU: **2017 NF PE RVU:** 38.94
2007 Fac PE RVU **2017 Fac PE RVU:** 3.80

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 4,970

2007 Work RVU: **2017 Work RVU:** 7.33
2007 NF PE RVU: **2017 NF PE RVU:** 39.11
2007 Fac PE RVU **2017 Fac PE RVU:** 3.63

RUC Recommendation: 8.05 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 2,857

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 22.60
2007 Fac PE RVU **2017 Fac PE RVU:** 1.49

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 23,543

2007 Work RVU: **2017 Work RVU:** 8.65
2007 NF PE RVU: **2017 NF PE RVU:** 193.39
2007 Fac PE RVU **2017 Fac PE RVU:**4.82

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 25,638

2007 Work RVU: **2017 Work RVU:** 7.99
2007 NF PE RVU: **2017 NF PE RVU:** 193.01
2007 Fac PE RVU **2017 Fac PE RVU:**4.57

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:** 14,871

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 118.75
2007 Fac PE RVU **2017 Fac PE RVU:**1.72

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2016 Medicare Utilization:**

2007 Work RVU: 9.17 **2017 Work RVU:**
2007 NF PE RVU: 56.83 **2017 NF PE RVU:**
2007 Fac PE RVU 4.84 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 8.60 **2017 Work RVU:**
2007 NF PE RVU: 52.87 **2017 NF PE RVU:**
2007 Fac PE RVU 4.69 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 4.30 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.59 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 9.21 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.60 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 8.81 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.40 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 4.47 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.12 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2016 Medicare Utilization:** 1,191

2007 Work RVU: 24.61 **2017 Work RVU:** 24.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **2017 Fac PE RVU:** 17.33

RUC Recommendation: Remove from screen. CPT Assistant article published.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Result: Remove from Screen

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2016 Medicare Utilization:** 39,296

2007 Work RVU: **2017 Work RVU:** 25.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 16.79

RUC Recommendation: 24.50

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2016 Medicare Utilization:** 33,703

2007 Work RVU: **2017 Work RVU:** 6.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.11

RUC Recommendation: 6.50

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2016 Medicare Utilization:** 5,256

2007 Work RVU: 17.54 **2017 Work RVU:** 17.69
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **2017 Fac PE RVU:** 13.36

RUC Recommendation: 17.69 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2016 Medicare Utilization:** 16,540

2007 Work RVU: 23.33 **2017 Work RVU:** 23.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.86 **2017 Fac PE RVU:** 15.08

RUC Recommendation: Review action plan and additional data **Referred to CPT** September 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2016 Medicare Utilization:** 15,974

2007 Work RVU: 5.52 **2017 Work RVU:** 5.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **2017 Fac PE RVU:** 2.56

RUC Recommendation: Remove from screen **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22612 **Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Medicare Utilization:** 45,758

2007 Work RVU: 23.38 **2017 Work RVU:** 23.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **2017 Fac PE RVU:** 16.19

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT October 2010

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Medicare Utilization:** 126,417

2007 Work RVU: 6.43 **2017 Work RVU:** 6.43
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2017 Fac PE RVU:** 3.11

RUC Recommendation: 6.43

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Medicare Utilization:** 7,028

2007 Work RVU: 21.89 **2017 Work RVU:** 22.09
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **2017 Fac PE RVU:** 16.28

RUC Recommendation: 22.09

Referred to CPT October 2010

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Medicare Utilization:** 2,357

2007 Work RVU: 5.22 **2017 Work RVU:** 5.22
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **2017 Fac PE RVU:** 2.50

RUC Recommendation: 5.22 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Medicare Utilization:** 35,855

2007 Work RVU: **2017 Work RVU:** 27.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 18.07

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2016 Medicare Utilization:** 13,367

2007 Work RVU: **2017 Work RVU:** 8.16
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.94

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2016 Medicare Utilization:** 7,196

2007 Work RVU: 13.44 **2017 Work RVU:** 13.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.28 **2017 Fac PE RVU:**6.53

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2016 Medicare Utilization:** 4,722

2007 Work RVU: 19.08 **2017 Work RVU:** 19.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.39 **2017 Fac PE RVU:**13.20

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2016 Medicare Utilization:** 138,577

2007 Work RVU: 6.70 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.18 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

22859 **Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 5.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.63

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: 090 **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 13.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 10.78

RUC Recommendation: 4.88 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.92

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**
Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 818
2007 Work RVU: 6.14 **2017 Work RVU:** 8.32
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.30 **2017 Fac PE RVU:**6.08

RUC Recommendation: 8.21 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**
Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 683
2007 Work RVU: 7.77 **2017 Work RVU:** 7.41
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.50 **2017 Fac PE RVU:**6.50

RUC Recommendation: 7.28 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23120 **Claviculectomy; partial**
Global: 090 **Issue:** Claviculectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 8,430
2007 Work RVU: 7.23 **2017 Work RVU:** 7.39
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.22 **2017 Fac PE RVU:**7.92

RUC Recommendation: 7.23 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**
Global: 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,870
2007 Work RVU: 7.63 **2017 Work RVU:** 7.77
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2017 Fac PE RVU:**8.14

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**
Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2016 Medicare Utilization:** 37,077

2007 Work RVU: 1.00 **2017 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2017 NF PE RVU:** 2.61
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

23405 **Tenotomy, shoulder area; single tendon**
Global: 090 **Issue:** Tenotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,618

2007 Work RVU: 8.43 **2017 Work RVU:** 8.54
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **2017 Fac PE RVU:** 7.71

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**
Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,768

2007 Work RVU: 12.63 **2017 Work RVU:** 11.39
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **2017 Fac PE RVU:** 9.99

RUC Recommendation: 11.23 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**
Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 15,442

2007 Work RVU: 13.55 **2017 Work RVU:** 11.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **2017 Fac PE RVU:** 10.23

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 671

2007 Work RVU: 10.09 **2017 Work RVU:** 9.23
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **2017 Fac PE RVU:**8.92

RUC Recommendation: 9.23 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,868

2007 Work RVU: 14.75 **2017 Work RVU:** 13.54
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **2017 Fac PE RVU:**11.65

RUC Recommendation: 13.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 17,150

2007 Work RVU: 10.05 **2017 Work RVU:** 10.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.78 **2017 Fac PE RVU:**9.28

RUC Recommendation: 10.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,463

2007 Work RVU: 10.53 **2017 Work RVU:** 10.64
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.91 **2017 Fac PE RVU:**8.98

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2016 Medicare Utilization:** 49,145

2007 Work RVU: 22.47 **2017 Work RVU:** 22.13
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.89 **2017 Fac PE RVU:**15.61

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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23540 **Closed treatment of acromioclavicular dislocation; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 435

2007 Work RVU: 2.28 **2017 Work RVU:** 2.36
2007 NF PE RVU: 2.80 **2017 NF PE RVU:** 3.62
2007 Fac PE RVU 2.43 **2017 Fac PE RVU:**3.72

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2017 **Result:** PE Only

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23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation** **Global:** 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2016 Medicare Utilization:** 34,831

2007 Work RVU: 3.00 **2017 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2017 NF PE RVU:** 5.72
2007 Fac PE RVU 3.58 **2017 Fac PE RVU:**5.19

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 211

2007 Work RVU: 3.99 **2017 Work RVU:** 4.10
2007 NF PE RVU: 4.82 **2017 NF PE RVU:** 5.89
2007 Fac PE RVU 4.19 **2017 Fac PE RVU:**5.15

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2017 **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

23650 **Closed treatment of shoulder dislocation, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 14,575

2007 Work RVU: 3.44 **2017 Work RVU:** 3.53
2007 NF PE RVU: 3.65 **2017 NF PE RVU:** 4.85
2007 Fac PE RVU 2.77 **2017 Fac PE RVU:**4.13

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

23655 **Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 2,854

2007 Work RVU: 4.64 **2017 Work RVU:** 4.76
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.17 **2017 Fac PE RVU:**5.80

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

23665 **Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 626

2007 Work RVU: 4.54 **2017 Work RVU:** 4.66
2007 NF PE RVU: 5.21 **2017 NF PE RVU:** 6.58
2007 Fac PE RVU 4.61 **2017 Fac PE RVU:**5.75

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

Status Report: CMS Requests and Relativity Assessment Issues

24505 **Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction**
Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 991

2007 Work RVU: 5.25 **2017 Work RVU:** 5.39
2007 NF PE RVU: 6.42 **2017 NF PE RVU:** 7.80
2007 Fac PE RVU 5.27 **2017 Fac PE RVU:**6.45

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

24600 **Treatment of closed elbow dislocation; without anesthesia**
Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 1,362

2007 Work RVU: 4.28 **2017 Work RVU:** 4.37
2007 NF PE RVU: 4.61 **2017 NF PE RVU:** 5.30
2007 Fac PE RVU 3.45 **2017 Fac PE RVU:**4.44

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

24605 **Treatment of closed elbow dislocation; requiring anesthesia**
Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 482

2007 Work RVU: 5.50 **2017 Work RVU:** 5.64
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.26 **2017 Fac PE RVU:**6.67

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

Status Report: CMS Requests and Relativity Assessment Issues

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

Global: 090 **Issue:** Forearm Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,100

2007 Work RVU: 7.38 **2017 Work RVU:** 7.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2017 Fac PE RVU:** 8.29

RUC Recommendation: 7.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

25210 **Carpectomy; 1 bone**

Global: 090 **Issue:** Carpectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,509

2007 Work RVU: 6.01 **2017 Work RVU:** 6.12
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2017 Fac PE RVU:** 6.77

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,105

2007 Work RVU: 7.89 **2017 Work RVU:** 8.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.30 **2017 Fac PE RVU:** 8.52

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,477

2007 Work RVU: 7.28 **2017 Work RVU:** 7.39
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.60 **2017 Fac PE RVU:**7.45

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

Global: 090 **Issue:** Forearm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 7,525

2007 Work RVU: 8.26 **2017 Work RVU:** 8.08
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2017 Fac PE RVU:**8.22

RUC Recommendation: 7.94 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 737

2007 Work RVU: 5.71 **2017 Work RVU:** 5.85
2007 NF PE RVU: 6.52 **2017 NF PE RVU:** 7.84
2007 Fac PE RVU 5.32 **2017 Fac PE RVU:**6.44

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

25605 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 20,398

2007 Work RVU: 7.02 **2017 Work RVU:** 6.25
2007 NF PE RVU: 7.15 **2017 NF PE RVU:** 8.11
2007 Fac PE RVU 6.21 **2017 Fac PE RVU:** 7.21

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

Result: PE Only

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2016 Medicare Utilization:** 3,123

2007 Work RVU: 8.10 **2017 Work RVU:** 8.31
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.41 **2017 Fac PE RVU:** 9.02

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2016 Medicare Utilization:** 9,092

2007 Work RVU: 9.35 **2017 Work RVU:** 9.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.26 **2017 Fac PE RVU:** 9.68

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2016 Medicare Utilization:** 7,000

2007 Work RVU: 10.86 **2017 Work RVU:** 11.07
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.88 **2017 Fac PE RVU:**10.46

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2016 Medicare Utilization:** 15,950

2007 Work RVU: 14.12 **2017 Work RVU:** 14.38
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **2017 Fac PE RVU:**12.98

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25675 **Closed treatment of distal radioulnar dislocation with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 378

2007 Work RVU: 4.75 **2017 Work RVU:** 4.89
2007 NF PE RVU: 5.46 **2017 NF PE RVU:** 6.65
2007 Fac PE RVU 4.53 **2017 Fac PE RVU:**5.57

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

26020 **Drainage of tendon sheath, digit and/or palm, each** **Global:** 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 2,286

2007 Work RVU: 4.97 **2017 Work RVU:** 5.08
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.21 **2017 Fac PE RVU:**6.37

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

26055 **Tendon sheath incision (eg, for trigger finger)**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 90,808

2007 Work RVU: 3.00 **2017 Work RVU:** 3.11
2007 NF PE RVU: 13.02 **2017 NF PE RVU:** 12.15
2007 Fac PE RVU 3.92 **2017 Fac PE RVU:** 5.16

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,859

2007 Work RVU: 4.36 **2017 Work RVU:** 4.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2017 Fac PE RVU:** 5.86

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

26160 **Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 15,794

2007 Work RVU: 3.46 **2017 Work RVU:** 3.57
2007 NF PE RVU: 11.53 **2017 NF PE RVU:** 12.07
2007 Fac PE RVU 4.08 **2017 Fac PE RVU:** 5.31

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2016 Medicare Utilization:** 1,208

2007 Work RVU: 10.22 **2017 Work RVU:** 9.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2017 Fac PE RVU:** 11.44

RUC Recommendation: 10.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2016 Medicare Utilization:** 79

2007 Work RVU: 8.65 **2017 Work RVU:** 11.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 14.29 **2017 Fac PE RVU:** 12.20

RUC Recommendation: 11.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2016 Medicare Utilization:** 48

2007 Work RVU: 9.22 **2017 Work RVU:** 12.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.19 **2017 Fac PE RVU:** 13.37

RUC Recommendation: 13.10 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** October 2008 **2016 Medicare Utilization:** 8,945

2007 Work RVU: 6.76 **2017 Work RVU:** 6.90
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2017 Fac PE RVU:** 13.12

RUC Recommendation: 6.76 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 546

2007 Work RVU: 3.74 **2017 Work RVU:** 3.83
2007 NF PE RVU: 3.65 **2017 NF PE RVU:** 4.77
2007 Fac PE RVU 2.89 **2017 Fac PE RVU:** 4.22

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

26750 **Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 7,298

2007 Work RVU: 1.74 **2017 Work RVU:** 1.80
2007 NF PE RVU: 2.42 **2017 NF PE RVU:** 3.14
2007 Fac PE RVU 2.07 **2017 Fac PE RVU:** 3.16

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

Status Report: CMS Requests and Relativity Assessment Issues

26755 **Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 527

2007 Work RVU: 3.15 **2017 Work RVU:** 3.23
2007 NF PE RVU: 4.27 **2017 NF PE RVU:** 5.14
2007 Fac PE RVU 3.00 **2017 Fac PE RVU:**4.00

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

Result: PE Only

26770 **Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 5,633

2007 Work RVU: 3.07 **2017 Work RVU:** 3.15
2007 NF PE RVU: 3.30 **2017 NF PE RVU:** 4.21
2007 Fac PE RVU 2.44 **2017 Fac PE RVU:**3.64

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

Result: PE Only

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 359

2007 Work RVU: 6.44 **2017 Work RVU:** 8.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2017 Fac PE RVU:**6.82

RUC Recommendation: 8.74

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

27062 **Excision; trochanteric bursa or calcification**

Global: 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,673

2007 Work RVU: 5.66 **2017 Work RVU:** 5.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2017 Fac PE RVU:** 6.16

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed**

Global: 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2016 Medicare Utilization:** 439,653

2007 Work RVU: 1.40 **2017 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2017 NF PE RVU:** 2.92
2007 Fac PE RVU 0.33 **2017 Fac PE RVU:** 0.80

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2016 Medicare Utilization:** 150,583

2007 Work RVU: 21.61 **2017 Work RVU:** 20.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **2017 Fac PE RVU:** 14.36

RUC Recommendation: 21.79 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2016 Medicare Utilization:** 10,937

2007 Work RVU: 30.13 **2017 Work RVU:** 30.28
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **2017 Fac PE RVU:** 19.17

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2016 Medicare Utilization:** 19,690

2007 Work RVU: 5.98 **2017 Work RVU:**
2007 NF PE RVU: 4.98 **2017 NF PE RVU:**
2007 Fac PE RVU 4.98 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

27194 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2016 Medicare Utilization:** 338

2007 Work RVU: 10.08 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 7.40 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.53
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**1.61

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 4.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**3.05

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27220 **Closed treatment of acetabulum (hip socket) fracture(s); without manipulation**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 3,325

2007 Work RVU: 6.72 **2017 Work RVU:** 6.83
2007 NF PE RVU: 5.61 **2017 NF PE RVU:** 7.02
2007 Fac PE RVU 5.52 **2017 Fac PE RVU:**6.90

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27230 **Closed treatment of femoral fracture, proximal end, neck; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 2,092

2007 Work RVU: 5.69 **2017 Work RVU:** 5.81
2007 NF PE RVU: 5.38 **2017 NF PE RVU:** 6.67
2007 Fac PE RVU 5.06 **2017 Fac PE RVU:** 6.58

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27232 **Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 329

2007 Work RVU: 11.66 **2017 Work RVU:** 11.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2017 Fac PE RVU:** 7.67

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement** **Global:** 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2016 Medicare Utilization:** 58,854

2007 Work RVU: 17.43 **2017 Work RVU:** 17.61
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **2017 Fac PE RVU:** 13.39

RUC Recommendation: 17.61 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27240 **Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 336

2007 Work RVU: 13.66 **2017 Work RVU:** 13.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.13 **2017 Fac PE RVU:** 11.01

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2016 Medicare Utilization:** 10,579

2007 Work RVU: 17.08 **2017 Work RVU:** 18.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **2017 Fac PE RVU:** 13.70

RUC Recommendation: 18.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2016 Medicare Utilization:** 81,456

2007 Work RVU: 21.09 **2017 Work RVU:** 18.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **2017 Fac PE RVU:** 13.70

RUC Recommendation: 18.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2016 Medicare Utilization:** 3,644

2007 Work RVU: 7.21 **2017 Work RVU:** 3.82
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **2017 Fac PE RVU:** 0.78

RUC Recommendation: 3.82 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27252 **Closed treatment of hip dislocation, traumatic; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 1,002

2007 Work RVU: 10.92 **2017 Work RVU:** 11.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2017 Fac PE RVU:** 8.60

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27265 **Closed treatment of post hip arthroplasty dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 7,593

2007 Work RVU: 5.12 **2017 Work RVU:** 5.24
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.59 **2017 Fac PE RVU:** 5.31

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 6,591

2007 Work RVU: 7.67 **2017 Work RVU:** 7.78
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2017 Fac PE RVU:**7.34

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)**

Global: 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 738

2007 Work RVU: 4.95 **2017 Work RVU:** 5.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.10 **2017 Fac PE RVU:**5.26

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

27370 **Injection of contrast for knee arthrography**

Global: 000 **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 151,102

2007 Work RVU: 0.96 **2017 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2017 NF PE RVU:** 3.30
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.39

RUC Recommendation: Code Deleted **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2016 Medicare Utilization:** 16,907

2007 Work RVU: 16.26 **2017 Work RVU:** 17.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.81 **2017 Fac PE RVU:**12.54

RUC Recommendation: 17.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2016 Medicare Utilization:** 298,764

2007 Work RVU: 23.04 **2017 Work RVU:** 20.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **2017 Fac PE RVU:**14.35

RUC Recommendation: 19.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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27502 **Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 375

2007 Work RVU: 11.24 **2017 Work RVU:** 11.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.82 **2017 Fac PE RVU:**8.39

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2017 **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

27510 **Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 382

2007 Work RVU: 9.68 **2017 Work RVU:** 9.80
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.09 **2017 Fac PE RVU:** 7.94

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27550 **Closed treatment of knee dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 788

2007 Work RVU: 5.84 **2017 Work RVU:** 5.98
2007 NF PE RVU: 5.84 **2017 NF PE RVU:** 7.43
2007 Fac PE RVU 4.85 **2017 Fac PE RVU:** 6.39

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27552 **Closed treatment of knee dislocation; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 322

2007 Work RVU: 8.04 **2017 Work RVU:** 8.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.75 **2017 Fac PE RVU:** 8.19

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 356

2007 Work RVU: 12.93 **2017 Work RVU:** 15.72
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **2017 Fac PE RVU:**10.61

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 691

2007 Work RVU: 8.47 **2017 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.79 **2017 Fac PE RVU:**5.44

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,450

2007 Work RVU: 12.10 **2017 Work RVU:** 12.24
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2017 Fac PE RVU:**9.55

RUC Recommendation: 12.10 **Referred to CPT** June 2008 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2016 Medicare Utilization:** 916

2007 Work RVU: 9.73 **2017 Work RVU:** 9.84
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **2017 Fac PE RVU:**7.72

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 2,383

2007 Work RVU: 9.94 **2017 Work RVU:** 9.21
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2017 Fac PE RVU:**8.28

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27654 **Repair, secondary, Achilles tendon, with or without graft** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,539

2007 Work RVU: 10.32 **2017 Work RVU:** 10.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2017 Fac PE RVU:**8.35

RUC Recommendation: 10.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,910

2007 Work RVU: 6.57 **2017 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2017 NF PE RVU:** 11.46
2007 Fac PE RVU 5.26 **2017 Fac PE RVU:**5.76

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

27687 **Gastrocnemius recession (eg, Strayer procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 5,822

2007 Work RVU: 6.30 **2017 Work RVU:** 6.41
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **2017 Fac PE RVU:**5.70

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,431

2007 Work RVU: 8.96 **2017 Work RVU:** 9.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2017 Fac PE RVU:**7.78

RUC Recommendation: 8.96 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,959

2007 Work RVU: 10.28 **2017 Work RVU:** 10.49
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **2017 Fac PE RVU:**9.26

RUC Recommendation: 10.28 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 1,354

2007 Work RVU: 6.15 **2017 Work RVU:** 6.27
2007 NF PE RVU: 6.48 **2017 NF PE RVU:** 7.84
2007 Fac PE RVU 5.54 **2017 Fac PE RVU:**6.68

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

Status Report: CMS Requests and Relativity Assessment Issues

27762 **Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 334

2007 Work RVU: 5.33 **2017 Work RVU:** 5.47
2007 NF PE RVU: 6.14 **2017 NF PE RVU:** 7.03
2007 Fac PE RVU 5.14 **2017 Fac PE RVU:**5.85

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2016 Medicare Utilization:** 6,900

2007 Work RVU: 7.91 **2017 Work RVU:** 8.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2017 Fac PE RVU:**8.32

RUC Recommendation: 9.71 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 2,901

2007 Work RVU: 5.20 **2017 Work RVU:** 5.32
2007 NF PE RVU: 6.05 **2017 NF PE RVU:** 7.04
2007 Fac PE RVU 5.02 **2017 Fac PE RVU:**5.82

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2016 Medicare Utilization:** 11,439

2007 Work RVU: 11.10 **2017 Work RVU:** 10.62
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.25 **2017 Fac PE RVU:**9.51

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

Global: 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2016 Medicare Utilization:** 2,859

2007 Work RVU: 5.57 **2017 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2017 NF PE RVU:** 7.13
2007 Fac PE RVU 5.00 **2017 Fac PE RVU:**5.72

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

Result: PE Only

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 660

2007 Work RVU: 6.60 **2017 Work RVU:** 6.69
2007 NF PE RVU: 6.42 **2017 NF PE RVU:** 7.63
2007 Fac PE RVU 5.25 **2017 Fac PE RVU:**6.21

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

27840 **Closed treatment of ankle dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 2,182

2007 Work RVU: 4.65 **2017 Work RVU:** 4.77
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.73 **2017 Fac PE RVU:** 4.99

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

27X69 **Global:** **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 05 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.96 **Referred to CPT** February 2018 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Medicare Utilization:** 6,747

2007 Work RVU: 5.78 **2017 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2017 NF PE RVU:** 6.87
2007 Fac PE RVU 3.74 **2017 Fac PE RVU:** 3.31

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28111 **Ostectomy, complete excision; first metatarsal head**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,071

2007 Work RVU: 5.06 **2017 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2017 NF PE RVU:** 8.53
2007 Fac PE RVU 3.58 **2017 Fac PE RVU:**3.68

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28118 **Ostectomy, calcaneus;**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,805

2007 Work RVU: 6.02 **2017 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2017 NF PE RVU:** 10.23
2007 Fac PE RVU 4.28 **2017 Fac PE RVU:**4.99

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28120 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 4,932

2007 Work RVU: 5.64 **2017 Work RVU:** 7.31
2007 NF PE RVU: 7.50 **2017 NF PE RVU:** 11.27
2007 Fac PE RVU 4.31 **2017 Fac PE RVU:**6.07

RUC Recommendation: 8.27 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 13,302

2007 Work RVU: 7.56 **2017 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2017 NF PE RVU:** 9.86
2007 Fac PE RVU 5.17 **2017 Fac PE RVU:**5.23

RUC Recommendation: 7.72 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

Global: 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 11,797

2007 Work RVU: 4.88 **2017 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2017 NF PE RVU:** 8.39
2007 Fac PE RVU 3.62 **2017 Fac PE RVU:**4.11

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 78,265

2007 Work RVU: 4.65 **2017 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2017 NF PE RVU:** 9.32
2007 Fac PE RVU 3.42 **2017 Fac PE RVU:**4.74

RUC Recommendation: 5.62 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 4,899

2007 Work RVU: 8.11 **2017 Work RVU:** 6.90
2007 NF PE RVU: 8.37 **2017 NF PE RVU:** 13.91
2007 Fac PE RVU 5.68 **2017 Fac PE RVU:** 5.71

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 2,005

2007 Work RVU: 5.72 **2017 Work RVU:**
2007 NF PE RVU: 6.75 **2017 NF PE RVU:**
2007 Fac PE RVU 4.55 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 8.01
2007 NF PE RVU: **2017 NF PE RVU:** 12.36
2007 Fac PE RVU **2017 Fac PE RVU:** 5.06

RUC Recommendation: 8.01 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28292 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 7,610

2007 Work RVU: 8.72 **2017 Work RVU:** 7.44
2007 NF PE RVU: 8.21 **2017 NF PE RVU:** 13.46
2007 Fac PE RVU 5.72 **2017 Fac PE RVU:**5.80

RUC Recommendation: 7.44 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2016 Medicare Utilization:** 3,309

2007 Work RVU: 11.10 **2017 Work RVU:**
2007 NF PE RVU: 11.72 **2017 NF PE RVU:**
2007 Fac PE RVU 6.34 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 86

2007 Work RVU: 8.63 **2017 Work RVU:**
2007 NF PE RVU: 7.88 **2017 NF PE RVU:**
2007 Fac PE RVU 4.70 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 8.57
2007 NF PE RVU: **2017 NF PE RVU:** 17.80
2007 Fac PE RVU **2017 Fac PE RVU:** 6.12

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 12,839

2007 Work RVU: 9.31 **2017 Work RVU:** 8.25
2007 NF PE RVU: 8.54 **2017 NF PE RVU:** 17.38
2007 Fac PE RVU 5.29 **2017 Fac PE RVU:** 5.88

RUC Recommendation: 8.25 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28297 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 2,026

2007 Work RVU: 9.31 **2017 Work RVU:** 9.29
2007 NF PE RVU: 9.34 **2017 NF PE RVU:** 19.91
2007 Fac PE RVU 6.04 **2017 Fac PE RVU:** 7.01

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28298 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 2,653

2007 Work RVU: 8.01 **2017 Work RVU:** 7.75
2007 NF PE RVU: 7.74 **2017 NF PE RVU:** 16.01
2007 Fac PE RVU 4.91 **2017 Fac PE RVU:**5.73

RUC Recommendation: 7.75 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28299 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2016 Medicare Utilization:** 4,757

2007 Work RVU: 11.39 **2017 Work RVU:** 9.29
2007 NF PE RVU: 9.24 **2017 NF PE RVU:** 18.75
2007 Fac PE RVU 6.01 **2017 Fac PE RVU:**6.50

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,356

2007 Work RVU: 9.61 **2017 Work RVU:** 9.73
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **2017 Fac PE RVU:**7.52

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,135

2007 Work RVU: 5.48 **2017 Work RVU:** 5.57
2007 NF PE RVU: 6.20 **2017 NF PE RVU:** 9.72
2007 Fac PE RVU 3.53 **2017 Fac PE RVU:**4.21

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28470 **Closed treatment of metatarsal fracture; without manipulation, each** **Global:** 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2016 Medicare Utilization:** 33,748

2007 Work RVU: 1.99 **2017 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2017 NF PE RVU:** 3.93
2007 Fac PE RVU 2.43 **2017 Fac PE RVU:**3.52

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia** **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 767

2007 Work RVU: 1.25 **2017 Work RVU:** 1.28
2007 NF PE RVU: 1.27 **2017 NF PE RVU:** 1.90
2007 Fac PE RVU 0.79 **2017 Fac PE RVU:**1.11

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2017

28725 **Arthrodesis; subtalar** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,848

2007 Work RVU: 11.97 **2017 Work RVU:** 11.22
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **2017 Fac PE RVU:**9.37

RUC Recommendation: 12.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,849

2007 Work RVU: 12.21 **2017 Work RVU:** 10.70
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **2017 Fac PE RVU:**8.78

RUC Recommendation: 12.42 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint** **Global:** 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,477

2007 Work RVU: 9.09 **2017 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2017 NF PE RVU:** 13.89
2007 Fac PE RVU 6.37 **2017 Fac PE RVU:**7.41

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

28825 **Amputation, toe; interphalangeal joint** **Global:** 090 **Issue:** Partial Amputation of Toe **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 21 **Specialty Developing Recommendation:** AOFAS, ACS, APMA, AAOS, SVS **First Identified:** September 2007 **2016 Medicare Utilization:** 13,109

2007 Work RVU: 3.71 **2017 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2017 NF PE RVU:** 9.51
2007 Fac PE RVU 3.40 **2017 Fac PE RVU:**4.64

RUC Recommendation: 6.01 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

29075 **Application, cast; elbow to finger (short arm)** **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2016 Medicare Utilization:** 72,458

2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2017 NF PE RVU:** 1.58
2007 Fac PE RVU 0.68 **2017 Fac PE RVU:**0.89

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29105 **Application of long arm splint (shoulder to hand)** **Global:** 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2016 Medicare Utilization:** 26,282

2007 Work RVU: 0.87 **2017 Work RVU:** 0.87
2007 NF PE RVU: 1.20 **2017 NF PE RVU:** 1.51
2007 Fac PE RVU 0.52 **2017 Fac PE RVU:**0.71

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29200 Strapping; thorax

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2016 Medicare Utilization:** 15,645

2007 Work RVU: 0.65 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.44
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:**0.11

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29220 Deleted from CPT

Global: 000 **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.64 **2017 Work RVU:**
2007 NF PE RVU: 0.69 **2017 NF PE RVU:**
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT, no further action necessary

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29240 Strapping; shoulder (eg, Velpeau)

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2016 Medicare Utilization:** 23,807

2007 Work RVU: 0.71 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.37 **2017 Fac PE RVU:**0.11

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29260 Strapping; elbow or wrist

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2016 Medicare Utilization:** 6,171

2007 Work RVU: 0.55 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.72 **2017 NF PE RVU:** 0.39
2007 Fac PE RVU 0.33 **2017 Fac PE RVU:**0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29280 **Strapping; hand or finger**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2016 Medicare Utilization:** 4,841

2007 Work RVU: 0.51 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.77 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.33 **2017 Fac PE RVU:** 0.14

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst **Published in CPT Asst:**

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** Application of Rigid Leg Cast **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 17 **Specialty Developing Recommendation:** AAOS, AHKNS, AOFAS, AOA, NASS **First Identified:** October 2015 **2016 Medicare Utilization:** 41,047

2007 Work RVU: 1.78 **2017 Work RVU:** 1.78
2007 NF PE RVU: 1.76 **2017 NF PE RVU:** 1.86
2007 Fac PE RVU 0.96 **2017 Fac PE RVU:** 1.01

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst **Published in CPT Asst:**

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2016 Medicare Utilization:** 18,821

2007 Work RVU: 0.54 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2017 NF PE RVU:** 0.48
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:** 0.12

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst **Published in CPT Asst:**

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2016 Medicare Utilization:** 35,653

2007 Work RVU: 0.57 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.75 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:** 0.11

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2016 Medicare Utilization:** 244,894

2007 Work RVU: 0.51 **2017 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2017 NF PE RVU:** 0.32
2007 Fac PE RVU 0.31 **2017 Fac PE RVU:**0.10

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2016 Medicare Utilization:** 58,239

2007 Work RVU: 0.47 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2017 NF PE RVU:** 0.27
2007 Fac PE RVU 0.29 **2017 Fac PE RVU:**0.06

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 314,166

2007 Work RVU: 0.55 **2017 Work RVU:** 0.55
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 0.87
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:**0.40

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 165,871

2007 Work RVU: **2017 Work RVU:** 0.25
2007 NF PE RVU: **2017 NF PE RVU:** 1.51
2007 Fac PE RVU **2017 Fac PE RVU:**0.11

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2016 Medicare Utilization:** 6,881

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 1.64
2007 Fac PE RVU **2017 Fac PE RVU:**0.09

RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2016 Medicare Utilization:** 813

2007 Work RVU: **2017 Work RVU:** 0.25
2007 NF PE RVU: **2017 NF PE RVU:** 0.99
2007 Fac PE RVU **2017 Fac PE RVU:**0.06

RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2016 Medicare Utilization:** 1,285

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 1.64
2007 Fac PE RVU **2017 Fac PE RVU:**0.09

RUC Recommendation: Develop CPT Assistant Article **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

Status Report: CMS Requests and Relativity Assessment Issues

29590 **Denis-Browne splint strapping**

Global: 000 **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: 0.54 **2017 NF PE RVU:**
2007 Fac PE RVU 0.29 **2017 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2016 Medicare Utilization:** 687

2007 Work RVU: 5.94 **2017 Work RVU:** 6.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **2017 Fac PE RVU:**6.31

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

29822 **Arthroscopy, shoulder, surgical; debridement, limited**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2016 Medicare Utilization:** 14,328

2007 Work RVU: 7.49 **2017 Work RVU:** 7.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **2017 Fac PE RVU:**7.41

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

29823 **Arthroscopy, shoulder, surgical; debridement, extensive**

Global: 090 **Issue:** **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2012 **2016 Medicare Utilization:** 33,524

2007 Work RVU: 8.24 **2017 Work RVU:** 8.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.94 **2017 Fac PE RVU:**8.02

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2016 Medicare Utilization:** 40,141

2007 Work RVU: 8.82 **2017 Work RVU:** 8.98
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.30 **2017 Fac PE RVU:**8.68

RUC Recommendation: 8.82 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

29826 **Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2016 Medicare Utilization:** 79,767

2007 Work RVU: 9.05 **2017 Work RVU:** 3.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2017 Fac PE RVU:**1.51

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2016 Medicare Utilization:** 65,042

2007 Work RVU: 15.44 **2017 Work RVU:** 15.59
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **2017 Fac PE RVU:**12.22

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2016 Medicare Utilization:** 13,932

2007 Work RVU: **2017 Work RVU:** 13.16
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 10.81

RUC Recommendation: 13.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2016 Medicare Utilization:** 97

2007 Work RVU: 5.80 **2017 Work RVU:** 5.88
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2017 Fac PE RVU:** 6.11

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2016 Medicare Utilization:** 119

2007 Work RVU: 5.59 **2017 Work RVU:** 5.68
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **2017 Fac PE RVU:** 6.21

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**
Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2016 Medicare Utilization:** 1,485

2007 Work RVU: 5.11 **2017 Work RVU:** 5.19
2007 NF PE RVU: NA **2017 NF PE RVU:** 10.44
2007 Fac PE RVU 4.72 **2017 Fac PE RVU:**5.59

RUC Recommendation: New PE non-facility inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**
Global: 090 **Issue:** ACL Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,312

2007 Work RVU: 14.14 **2017 Work RVU:** 14.30
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2017 Fac PE RVU:**11.30

RUC Recommendation: 14.14 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**
Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2016 Medicare Utilization:** 2

2007 Work RVU: 5.74 **2017 Work RVU:** 5.88
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.60 **2017 Fac PE RVU:**5.79

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

30140 **Submucous resection inferior turbinate, partial or complete, any method**
Global: 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:** 40,837

2007 Work RVU: 3.48 **2017 Work RVU:** 3.57
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.29 **2017 Fac PE RVU:** 8.37

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)**
Global: 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,873

2007 Work RVU: 12.20 **2017 Work RVU:** 12.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **2017 Fac PE RVU:** 13.63

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method**
Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2009 **2016 Medicare Utilization:** 99,864

2007 Work RVU: 1.21 **2017 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2017 NF PE RVU:** 1.44
2007 Fac PE RVU 0.31 **2017 Fac PE RVU:** 0.37

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

30903 **Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method**
Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 52,041

2007 Work RVU: 1.54 **2017 Work RVU:** 1.54
2007 NF PE RVU: 2.80 **2017 NF PE RVU:** 4.50
2007 Fac PE RVU 0.47 **2017 Fac PE RVU:**0.55

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial**
Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 6,226

2007 Work RVU: 1.97 **2017 Work RVU:** 1.97
2007 NF PE RVU: 3.57 **2017 NF PE RVU:** 5.44
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:**0.80

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**
Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,030

2007 Work RVU: 2.45 **2017 Work RVU:** 2.45
2007 NF PE RVU: 3.91 **2017 NF PE RVU:** 7.04
2007 Fac PE RVU 1.07 **2017 Fac PE RVU:**1.13

RUC Recommendation: 2.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**
Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2016 Medicare Utilization:** 559,331

2007 Work RVU: 1.10 **2017 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2017 NF PE RVU:** 4.67
2007 Fac PE RVU 0.84 **2017 Fac PE RVU:**0.61

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**
Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2011 **2016 Medicare Utilization:** 121,623

2007 Work RVU: 2.98 **2017 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2017 NF PE RVU:** 4.35
2007 Fac PE RVU 1.72 **2017 Fac PE RVU:**1.64

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**
Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2016 Medicare Utilization:** 29,354

2007 Work RVU: 3.26 **2017 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2017 NF PE RVU:** 4.18
2007 Fac PE RVU 1.90 **2017 Fac PE RVU:**1.70

RUC Recommendation: 2.74 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**
Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2016 Medicare Utilization:** 1,286

2007 Work RVU: 9.23 **2017 Work RVU:** 9.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.59 **2017 Fac PE RVU:**7.60

RUC Recommendation: 9.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**
Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2016 Medicare Utilization:** 5,565

2007 Work RVU: 2.61 **2017 Work RVU:** 2.61
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2017 Fac PE RVU:**1.61

RUC Recommendation: 2.61 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31241 **Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery**

Global:
Issue: Nasal/Sinus Endoscopy
Screen: Codes Reported Together 75% or More-Part3
Complete? Yes

Most Recent RUC Meeting: January 2017
Tab 07
Specialty Developing Recommendation: AAOHNS
First Identified: April 2015
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: 8.51
Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

31253 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed**

Global:
Issue: Nasal/Sinus Endoscopy
Screen: Codes Reported Together 75% or More-Part3
Complete? Yes

Most Recent RUC Meeting: January 2017
Tab 07
Specialty Developing Recommendation: AAOHNS
First Identified: April 2015
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: 9.00
Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

31254 **Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

Global: 000
Issue: Nasal/Sinus Endoscopy
Screen: CMS Request - Final Rule for 2016
Complete? Yes

Most Recent RUC Meeting: January 2017
Tab 07
Specialty Developing Recommendation: AAOHNS
First Identified: July 2015
2016 Medicare Utilization: 11,777
2007 Work RVU: 4.64
2007 NF PE RVU: NA
2007 Fac PE RVU 2.57
2017 Work RVU: 4.64
2017 NF PE RVU: NA
2017 Fac PE RVU: 2.51

RUC Recommendation: 4.27
Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

31255 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 32,860

2007 Work RVU: 6.95 **2017 Work RVU:** 6.95
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.69 **2017 Fac PE RVU:**3.51

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 16,755

2007 Work RVU: 3.29 **2017 Work RVU:** 3.29
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.92 **2017 Fac PE RVU:**1.90

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31257 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

Global: **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31259 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus**

Global:

Issue: Nasal/Sinus Endoscopy

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 07

Specialty Developing Recommendation: AAOHNS

First Identified: April 2015

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 8.48

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000

Issue: Nasal/Sinus Endoscopy

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 07

Specialty Developing Recommendation: AAOHNS

First Identified: July 2015

2016 Medicare Utilization: 27,649

2007 Work RVU: 5.45

2007 NF PE RVU: NA

2007 Fac PE RVU 2.96

2017 Work RVU: 5.45

2017 NF PE RVU: NA

2017 Fac PE RVU: 2.85

RUC Recommendation: 4.68

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31276 **Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed**

Global: 000

Issue: Nasal/Sinus Endoscopy

Screen: Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 07

Specialty Developing Recommendation: AAOHNS

First Identified: April 2015

2016 Medicare Utilization: 23,640

2007 Work RVU: 8.84

2007 NF PE RVU: NA

2007 Fac PE RVU 4.58

2017 Work RVU: 8.84

2017 NF PE RVU: NA

2017 Fac PE RVU: 4.34

RUC Recommendation: 6.75

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 9,513

2007 Work RVU: 3.91 **2017 Work RVU:** 3.91
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.22 **2017 Fac PE RVU:** 2.17

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 10,651

2007 Work RVU: 4.57 **2017 Work RVU:** 4.57
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.54 **2017 Fac PE RVU:** 2.47

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31295 **Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 28,088

2007 Work RVU: **2017 Work RVU:** 2.70
2007 NF PE RVU: **2017 NF PE RVU:** 54.22
2007 Fac PE RVU **2017 Fac PE RVU:** 1.60

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31296 **Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 27,715

2007 Work RVU: **2017 Work RVU:** 3.29
2007 NF PE RVU: **2017 NF PE RVU:** 54.70
2007 Fac PE RVU **2017 Fac PE RVU:** 1.86

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31297 **Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:** 19,246

2007 Work RVU: **2017 Work RVU:** 2.64
2007 NF PE RVU: **2017 NF PE RVU:** 54.38
2007 Fac PE RVU **2017 Fac PE RVU:** 1.58

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31298 **Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)**

Global: **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31500 **Intubation, endotracheal, emergency procedure**
Global: 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 29 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 279,387

2007 Work RVU: 2.33 **2017 Work RVU:** 3.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.52 **2017 Fac PE RVU:**0.71

RUC Recommendation: 3.00 and Refer to CPT Assistant
Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2016
Result: Increase

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age**
Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 21.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**16.35

RUC Recommendation: 21.50
Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older**
Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 20.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**17.94

RUC Recommendation: 20.50
Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

31553 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age**
Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 22.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**19.95

RUC Recommendation: 22.00
Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31554 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 22.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 22.33

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 5,456

2007 Work RVU: 4.26 **2017 Work RVU:** 4.26
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2017 Fac PE RVU:** 2.33

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2016 Medicare Utilization:** 645,044

2007 Work RVU: 1.10 **2017 Work RVU:** 0.94
2007 NF PE RVU: 1.82 **2017 NF PE RVU:** 2.16
2007 Fac PE RVU 0.84 **2017 Fac PE RVU:** 0.87

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2016 Medicare Utilization:** 75,755

2007 Work RVU: 2.26 **2017 Work RVU:** 1.88
2007 NF PE RVU: 3.50 **2017 NF PE RVU:** 2.90
2007 Fac PE RVU 1.37 **2017 Fac PE RVU:**1.30

RUC Recommendation: 1.94 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2016 Medicare Utilization:** 18

2007 Work RVU: 14.46 **2017 Work RVU:** 14.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.31 **2017 Fac PE RVU:**19.00

RUC Recommendation: 14.60 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2016 Medicare Utilization:** 37

2007 Work RVU: 22.87 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 24.48 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2016 Medicare Utilization:** 22

2007 Work RVU: 20.35 **2017 Work RVU:** 17.58
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.19 **2017 Fac PE RVU:**19.55

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31587 **Laryngoplasty, cricoid split, without graft placement**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2016 Medicare Utilization:** 19

2007 Work RVU: 15.12 **2017 Work RVU:** 15.27
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2017 Fac PE RVU:**15.63

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2016 Medicare Utilization:** 1,242

2007 Work RVU: 14.62 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 13.07 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

31591 **Laryngoplasty, medialization, unilateral**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 13.56
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**14.44

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31592 **Cricotracheal resection**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 25.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**19.94

RUC Recommendation: 25.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 29,459

2007 Work RVU: 7.17 **2017 Work RVU:** 7.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.95 **2017 Fac PE RVU:**2.94

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 9

2007 Work RVU: 4.44 **2017 Work RVU:** 4.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.21 **2017 Fac PE RVU:**1.32

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

31603 **Tracheostomy, emergency procedure; transtracheal**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,012

2007 Work RVU: 4.14 **2017 Work RVU:** 4.14
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**1.59

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2016 Medicare Utilization:** 304

2007 Work RVU: 3.57 **2017 Work RVU:** 3.57
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.10 **2017 Fac PE RVU:**1.11

RUC Recommendation: 6.45 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Increase

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31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 15 **Specialty Developing Recommendation:** AAOHNS, ACS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,777

2007 Work RVU: 9.29 **2017 Work RVU:** 9.38
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.99 **2017 Fac PE RVU:**9.57

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Increase

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31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

Global: 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 843

2007 Work RVU: 5.92 **2017 Work RVU:** 6.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.92 **2017 Fac PE RVU:**8.46

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** PE Only

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31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:**

2007 Work RVU: 1.40 **2007 NF PE RVU:** 5.73 **2007 Fac PE RVU** 0.50

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 63,915

2007 Work RVU: 2.78 **2007 NF PE RVU:** 5.55 **2007 Fac PE RVU** 1.02

2017 Work RVU: 2.53 **2017 NF PE RVU:** 4.05 **2017 Fac PE RVU:** 1.00

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2016 Medicare Utilization:** 30,760

2007 Work RVU: 2.88 **2007 NF PE RVU:** 6.32 **2007 Fac PE RVU** 1.02

2017 Work RVU: 2.63 **2017 NF PE RVU:** 4.85 **2017 Fac PE RVU:** 1.02

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2016 Medicare Utilization:** 112,956

2007 Work RVU: 2.88 **2007 NF PE RVU:** 5.67 **2007 Fac PE RVU** 1.02

2017 Work RVU: 2.63 **2017 NF PE RVU:** 4.34 **2017 Fac PE RVU:** 1.06

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2016 Medicare Utilization:** 21,951

2007 Work RVU: 3.36 **2017 Work RVU:** 3.11
2007 NF PE RVU: 5.73 **2017 NF PE RVU:** 6.04
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**1.14

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 2,423

2007 Work RVU: **2017 Work RVU:** 3.91
2007 NF PE RVU: **2017 NF PE RVU:** 19.57
2007 Fac PE RVU **2017 Fac PE RVU:**1.41

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 33,858

2007 Work RVU: 3.80 **2017 Work RVU:** 3.55
2007 NF PE RVU: 7.02 **2017 NF PE RVU:** 6.17
2007 Fac PE RVU 1.26 **2017 Fac PE RVU:**1.26

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 16,271

2007 Work RVU: 4.09 **2017 Work RVU:** 3.75
2007 NF PE RVU: 13.70 **2017 NF PE RVU:** 8.27
2007 Fac PE RVU 1.35 **2017 Fac PE RVU:**1.33

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 3,836

2007 Work RVU: 1.03 **2017 Work RVU:** 1.03
2007 NF PE RVU: 0.83 **2017 NF PE RVU:** 0.73
2007 Fac PE RVU 0.30 **2017 Fac PE RVU:** 0.31

RUC Recommendation: 1.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2016 Medicare Utilization:** 2,917

2007 Work RVU: 1.32 **2017 Work RVU:** 1.32
2007 NF PE RVU: 0.94 **2017 NF PE RVU:** 0.86
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:** 0.40

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000- Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2016 Medicare Utilization:** 32,343

2007 Work RVU: 3.16 **2017 Work RVU:** 2.91
2007 NF PE RVU: 5.05 **2017 NF PE RVU:** 4.08
2007 Fac PE RVU 1.09 **2017 Fac PE RVU:** 1.14

RUC Recommendation: 2.88 **Referred to CPT** May 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2016 Medicare Utilization:** 4,239

2007 Work RVU: 2.72 **2017 Work RVU:** 2.47
2007 NF PE RVU: 4.76 **2017 NF PE RVU:** 3.84
2007 Fac PE RVU 0.97 **2017 Fac PE RVU:**0.99

RUC Recommendation: 2.78 **Referred to CPT** May 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2016 Medicare Utilization:** 20,306

2007 Work RVU: **2017 Work RVU:** 4.46
2007 NF PE RVU: **2017 NF PE RVU:** 18.61
2007 Fac PE RVU **2017 Fac PE RVU:**1.55

RUC Recommendation: 5.00 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2016 Medicare Utilization:** 7,870

2007 Work RVU: **2017 Work RVU:** 4.96
2007 NF PE RVU: **2017 NF PE RVU:** 19.43
2007 Fac PE RVU **2017 Fac PE RVU:**1.69

RUC Recommendation: 5.50 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2016 Medicare Utilization:** 5,610

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 1.40 **2017 NF PE RVU:** 2.06 **2017 Fac PE RVU:** 0.43

RUC Recommendation: 1.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.99 **2007 NF PE RVU:** 20.21 **2007 Fac PE RVU** 1.26

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: 000 **Issue:** Codes Reported Together **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 67,567

2007 Work RVU: 1.93 **2007 NF PE RVU:** 0.64 **2007 Fac PE RVU** 0.61

2017 Work RVU: 1.68 **2017 NF PE RVU:** 9.20 **2017 Fac PE RVU:** 0.81

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.18 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.66 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2016 Medicare Utilization:** 449

2007 Work RVU: 27.17 **2017 Work RVU:** 27.28
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **2017 Fac PE RVU:** 11.77

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2016 Medicare Utilization:** 6,626

2007 Work RVU: 25.71 **2017 Work RVU:** 25.82
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **2017 Fac PE RVU:** 11.06

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2016 Medicare Utilization:** 496

2007 Work RVU: 27.28 **2017 Work RVU:** 27.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **2017 Fac PE RVU:** 12.08

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2016 Medicare Utilization:** 30

2007 Work RVU: 25.09 **2017 Work RVU:** 25.24
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2017 Fac PE RVU:** 11.54

RUC Recommendation: Request further information from CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

Global: 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2016 Medicare Utilization:** 36,332

2007 Work RVU: **2017 Work RVU:** 3.04
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.01

RUC Recommendation: 3.50

Referred to CPT February 2012

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**
Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2016 Medicare Utilization:** 18,117
2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 3.73
2007 Fac PE RVU **2017 Fac PE RVU:**0.58
RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**
Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2016 Medicare Utilization:** 216,877
2007 Work RVU: **2017 Work RVU:** 2.27
2007 NF PE RVU: **2017 NF PE RVU:** 5.78
2007 Fac PE RVU **2017 Fac PE RVU:**0.79
RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**
Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2016 Medicare Utilization:** 3,640
2007 Work RVU: **2017 Work RVU:** 2.50
2007 NF PE RVU: **2017 NF PE RVU:** 12.93
2007 Fac PE RVU **2017 Fac PE RVU:**0.78
RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**
Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2016 Medicare Utilization:** 36,683
2007 Work RVU: **2017 Work RVU:** 3.12
2007 NF PE RVU: **2017 NF PE RVU:** 11.13
2007 Fac PE RVU **2017 Fac PE RVU:**1.04
RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)** **Global:** 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2016 Medicare Utilization:** 7,519

2007 Work RVU: 24.56 **2017 Work RVU:** 24.64
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **2017 Fac PE RVU:**10.26

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

33015 **Tube pericardiostomy** **Global:** 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC **First Identified:** April 2017 **2016 Medicare Utilization:** 1,008

2007 Work RVU: 8.44 **2017 Work RVU:** 8.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2017 Fac PE RVU:**4.54

RUC Recommendation: Refer to CPT for deletion

Referred to CPT February 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33025 **Creation of pericardial window or partial resection for drainage** **Global:** 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 5,137

2007 Work RVU: 13.65 **2017 Work RVU:** 13.70
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.25 **2017 Fac PE RVU:**6.29

RUC Recommendation: Survey for April 2018

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 16,872

2007 Work RVU: 9.05 **2017 Work RVU:** 7.80
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2017 Fac PE RVU:**4.35

RUC Recommendation: 8.05

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 103,010

2007 Work RVU: 8.12 **2017 Work RVU:** 8.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2017 Fac PE RVU:**4.65

RUC Recommendation: 8.77 **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 721

2007 Work RVU: 5.51 **2017 Work RVU:** 5.01
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.46 **2017 Fac PE RVU:**3.13

RUC Recommendation: 5.26 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:** 2,446

2007 Work RVU: 6.36 **2017 Work RVU:** 5.28
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.87 **2017 Fac PE RVU:**3.22

RUC Recommendation: 5.53 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Medicare Utilization:** 355

2007 Work RVU: **2017 Work RVU:** 5.55
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.63

RUC Recommendation: 5.80 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Medicare Utilization:** 6,422

2007 Work RVU: **2017 Work RVU:** 5.25
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.33

RUC Recommendation: 5.50 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Medicare Utilization:** 38,431

2007 Work RVU: **2017 Work RVU:** 5.52
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.45

RUC Recommendation: 5.77 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Medicare Utilization:** 4,454

2007 Work RVU: **2017 Work RVU:** 5.79
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**3.72

RUC Recommendation: 6.04 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Medicare Utilization:** 240

2007 Work RVU: **2017 Work RVU:** 6.07
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**3.63

RUC Recommendation: 6.32 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Medicare Utilization:** 196

2007 Work RVU: **2017 Work RVU:** 6.34
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**3.87

RUC Recommendation: 6.59 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 9,250

2007 Work RVU: 3.33 **2017 Work RVU:** 3.14
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.29 **2017 Fac PE RVU:** 2.79

RUC Recommendation: 3.39 **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 593

2007 Work RVU: 7.61 **2017 Work RVU:** 5.80
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.79 **2017 Fac PE RVU:** 3.46

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 7,373

2007 Work RVU: 3.26 **2017 Work RVU:** 3.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.99 **2017 Fac PE RVU:** 2.49

RUC Recommendation: 3.29 **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 49,235

2007 Work RVU: 15.02 **2017 Work RVU:** 14.92
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.89 **2017 Fac PE RVU:**8.26

RUC Recommendation: 15.17 **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Medicare Utilization:** 4,017

2007 Work RVU: **2017 Work RVU:** 5.81
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**3.66

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Medicare Utilization:** 11,726

2007 Work RVU: **2017 Work RVU:** 6.08
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**3.77

RUC Recommendation: 6.33 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2016 Medicare Utilization:** 18,542

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 6.35 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 3.92

RUC Recommendation: 6.60 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33282 **Implantation of patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 36,597

2007 Work RVU: 4.70 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 4.10

2017 Work RVU: 3.25 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 2.54

RUC Recommendation: 3.50 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 9,307

2007 Work RVU: 3.04 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 3.50

2017 Work RVU: 2.75 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 2.35

RUC Recommendation: 3.00 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33405 **Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS **First Identified:** September 2011 **2016 Medicare Utilization:** 25,255

2007 Work RVU: 41.19 **2017 Work RVU:** 41.32
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **2017 Fac PE RVU:**15.23

RUC Recommendation: 41.32 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS **First Identified:** February 2008 **2016 Medicare Utilization:** 8,518

2007 Work RVU: 50.75 **2017 Work RVU:** 50.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **2017 Fac PE RVU:**18.80

RUC Recommendation: 50.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS **First Identified:** September 2011 **2016 Medicare Utilization:** 63,846

2007 Work RVU: 33.64 **2017 Work RVU:** 33.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **2017 Fac PE RVU:**12.89

RUC Recommendation: 34.98 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**
Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 35 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2016 Medicare Utilization:** 54

2007 Work RVU: **2017 Work RVU:** 30.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 11.05

RUC Recommendation: CPT Article published July 2016 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**
Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 35 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2016 Medicare Utilization:** 3

2007 Work RVU: **2017 Work RVU:** 16.18
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 7.12

RUC Recommendation: CPT Assistant published July 2016 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**
Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 35 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2016 Medicare Utilization:** 2

2007 Work RVU: **2017 Work RVU:** 64.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 27.00

RUC Recommendation: CPT Assistant published July 2016 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**
Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** STS, AATS **First Identified:** February 2008 **2016 Medicare Utilization:** 1,751

2007 Work RVU: 58.71 **2017 Work RVU:** 58.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2017 Fac PE RVU:** 19.45

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

33945 **Heart transplant, with or without recipient cardiectomy**
Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 806

2007 Work RVU: 89.08 **2017 Work RVU:** 89.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 23.74 **2017 Fac PE RVU:** 31.14

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**
Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2016 Medicare Utilization:** 398

2007 Work RVU: **2017 Work RVU:** 6.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.79

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**
Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2016 Medicare Utilization:** 944

2007 Work RVU: **2017 Work RVU:** 6.63
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.97

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2016 Medicare Utilization:** 2,576

2007 Work RVU: **2017 Work RVU:** 4.73
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.45

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2016 Medicare Utilization:** 2,955

2007 Work RVU: **2017 Work RVU:** 4.60
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.39

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 8.15
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.21

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2016 Medicare Utilization:** 884

2007 Work RVU: **2017 Work RVU:** 8.15
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.49

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2016 Medicare Utilization:** 1

2007 Work RVU: **2017 Work RVU:** 9.11
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.58

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 308

2007 Work RVU: **2017 Work RVU:** 9.11
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.74

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 282

2007 Work RVU: **2017 Work RVU:** 16.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.75

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 3.51
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.44

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 57

2007 Work RVU: **2017 Work RVU:** 3.51
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.26

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 1

2007 Work RVU: **2017 Work RVU:** 4.47
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.80

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2016 Medicare Utilization:**

2007 Work RVU: 19.33 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.09 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2016 Medicare Utilization:**

2007 Work RVU: 10.91 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.45 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 15

2007 Work RVU: **2017 Work RVU:** 4.47
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.41

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 9.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.54

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 12

2007 Work RVU: **2017 Work RVU:** 9.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.28

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 3

2007 Work RVU: **2017 Work RVU:** 3.51
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.44

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 277

2007 Work RVU: **2017 Work RVU:** 4.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.36

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 5.22
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.59

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 296

2007 Work RVU: **2017 Work RVU:** 5.46
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.63

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 9.89
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.85

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 166

2007 Work RVU: **2017 Work RVU:** 10.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.89

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 30

2007 Work RVU: **2017 Work RVU:** 4.04
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.13

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:** 29

2007 Work RVU: **2017 Work RVU:** 15.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.37

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2016 Medicare Utilization:** 8

2007 Work RVU: **2017 Work RVU:** 9.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.74

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

34701 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global:

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS

First Identified: January 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 23.71

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

34702 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global:

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS

First Identified: January 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 36.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

34703 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global:
Issue: Endovascular Repair Procedures (EVAR)
Screen: Codes Reported Together 75%or More-Part3
Complete? Yes

Most Recent RUC Meeting: January 2017
Tab 10
Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS
First Identified: January 2017
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:
RUC Recommendation: 26.52
Referred to CPT
Referred to CPT Asst ☐
Published in CPT Asst:
Result: Decrease

34704 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global:
Issue: Endovascular Repair Procedures (EVAR)
Screen: Codes Reported Together 75%or More-Part3
Complete? Yes

Most Recent RUC Meeting: January 2017
Tab 10
Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS
First Identified: January 2017
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:
RUC Recommendation: 45.00
Referred to CPT
Referred to CPT Asst ☐
Published in CPT Asst:
Result: Decrease

34705 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global:

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS

First Identified: January 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 29.58

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

34706 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global:

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS

First Identified: January 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 45.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34707 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)**

Global:
Issue: Endovascular Repair Procedures (EVAR)
Screen: Codes Reported Together 75%or More-Part3
Complete? Yes

Most Recent RUC Meeting: January 2017
Tab 10
Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS
First Identified: January 2017
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: 22.28
Referred to CPT
Referred to CPT Asst ☐
Published in CPT Asst:
Result: Decrease

34708 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)**

Global:
Issue: Endovascular Repair Procedures (EVAR)
Screen: Codes Reported Together 75%or More-Part3
Complete? Yes

Most Recent RUC Meeting: January 2017
Tab 10
Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS
First Identified: January 2017
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: 36.50
Referred to CPT
Referred to CPT Asst ☐
Published in CPT Asst:
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34709 **Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 6.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34710 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34711 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34712 **Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34713 **Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34714 **Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34715 **Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34716 **Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 7.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34800 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2016 Medicare Utilization:** 431

2007 Work RVU: 21.46 **2017 Work RVU:** 21.54
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.72 **2017 Fac PE RVU:**6.74

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2016 Medicare Utilization:** 9,341

2007 Work RVU: 23.71 **2017 Work RVU:** 23.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.38 **2017 Fac PE RVU:**7.47

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

34803 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Medicare Utilization:** 4,873

2007 Work RVU: 24.74 **2017 Work RVU:** 24.82
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.68 **2017 Fac PE RVU:**7.52

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

34804 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Medicare Utilization:** 2,638

2007 Work RVU: 23.71 **2017 Work RVU:** 23.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2017 Fac PE RVU:**7.45

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

34805 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 556

2007 Work RVU: 22.59 **2017 Work RVU:** 22.67
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.04 **2017 Fac PE RVU:**7.05

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

34806 **Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 6

2007 Work RVU: **2017 Work RVU:** 2.06
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**0.38

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2016 Medicare Utilization:** 20,103

2007 Work RVU: 6.74 **2017 Work RVU:** 6.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.10 **2017 Fac PE RVU:**1.59

RUC Recommendation: 4.13 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 209

2007 Work RVU: 9.74 **2017 Work RVU:** 9.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.04 **2017 Fac PE RVU:**2.36

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2016 Medicare Utilization:** 10,960

2007 Work RVU: 12.72 **2017 Work RVU:** 12.80
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.89 **2017 Fac PE RVU:**4.79

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 3,495

2007 Work RVU: 4.12 **2017 Work RVU:** 4.12
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.31 **2017 Fac PE RVU:**0.99

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst **Published in CPT Asst:**

34833 **Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 126

2007 Work RVU: 11.98 **2017 Work RVU:** 11.98
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.15 **2017 Fac PE RVU:**3.10

RUC Recommendation: 8.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst **Published in CPT Asst:**

34834 **Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 593

2007 Work RVU: 5.34 **2017 Work RVU:** 5.34
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.04 **2017 Fac PE RVU:**1.41

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34900 **Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 729

2007 Work RVU: 16.77 **2017 Work RVU:** 16.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2017 Fac PE RVU:**5.59

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2016 Medicare Utilization:** 42,046

2007 Work RVU: 19.53 **2017 Work RVU:** 21.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2017 Fac PE RVU:**7.13

RUC Recommendation: 21.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 50

2007 Work RVU: 10.05 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.47 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35452 **Transluminal balloon angioplasty, open; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 31

2007 Work RVU: 6.90 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 2.48

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

35454 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 6.03 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 2.19

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

35456 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 7.34 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 2.64

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 433

2007 Work RVU: 9.48 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 3.33

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

35459 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 8.62 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 3.01

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

35460 **Transluminal balloon angioplasty, open; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 2,178

2007 Work RVU: 6.03 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 2.15

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

35470 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 8.62 **2017 Work RVU:**
2007 NF PE RVU: 81.78 **2017 NF PE RVU:**
2007 Fac PE RVU 3.37 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2016 Medicare Utilization:** 2,493

2007 Work RVU: 10.05 **2017 Work RVU:**
2007 NF PE RVU: 91.60 **2017 NF PE RVU:**
2007 Fac PE RVU 4.13 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2016 Medicare Utilization:** 310

2007 Work RVU: 6.90 **2017 Work RVU:**
2007 NF PE RVU: 60.05 **2017 NF PE RVU:**
2007 Fac PE RVU 2.75 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT Removed from CPT referral
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35473 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 6.03 **2017 Work RVU:**
2007 NF PE RVU: 56.4 **2017 NF PE RVU:**
2007 Fac PE RVU 2.43 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35474 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 7.35 **2017 Work RVU:**
2007 NF PE RVU: 80.70 **2017 NF PE RVU:**
2007 Fac PE RVU 2.90 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2016 Medicare Utilization:** 52,136

2007 Work RVU: 9.48 **2017 Work RVU:**
2007 NF PE RVU: 53.95 **2017 NF PE RVU:**
2007 Fac PE RVU 3.48 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2016 Medicare Utilization:** 286,790

2007 Work RVU: 6.03 **2017 Work RVU:**
2007 NF PE RVU: 42.45 **2017 NF PE RVU:**
2007 Fac PE RVU 2.26 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35490 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 11.06 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.11 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35491 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 7.60 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.46 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35492 **Deleted from CPT** | **Global:** 000 | **Issue:** Endovascular Revascularization | **Screen:** High Volume Growth1 | **Complete?** Yes

Most Recent RUC Meeting: April 2010 | **Tab** 07 | **Specialty Developing Recommendation:** SIR, ACR, SVS | **First Identified:** April 2008 | **2016 Medicare Utilization:**

2007 Work RVU: 6.64 | **2017 Work RVU:**
2007 NF PE RVU: NA | **2017 NF PE RVU:**
2007 Fac PE RVU 3.30 | **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **Referred to CPT** February 2010 | **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35493 **Deleted from CPT** | **Global:** 000 | **Issue:** Endovascular Revascularization | **Screen:** High Volume Growth1 | **Complete?** Yes

Most Recent RUC Meeting: April 2010 | **Tab** 07 | **Specialty Developing Recommendation:** SIR, ACR, SVS | **First Identified:** February 2008 | **2016 Medicare Utilization:**

2007 Work RVU: 8.09 | **2017 Work RVU:**
2007 NF PE RVU: NA | **2017 NF PE RVU:**
2007 Fac PE RVU 3.89 | **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **Referred to CPT** February 2010 | **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35494 **Deleted from CPT** | **Global:** 000 | **Issue:** Endovascular Revascularization | **Screen:** High Volume Growth1 | **Complete?** Yes

Most Recent RUC Meeting: April 2010 | **Tab** 07 | **Specialty Developing Recommendation:** SIR, ACR, SVS | **First Identified:** April 2008 | **2016 Medicare Utilization:**

2007 Work RVU: 10.42 | **2017 Work RVU:**
2007 NF PE RVU: NA | **2017 NF PE RVU:**
2007 Fac PE RVU 4.64 | **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **Referred to CPT** February 2010 | **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35495 **Deleted from CPT** | **Global:** 000 | **Issue:** Endovascular Revascularization | **Screen:** High Volume Growth1 | **Complete?** Yes

Most Recent RUC Meeting: April 2010 | **Tab** 07 | **Specialty Developing Recommendation:** SIR, ACR, SVS | **First Identified:** February 2008 | **2016 Medicare Utilization:**

2007 Work RVU: 9.48 | **2017 Work RVU:**
2007 NF PE RVU: NA | **2017 NF PE RVU:**
2007 Fac PE RVU 4.45 | **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT | **Referred to CPT** February 2010 | **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: 090 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 22 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 1,860

2007 Work RVU: 5.84 **2017 Work RVU:** 5.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.88 **2017 Fac PE RVU:**4.19

RUC Recommendation: Survey for January 2018

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.53
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:**0.07

RUC Recommendation: CMS consider a bundled status for this code

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 15,944

2007 Work RVU: 2.43 **2017 Work RVU:** 2.18
2007 NF PE RVU: 17.17 **2017 NF PE RVU:** 11.17
2007 Fac PE RVU 0.77 **2017 Fac PE RVU:**0.65

RUC Recommendation: Remove from re-review.

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

36140 **Introduction of needle or intracatheter, upper or lower extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2016 Medicare Utilization:** 20,142

2007 Work RVU: 2.01 **2017 Work RVU:** 1.76
2007 NF PE RVU: 12.15 **2017 NF PE RVU:** 9.88
2007 Fac PE RVU 0.65 **2017 Fac PE RVU:**0.52

RUC Recommendation: Remove from re-review **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

36145 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 2.01 **2017 Work RVU:**
2007 NF PE RVU: 11.87 **2017 NF PE RVU:**
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2016 Medicare Utilization:** 349,910

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2016 Medicare Utilization:** 67,715

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 49,211

2007 Work RVU: 4.67 **2017 Work RVU:** 4.67
2007 NF PE RVU: 26.59 **2017 NF PE RVU:** 26.49
2007 Fac PE RVU 1.65 **2017 Fac PE RVU:** 1.46

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 4,521

2007 Work RVU: 5.27 **2017 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2017 NF PE RVU:** 26.67
2007 Fac PE RVU 1.82 **2017 Fac PE RVU:** 1.65

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2016 Medicare Utilization:** 4,171

2007 Work RVU: 6.29 **2017 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2017 NF PE RVU:** 46.41
2007 Fac PE RVU 2.17 **2017 Fac PE RVU:**1.93

RUC Recommendation: 6.29 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,367

2007 Work RVU: 1.01 **2017 Work RVU:** 1.01
2007 NF PE RVU: 4.72 **2017 NF PE RVU:** 4.08
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:**0.32

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 2,663

2007 Work RVU: **2017 Work RVU:** 3.92
2007 NF PE RVU: **2017 NF PE RVU:** 24.50
2007 Fac PE RVU **2017 Fac PE RVU:**1.17

RUC Recommendation: 4.51 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 10,052

2007 Work RVU: **2017 Work RVU:** 5.28
2007 NF PE RVU: **2017 NF PE RVU:** 27.70
2007 Fac PE RVU **2017 Fac PE RVU:** 1.77

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 31,359

2007 Work RVU: **2017 Work RVU:** 5.75
2007 NF PE RVU: **2017 NF PE RVU:** 34.88
2007 Fac PE RVU **2017 Fac PE RVU:** 2.06

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 32,452

2007 Work RVU: **2017 Work RVU:** 6.25
2007 NF PE RVU: **2017 NF PE RVU:** 45.56
2007 Fac PE RVU **2017 Fac PE RVU:** 2.52

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 11,962

2007 Work RVU: **2017 Work RVU:** 5.75
2007 NF PE RVU: **2017 NF PE RVU:** 33.24
2007 Fac PE RVU **2017 Fac PE RVU:**1.97

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 30,500

2007 Work RVU: **2017 Work RVU:** 6.25
2007 NF PE RVU: **2017 NF PE RVU:** 42.87
2007 Fac PE RVU **2017 Fac PE RVU:**2.45

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 11,183

2007 Work RVU: **2017 Work RVU:** 2.09
2007 NF PE RVU: **2017 NF PE RVU:** 4.61
2007 Fac PE RVU **2017 Fac PE RVU:**0.79

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 2,527

2007 Work RVU: **2017 Work RVU:** 4.25
2007 NF PE RVU: **2017 NF PE RVU:** 30.95
2007 Fac PE RVU **2017 Fac PE RVU:** 1.63

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2016 Medicare Utilization:** 46,331

2007 Work RVU: 4.67 **2017 Work RVU:** 4.65
2007 NF PE RVU: 31.17 **2017 NF PE RVU:** 31.46
2007 Fac PE RVU 1.78 **2017 Fac PE RVU:** 1.54

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 38,246

2007 Work RVU: 5.27 **2017 Work RVU:** 5.02
2007 NF PE RVU: 29.18 **2017 NF PE RVU:** 17.35
2007 Fac PE RVU 1.84 **2017 Fac PE RVU:** 1.47

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 65,418

2007 Work RVU: 6.29 **2017 Work RVU:** 6.04
2007 NF PE RVU: 48.22 **2017 NF PE RVU:** 35.36
2007 Fac PE RVU 2.17 **2017 Fac PE RVU:** 1.78

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2016 Medicare Utilization:** 24,751

2007 Work RVU: 1.01 **2017 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2017 NF PE RVU:** 3.21
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:** 0.31

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2016 Medicare Utilization:** 4,094

2007 Work RVU: **2017 Work RVU:** 5.10
2007 NF PE RVU: **2017 NF PE RVU:** 32.86
2007 Fac PE RVU **2017 Fac PE RVU:** 1.68

RUC Recommendation: 5.45 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2016 Medicare Utilization:** 10,544

2007 Work RVU: **2017 Work RVU:** 6.74
2007 NF PE RVU: **2017 NF PE RVU:** 33.94
2007 Fac PE RVU **2017 Fac PE RVU:** 2.33

RUC Recommendation: 7.38 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2016 Medicare Utilization:** 1,261

2007 Work RVU: **2017 Work RVU:** 7.30
2007 NF PE RVU: **2017 NF PE RVU:** 54.30
2007 Fac PE RVU **2017 Fac PE RVU:** 2.40

RUC Recommendation: 7.55 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2016 Medicare Utilization:** 204

2007 Work RVU: **2017 Work RVU:** 7.90
2007 NF PE RVU: **2017 NF PE RVU:** 51.02
2007 Fac PE RVU **2017 Fac PE RVU:** 2.68

RUC Recommendation: 8.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2016 Medicare Utilization:** 170,810

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.30 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:** 0.07

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2016 Medicare Utilization:** 120,640

2007 Work RVU: 6.72 **2017 Work RVU:** 5.30
2007 NF PE RVU: 47.57 **2017 NF PE RVU:** 36.69
2007 Fac PE RVU 2.39 **2017 Fac PE RVU:** 1.78

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2016 Medicare Utilization:** 10,077

2007 Work RVU: 3.38 **2017 Work RVU:** 2.65
2007 NF PE RVU: 7.39 **2017 NF PE RVU:** 5.18
2007 Fac PE RVU 1.08 **2017 Fac PE RVU:** 0.76

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2016 Medicare Utilization:** 86,463

2007 Work RVU: 6.72 **2017 Work RVU:** 5.30
2007 NF PE RVU: 42.85 **2017 NF PE RVU:** 27.78
2007 Fac PE RVU 2.41 **2017 Fac PE RVU:**1.79

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2016 Medicare Utilization:** 9,562

2007 Work RVU: 3.38 **2017 Work RVU:** 2.65
2007 NF PE RVU: 7.59 **2017 NF PE RVU:** 5.64
2007 Fac PE RVU 1.10 **2017 Fac PE RVU:**0.82

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Medicare Utilization:** 736

2007 Work RVU: 6.98 **2017 Work RVU:** 6.73
2007 NF PE RVU: NA **2017 NF PE RVU:** 48.18
2007 Fac PE RVU 2.46 **2017 Fac PE RVU:**2.35

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36511 **Therapeutic apheresis; for white blood cells** **Global:** 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2016 Medicare Utilization:** 194

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:**0.82

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Increase

36512 **Therapeutic apheresis; for red blood cells** **Global:** 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2016 Medicare Utilization:** 1,573

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.71 **2017 Fac PE RVU:**0.86

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Increase

36513 **Therapeutic apheresis; for platelets** **Global:** 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2016 Medicare Utilization:** 250

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.68 **2017 Fac PE RVU:**0.81

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Increase

36514 **Therapeutic apheresis; for plasma pheresis** **Global:** 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2016 Medicare Utilization:** 28,767

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: 15.33 **2017 NF PE RVU:** 13.43
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:**0.78

RUC Recommendation: 1.81. Refer to CPT Assistant

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2016 Medicare Utilization:** 1

2007 Work RVU: 1.74 **2017 Work RVU:** 1.74
2007 NF PE RVU: 60.92 **2017 NF PE RVU:** 57.08
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**0.62

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Deleted from CPT

36516 **Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** October 2008 **2016 Medicare Utilization:** 1,456

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 75.37 **2017 NF PE RVU:** 58.05
2007 Fac PE RVU 0.46 **2017 Fac PE RVU:**0.50

RUC Recommendation: 1.56. Refer to CPT Assistant

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Result: Increase

36522 **Photopheresis, extracorporeal**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2016 Medicare Utilization:** 9,104

2007 Work RVU: 1.67 **2017 Work RVU:** 1.67
2007 NF PE RVU: 33.02 **2017 NF PE RVU:** 38.48
2007 Fac PE RVU 0.94 **2017 Fac PE RVU:**1.16

RUC Recommendation: 1.75. Refer to CPT Assistant

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Increase

36555 **Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 38

2007 Work RVU: 2.68 **2017 Work RVU:** 2.43
2007 NF PE RVU: 5.34 **2017 NF PE RVU:** 3.21
2007 Fac PE RVU 0.76 **2017 Fac PE RVU:**0.45

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36556 **Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 472,760

2007 Work RVU: 2.50 **2017 Work RVU:** 2.50
2007 NF PE RVU: 4.93 **2017 NF PE RVU:** 3.85
2007 Fac PE RVU 0.70 **2017 Fac PE RVU:**0.69

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36568 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2016 Medicare Utilization:** 10

2007 Work RVU: 1.92 **2017 Work RVU:** 1.67
2007 NF PE RVU: 7.03 **2017 NF PE RVU:** 5.20
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:**0.63

RUC Recommendation: Refer to CPT **Referred to CPT** September 2017 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2016 Medicare Utilization:** 167,571

2007 Work RVU: 1.82 **2017 Work RVU:** 1.82
2007 NF PE RVU: 6.55 **2017 NF PE RVU:** 5.12
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:**0.67

RUC Recommendation: 1.70, Refer to CPT and Review at RAW in October 2021.

Referred to CPT September 2017

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2016 Medicare Utilization:** 6,401

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 6.16 **2017 NF PE RVU:** 4.50
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.61

RUC Recommendation: Refer to CPT

Referred to CPT September 2017

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 568,103

2007 Work RVU: 1.15 **2017 Work RVU:** 1.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.22

RUC Recommendation: Review action plan. 1.00

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2016 Medicare Utilization:** 6,745

2007 Work RVU: 11.81 **2017 Work RVU:** 12.39
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2017 Fac PE RVU:** 5.07

RUC Recommendation: 13.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2016 Medicare Utilization:** 9,406

2007 Work RVU: 14.39 **2017 Work RVU:** 13.29
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.08 **2017 Fac PE RVU:** 5.10

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36820 **Arteriovenous anastomosis, open; by forearm vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,052

2007 Work RVU: 14.39 **2017 Work RVU:** 13.07
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **2017 Fac PE RVU:** 5.35

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2016 Medicare Utilization:** 32,679

2007 Work RVU: 9.15 **2017 Work RVU:** 11.90
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2017 Fac PE RVU:** 4.81

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 5.51 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.23 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,607

2007 Work RVU: 10.00 **2017 Work RVU:** 14.17
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2017 Fac PE RVU:** 5.94

RUC Recommendation: 15.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2016 Medicare Utilization:** 22,643

2007 Work RVU: 12.00 **2017 Work RVU:** 12.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2017 Fac PE RVU:**4.76

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36834 **Deleted from CPT**

Global: 090 **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 11.11 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.68 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: 090 **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2016 Medicare Utilization:** 58,929

2007 Work RVU: 5.17 **2017 Work RVU:**
2007 NF PE RVU: 49.54 **2017 NF PE RVU:**
2007 Fac PE RVU 2.99 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36901 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 2.82
2007 NF PE RVU: **2017 NF PE RVU:** 12.89
2007 Fac PE RVU **2017 Fac PE RVU:** 0.92

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 4.24
2007 NF PE RVU: **2017 NF PE RVU:** 29.47
2007 Fac PE RVU **2017 Fac PE RVU:** 1.33

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36903 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 5.85
2007 NF PE RVU: **2017 NF PE RVU:** 150.99
2007 Fac PE RVU **2017 Fac PE RVU:** 1.77

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 6.73
2007 NF PE RVU: **2017 NF PE RVU:** 42.33
2007 Fac PE RVU **2017 Fac PE RVU:** 2.04

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36905 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 8.46
2007 NF PE RVU: **2017 NF PE RVU:** 54.34
2007 Fac PE RVU **2017 Fac PE RVU:**2.54

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 9.88
2007 NF PE RVU: **2017 NF PE RVU:** 179.83
2007 Fac PE RVU **2017 Fac PE RVU:**2.95

RUC Recommendation: 10.42 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 2.48
2007 NF PE RVU: **2017 NF PE RVU:** 17.70
2007 Fac PE RVU **2017 Fac PE RVU:**0.72

RUC Recommendation: 3.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 3.73
2007 NF PE RVU: **2017 NF PE RVU:** 71.49
2007 Fac PE RVU **2017 Fac PE RVU:** 1.06

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 3.48
2007 NF PE RVU: **2017 NF PE RVU:** 51.26
2007 Fac PE RVU **2017 Fac PE RVU:** 1.08

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36X72

Global: **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36X73

Global: | **Issue:** PICC Line Procedures | **Screen:** CMS High Expenditure Procedural Codes2 | **Complete?** No

Most Recent RUC Meeting: | **Tab** 09 | **Specialty Developing Recommendation:** | **First Identified:** September 2017 | **2016 Medicare Utilization:**

2007 Work RVU: | **2017 Work RVU:**
2007 NF PE RVU: | **2017 NF PE RVU:**
2007 Fac PE RVU | **2017 Fac PE RVU:**

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 | **Issue:** Interventional Radiology Procedures | **Screen:** CMS Request - Practice Expense Review | **Complete?** Yes

Most Recent RUC Meeting: February 2009 | **Tab** 21 | **Specialty Developing Recommendation:** ACR, SIR | **First Identified:** NA | **2016 Medicare Utilization:** 830

2007 Work RVU: 7.99 | **2017 Work RVU:** 7.74
2007 NF PE RVU: NA | **2017 NF PE RVU:** 156.21
2007 Fac PE RVU 2.89 | **2017 Fac PE RVU:**2.59

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

37191 **Insertion 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**

Global: 000 | **Issue:** IVC Transcatheter Procedure | **Screen:** Codes Reported Together 75% or More-Part1 | **Complete?** Yes

Most Recent RUC Meeting: April 2011 | **Tab** 12 | **Specialty Developing Recommendation:** ACR, SIR, SVS | **First Identified:** | **2016 Medicare Utilization:** 35,879

2007 Work RVU: | **2017 Work RVU:** 4.46
2007 NF PE RVU: | **2017 NF PE RVU:** 67.59
2007 Fac PE RVU | **2017 Fac PE RVU:**1.48

RUC Recommendation: 4.71

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37192 **Repositioning 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**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 42

2007 Work RVU: **2017 Work RVU:** 7.10
2007 NF PE RVU: **2017 NF PE RVU:** 37.54
2007 Fac PE RVU **2017 Fac PE RVU:**2.75

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 8,042

2007 Work RVU: **2017 Work RVU:** 7.10
2007 NF PE RVU: **2017 NF PE RVU:** 35.24
2007 Fac PE RVU **2017 Fac PE RVU:**2.17

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 4.99 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.43 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 5.02 **2017 Work RVU:**
2007 NF PE RVU: 31.87 **2017 NF PE RVU:**
2007 Fac PE RVU 1.98 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 18.11 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.75 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 8.27 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.77 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 4.12 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.46 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 8.27 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.98 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 4.12 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.30 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 2.27 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.72 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 10.60 **2017 Work RVU:**
2007 NF PE RVU: 46.03 **2017 NF PE RVU:**
2007 Fac PE RVU 3.13 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 10,920

2007 Work RVU: **2017 Work RVU:** 7.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**2.18

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 3,798

2007 Work RVU: **2017 Work RVU:** 6.81
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.93

RUC Recommendation: 7.06 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 3,259

2007 Work RVU: **2017 Work RVU:** 4.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.41

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 6,914

2007 Work RVU: **2017 Work RVU:** 2.49
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.73

RUC Recommendation: 3.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 12,303

2007 Work RVU: **2017 Work RVU:** 7.90
2007 NF PE RVU: **2017 NF PE RVU:** 77.18
2007 Fac PE RVU **2017 Fac PE RVU:** 2.20

RUC Recommendation: 8.15 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 38,446

2007 Work RVU: **2017 Work RVU:** 9.75
2007 NF PE RVU: **2017 NF PE RVU:** 116.85
2007 Fac PE RVU **2017 Fac PE RVU:** 2.76

RUC Recommendation: 10.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 3,300

2007 Work RVU: **2017 Work RVU:** 3.73
2007 NF PE RVU: **2017 NF PE RVU:** 19.82
2007 Fac PE RVU **2017 Fac PE RVU:** 0.95

RUC Recommendation: 3.73 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 5,281

2007 Work RVU: **2017 Work RVU:** 4.25
2007 NF PE RVU: **2017 NF PE RVU:** 67.03
2007 Fac PE RVU **2017 Fac PE RVU:** 1.13

RUC Recommendation: 4.25 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 34,837

2007 Work RVU: **2017 Work RVU:** 8.75
2007 NF PE RVU: **2017 NF PE RVU:** 94.68
2007 Fac PE RVU **2017 Fac PE RVU:** 2.47

RUC Recommendation: 9.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 37,524

2007 Work RVU: **2017 Work RVU:** 11.75
2007 NF PE RVU: **2017 NF PE RVU:** 293.97
2007 Fac PE RVU **2017 Fac PE RVU:** 3.49

RUC Recommendation: 12.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 27,633

2007 Work RVU: **2017 Work RVU:** 10.24
2007 NF PE RVU: **2017 NF PE RVU:** 240.17
2007 Fac PE RVU **2017 Fac PE RVU:** 2.93

RUC Recommendation: 10.49 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 19,021

2007 Work RVU: **2017 Work RVU:** 14.25
2007 NF PE RVU: **2017 NF PE RVU:** 400.28
2007 Fac PE RVU **2017 Fac PE RVU:** 4.12

RUC Recommendation: 14.50 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 28,919

2007 Work RVU: **2017 Work RVU:** 10.75
2007 NF PE RVU: **2017 NF PE RVU:** 137.72
2007 Fac PE RVU **2017 Fac PE RVU:** 2.97

RUC Recommendation: 11.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 27,982

2007 Work RVU: **2017 Work RVU:** 13.80
2007 NF PE RVU: **2017 NF PE RVU:** 287.14
2007 Fac PE RVU **2017 Fac PE RVU:** 4.05

RUC Recommendation: 14.05 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 2,980

2007 Work RVU: **2017 Work RVU:** 13.55
2007 NF PE RVU: **2017 NF PE RVU:** 215.71
2007 Fac PE RVU **2017 Fac PE RVU:** 4.06

RUC Recommendation: 13.80 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 1,999

2007 Work RVU: **2017 Work RVU:** 14.75
2007 NF PE RVU: **2017 NF PE RVU:** 358.10
2007 Fac PE RVU **2017 Fac PE RVU:** 4.42

RUC Recommendation: 15.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 10,515

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 28.80
2007 Fac PE RVU **2017 Fac PE RVU:** 1.11

RUC Recommendation: 4.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 6,501

2007 Work RVU: **2017 Work RVU:** 6.50
2007 NF PE RVU: **2017 NF PE RVU:** 32.79
2007 Fac PE RVU **2017 Fac PE RVU:** 1.79

RUC Recommendation: 6.50 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 367

2007 Work RVU: **2017 Work RVU:** 5.50
2007 NF PE RVU: **2017 NF PE RVU:** 103.34
2007 Fac PE RVU **2017 Fac PE RVU:** 1.68

RUC Recommendation: 5.50 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 166

2007 Work RVU: **2017 Work RVU:** 7.80
2007 NF PE RVU: **2017 NF PE RVU:** 108.81
2007 Fac PE RVU **2017 Fac PE RVU:**2.20

RUC Recommendation: 7.80 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Medicare Utilization:** 14,605

2007 Work RVU: **2017 Work RVU:** 8.75
2007 NF PE RVU: **2017 NF PE RVU:** 101.61
2007 Fac PE RVU **2017 Fac PE RVU:**2.59

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Medicare Utilization:** 1,525

2007 Work RVU: **2017 Work RVU:** 4.25
2007 NF PE RVU: **2017 NF PE RVU:** 63.28
2007 Fac PE RVU **2017 Fac PE RVU:**1.14

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Medicare Utilization:** 41,337

2007 Work RVU: **2017 Work RVU:** 6.04
2007 NF PE RVU: **2017 NF PE RVU:** 109.80
2007 Fac PE RVU **2017 Fac PE RVU:** 1.81

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2016 Medicare Utilization:** 6,292

2007 Work RVU: **2017 Work RVU:** 2.97
2007 NF PE RVU: **2017 NF PE RVU:** 53.14
2007 Fac PE RVU **2017 Fac PE RVU:** 0.85

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 11,225

2007 Work RVU: **2017 Work RVU:** 8.75
2007 NF PE RVU: **2017 NF PE RVU:** 124.05
2007 Fac PE RVU **2017 Fac PE RVU:** 2.74

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 9,076

2007 Work RVU: **2017 Work RVU:** 9.80
2007 NF PE RVU: **2017 NF PE RVU:** 199.38
2007 Fac PE RVU **2017 Fac PE RVU:** 2.94

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 14,730

2007 Work RVU: **2017 Work RVU:** 11.74
2007 NF PE RVU: **2017 NF PE RVU:** 260.65
2007 Fac PE RVU **2017 Fac PE RVU:** 3.70

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 10,415

2007 Work RVU: **2017 Work RVU:** 13.75
2007 NF PE RVU: **2017 NF PE RVU:** 175.66
2007 Fac PE RVU **2017 Fac PE RVU:** 4.41

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 7.00
2007 NF PE RVU: **2017 NF PE RVU:** 52.40
2007 Fac PE RVU **2017 Fac PE RVU:**2.09

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 3.50
2007 NF PE RVU: **2017 NF PE RVU:** 20.42
2007 Fac PE RVU **2017 Fac PE RVU:**1.00

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37248 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 6.00
2007 NF PE RVU: **2017 NF PE RVU:** 34.95
2007 Fac PE RVU **2017 Fac PE RVU:**1.82

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 2.97
2007 NF PE RVU: **2017 NF PE RVU:** 14.51
2007 Fac PE RVU **2017 Fac PE RVU:** 0.86

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:**

2007 Work RVU: 2.10 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.77 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:**

2007 Work RVU: 1.60 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:** 20,981

2007 Work RVU: **2017 Work RVU:** 1.80
2007 NF PE RVU: **2017 NF PE RVU:** 36.85
2007 Fac PE RVU **2017 Fac PE RVU:** 0.49

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:** 25,358

2007 Work RVU: **2017 Work RVU:** 1.44
2007 NF PE RVU: **2017 NF PE RVU:** 4.11
2007 Fac PE RVU **2017 Fac PE RVU:** 0.40

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 15,484

2007 Work RVU: 3.02 **2017 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2017 NF PE RVU:** 5.17
2007 Fac PE RVU 1.93 **2017 Fac PE RVU:** 2.32

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** **2016 Medicare Utilization:** 49

2007 Work RVU: **2017 Work RVU:** 30.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 11.04

RUC Recommendation: 37.60 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 11.49 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.52 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 167

2007 Work RVU: 10.69 **2017 Work RVU:** 10.78
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2017 Fac PE RVU:** 4.67

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**
Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009
Tab 10
Specialty Developing Recommendation: SVS, ACS
First Identified:
2016 Medicare Utilization: 479
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU: 9.13
2017 NF PE RVU: NA
2017 Fac PE RVU: 4.83
RUC Recommendation: 9.00
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**
Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2017
Tab 19
Specialty Developing Recommendation: ACS
First Identified: February 2008
2016 Medicare Utilization: 16,618
2007 Work RVU: 7.63
2007 NF PE RVU: NA
2007 Fac PE RVU 4.36
2017 Work RVU: 7.71
2017 NF PE RVU: 9.39
2017 Fac PE RVU: 3.80
RUC Recommendation: Survey April 2018. Non-Facility PE Inputs.
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions**
Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2017
Tab 19
Specialty Developing Recommendation: ACS
First Identified: February 2008
2016 Medicare Utilization: 12,595
2007 Work RVU: 9.58
2007 NF PE RVU: NA
2007 Fac PE RVU 5.01
2017 Work RVU: 9.66
2017 NF PE RVU: 10.55
2017 Fac PE RVU: 4.35
RUC Recommendation: Survey April 2018. Non-Facility PE Inputs.
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg**
Global: 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007
Tab 16
Specialty Developing Recommendation: APMA, SVS, ACS
First Identified: September 2007
2016 Medicare Utilization: 1,425
2007 Work RVU: 3.87
2007 NF PE RVU: 5.12
2007 Fac PE RVU 2.69
2017 Work RVU: 3.93
2017 NF PE RVU: 5.38
2017 Fac PE RVU: 2.81
RUC Recommendation: Reduce 99238 to 0.5
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

38220 **Diagnostic bone marrow; aspiration(s)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2016 Medicare Utilization:** 32,796

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 3.46 **2017 NF PE RVU:** 3.54
2007 Fac PE RVU 0.50 **2017 Fac PE RVU:**0.55

RUC Recommendation: 1.20 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38221 **Diagnostic bone marrow; biopsy(ies)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2016 Medicare Utilization:** 127,276

2007 Work RVU: 1.37 **2017 Work RVU:** 1.37
2007 NF PE RVU: 3.64 **2017 NF PE RVU:** 3.31
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**0.69

RUC Recommendation: 1.28 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38222 **Diagnostic bone marrow; biopsy(ies) and aspiration(s)**

Global: **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 626

2007 Work RVU: 6.08 **2017 Work RVU:** 7.95
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.30 **2017 Fac PE RVU:**5.62

RUC Recommendation: 7.85 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**
Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** January 2014 **2016 Medicare Utilization:** 2,561

2007 Work RVU: 9.28 **2017 Work RVU:** 8.49
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.98 **2017 Fac PE RVU:**4.67

RUC Recommendation: 9.34 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**
Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2016 Medicare Utilization:** 14,098

2007 Work RVU: 14.70 **2017 Work RVU:** 12.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **2017 Fac PE RVU:**5.78

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**
Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** ACOG **First Identified:** January 2014 **2016 Medicare Utilization:** 2,798

2007 Work RVU: 16.86 **2017 Work RVU:** 15.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2017 Fac PE RVU:**8.40

RUC Recommendation: 15.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

38792 **Injection procedure; radioactive tracer for identification of sentinel node**
Global: 000 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 23 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 32,077

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:**0.56

RUC Recommendation: Survey for January 2018 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

39400 **Mediastinoscopy, includes biopsy(ies), when performed** **Global:** 010 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: 8.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.68 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2016 Medicare Utilization:** 1,196

2007 Work RVU: **2017 Work RVU:** 5.44
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**2.30

RUC Recommendation: 5.44 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2016 Medicare Utilization:** 5,707

2007 Work RVU: **2017 Work RVU:** 7.25
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**2.82

RUC Recommendation: 7.50 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip** **Global:** 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2016 Medicare Utilization:** 33,776

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2017 NF PE RVU:** 2.30
2007 Fac PE RVU 0.61 **2017 Fac PE RVU:**0.74

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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40650 **Repair lip, full thickness; vermilion only**
Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2016 Medicare Utilization:** 345

2007 Work RVU: 3.69 **2017 Work RVU:** 3.78
2007 NF PE RVU: 6.58 **2017 NF PE RVU:** 8.23
2007 Fac PE RVU 3.26 **2017 Fac PE RVU:** 4.28

RUC Recommendation: PE Clinical staff pre-time revised
Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016
Result: PE Only

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple**
Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Medicare Utilization:** 1,458

2007 Work RVU: 1.19 **2017 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2017 NF PE RVU:** 4.73
2007 Fac PE RVU 1.80 **2017 Fac PE RVU:** 2.42

RUC Recommendation: Maintain
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

40808 **Biopsy, vestibule of mouth**
Global: 010 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 12,528

2007 Work RVU: 0.98 **2017 Work RVU:** 1.01
2007 NF PE RVU: 2.87 **2017 NF PE RVU:** 4.22
2007 Fac PE RVU 1.51 **2017 Fac PE RVU:** 1.99

RUC Recommendation: Submit action plan
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair**
Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Medicare Utilization:** 6,112

2007 Work RVU: 2.33 **2017 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2017 NF PE RVU:** 5.62
2007 Fac PE RVU 2.37 **2017 Fac PE RVU:** 3.02

RUC Recommendation: Maintain
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**
Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Medicare Utilization:** 1,384
2007 Work RVU: 1.30 **2017 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2017 NF PE RVU:** 6.14
2007 Fac PE RVU 2.54 **2017 Fac PE RVU:**3.49
RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**
Global: 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2014 **2016 Medicare Utilization:** 2,278
2007 Work RVU: **2017 Work RVU:** 3.50
2007 NF PE RVU: **2017 NF PE RVU:** 24.11
2007 Fac PE RVU **2017 Fac PE RVU:**6.88
RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**
Global: 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 849
2007 Work RVU: 9.63 **2017 Work RVU:** 9.78
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **2017 Fac PE RVU:**9.13
RUC Recommendation: 9.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**
Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 5,242
2007 Work RVU: 17.99 **2017 Work RVU:** 17.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **2017 Fac PE RVU:**10.77
RUC Recommendation: 18.12 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,640

2007 Work RVU: 20.87 **2017 Work RVU:** 19.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **2017 Fac PE RVU:** 11.78

RUC Recommendation: 21.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,922

2007 Work RVU: 7.05 **2017 Work RVU:** 6.14
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2017 Fac PE RVU:** 4.82

RUC Recommendation: 7.13 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,989

2007 Work RVU: **2017 Work RVU:** 2.49
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.61

RUC Recommendation: 2.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 144

2007 Work RVU: **2017 Work RVU:** 2.79
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.74

RUC Recommendation: 3.21 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 273 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 2.79 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.71

RUC Recommendation: 3.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 209 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 3.51 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.52

RUC Recommendation: 3.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 422 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 3.07 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.84

RUC Recommendation: 3.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 267 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 3.31 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.91

RUC Recommendation: 3.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2016 Medicare Utilization:** 1,713

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU** **Result:** Maintain

2017 Work RVU: 1.52 **2017 NF PE RVU:** 3.61 **2017 Fac PE RVU:** 0.65

RUC Recommendation: 1.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2016 Medicare Utilization:** 251

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU** **Result:** Maintain

2017 Work RVU: 1.82 **2017 NF PE RVU:** 3.85 **2017 Fac PE RVU:** 0.78

RUC Recommendation: 1.89 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 7,238

2007 Work RVU: 1.59 **2007 NF PE RVU:** 3.98 **2007 Fac PE RVU** 1.04 **Result:** Maintain

2017 Work RVU: 1.42 **2017 NF PE RVU:** 4.51 **2017 Fac PE RVU:** 0.92

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 293

2007 Work RVU: 2.09 **2007 NF PE RVU:** 4.86 **2007 Fac PE RVU** 1.12 **Result:** Decrease

2017 Work RVU: 1.72 **2017 NF PE RVU:** 4.31 **2017 Fac PE RVU:** 1.05

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,740

2007 Work RVU: 1.89 **2007 NF PE RVU:** 5.44 **2007 Fac PE RVU** 0.95
2017 Work RVU: 1.72 **2017 NF PE RVU:** 6.74 **2017 Fac PE RVU:** 1.05

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 14

2007 Work RVU: 3.76 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.63
2017 Work RVU: 2.33 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.36

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 257

2007 Work RVU: 3.78 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.66
2017 Work RVU: 2.44 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.40

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 73

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**
2017 Work RVU: 2.29 **2017 NF PE RVU:** 4.97 **2017 Fac PE RVU:** 1.33

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 103

2007 Work RVU: **2017 Work RVU:** 4.20
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.18

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 599

2007 Work RVU: **2017 Work RVU:** 3.40
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.58

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 464

2007 Work RVU: **2017 Work RVU:** 4.63
2007 NF PE RVU: **2017 NF PE RVU:** 27.38
2007 Fac PE RVU **2017 Fac PE RVU:** 2.31

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 229

2007 Work RVU: **2017 Work RVU:** 3.40
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.77

RUC Recommendation: 3.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,076

2007 Work RVU: 2.60 **2017 Work RVU:** 2.44
2007 NF PE RVU: NA **2017 NF PE RVU:** 7.40
2007 Fac PE RVU 1.22 **2017 Fac PE RVU:** 1.33

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 186

2007 Work RVU: 2.40 **2017 Work RVU:** 2.30
2007 NF PE RVU: 1.55 **2017 NF PE RVU:** 7.52
2007 Fac PE RVU 1.10 **2017 Fac PE RVU:** 1.35

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 103

2007 Work RVU: 2.90 **2017 Work RVU:** 2.80
2007 NF PE RVU: 6.85 **2017 NF PE RVU:** 7.57
2007 Fac PE RVU 1.25 **2017 Fac PE RVU:** 1.50

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.80 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.40 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)**
Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,153

2007 Work RVU: 2.10 **2017 Work RVU:** 2.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 28.11
2007 Fac PE RVU 1.01 **2017 Fac PE RVU:**1.17

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire**
Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,680

2007 Work RVU: 2.34 **2017 Work RVU:** 2.24
2007 NF PE RVU: NA **2017 NF PE RVU:** 6.44
2007 Fac PE RVU 1.10 **2017 Fac PE RVU:**1.25

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method**
Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 300

2007 Work RVU: 3.59 **2017 Work RVU:** 2.89
2007 NF PE RVU: NA **2017 NF PE RVU:** 14.54
2007 Fac PE RVU 1.55 **2017 Fac PE RVU:**1.57

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**
Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 3.76 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.63 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 3,382

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU** **Result:** Decrease

2017 Work RVU: 3.49 **2017 NF PE RVU:** 14.36 **2017 Fac PE RVU:**1.83

RUC Recommendation: 3.72

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 572

2007 Work RVU: 3.19 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.42 **Result:** Maintain

2017 Work RVU: 2.80 **2017 NF PE RVU:** 6.37 **2017 Fac PE RVU:**1.55

RUC Recommendation: 3.19

Referred to CPT May 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 485

2007 Work RVU: 4.47 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.96 **Result:** Decrease

2017 Work RVU: 3.59 **2017 NF PE RVU:** 7.42 **2017 Fac PE RVU:**1.80

RUC Recommendation: 3.83

Referred to CPT May 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2016 Medicare Utilization:** 1,908

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU** **Result:** Decrease

2017 Work RVU: 4.07 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**2.04

RUC Recommendation: 4.45

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.01 **2017 Work RVU:**
2007 NF PE RVU: 5.23 **2017 NF PE RVU:**
2007 Fac PE RVU 0.91 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2016 Medicare Utilization:** 355,934

2007 Work RVU: 2.39 **2017 Work RVU:** 2.09
2007 NF PE RVU: 5.19 **2017 NF PE RVU:** 4.90
2007 Fac PE RVU 1.11 **2017 Fac PE RVU:**1.23

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2016 Medicare Utilization:** 16,333

2007 Work RVU: 2.92 **2017 Work RVU:** 2.39
2007 NF PE RVU: 6.47 **2017 NF PE RVU:** 6.64
2007 Fac PE RVU 1.33 **2017 Fac PE RVU:**1.37

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 13,727

2007 Work RVU: 3.98 **2017 Work RVU:** 3.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **2017 Fac PE RVU:** 1.84

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 10,245

2007 Work RVU: 5.02 **2017 Work RVU:** 4.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **2017 Fac PE RVU:** 2.15

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2016 Medicare Utilization:** 1,442,510

2007 Work RVU: 2.87 **2017 Work RVU:** 2.39
2007 NF PE RVU: 5.79 **2017 NF PE RVU:** 7.02
2007 Fac PE RVU 1.29 **2017 Fac PE RVU:** 1.37

RUC Recommendation: 2.56 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 728

2007 Work RVU: 6.85 **2017 Work RVU:** 7.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2017 Fac PE RVU:** 3.47

RUC Recommendation: 7.25 **Referred to CPT** February 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 3,901

2007 Work RVU: 2.59 **2017 Work RVU:** 2.49
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **2017 Fac PE RVU:** 1.35

RUC Recommendation: 2.59 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2016 Medicare Utilization:** 25,364

2007 Work RVU: 7.30 **2017 Work RVU:** 4.73
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2017 Fac PE RVU:** 2.41

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices** **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,151

2007 Work RVU: 4.56 **2017 Work RVU:** 4.27
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2017 Fac PE RVU:** 2.14

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices** **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 20,862

2007 Work RVU: 5.04 **2017 Work RVU:** 4.40
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2017 Fac PE RVU:** 2.26

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)** **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 14,889

2007 Work RVU: 3.18 **2017 Work RVU:** 3.08
2007 NF PE RVU: NA **2017 NF PE RVU:** 12.13
2007 Fac PE RVU 1.39 **2017 Fac PE RVU:** 1.62

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube** **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 88,218

2007 Work RVU: 4.32 **2017 Work RVU:** 3.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.80 **2017 Fac PE RVU:** 1.77

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 29,435

2007 Work RVU: 3.38 **2017 Work RVU:** 3.11
2007 NF PE RVU: NA **2017 NF PE RVU:** 6.40
2007 Fac PE RVU 1.48 **2017 Fac PE RVU:** 1.66

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 108,412

2007 Work RVU: 3.15 **2017 Work RVU:** 2.91
2007 NF PE RVU: NA **2017 NF PE RVU:** 6.66
2007 Fac PE RVU 1.43 **2017 Fac PE RVU:** 1.59

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 109,580

2007 Work RVU: 2.90 **2017 Work RVU:** 2.67
2007 NF PE RVU: NA **2017 NF PE RVU:** 25.79
2007 Fac PE RVU 1.32 **2017 Fac PE RVU:** 1.49

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 4,796

2007 Work RVU: 3.20 **2017 Work RVU:** 2.97
2007 NF PE RVU: NA **2017 NF PE RVU:** 7.85
2007 Fac PE RVU 1.40 **2017 Fac PE RVU:** 1.57

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 31,419

2007 Work RVU: 3.69 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.60

2017 Work RVU: 3.47 **2017 NF PE RVU:** 8.57 **2017 Fac PE RVU:**1.83

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2016 Medicare Utilization:** 1,662

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 4.73 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**2.41

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2016 Medicare Utilization:** 4,829

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 4.87 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**2.46

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 58,842

2007 Work RVU: 4.81 **2017 Work RVU:** 3.56
2007 NF PE RVU: NA **2017 NF PE RVU:** 14.84
2007 Fac PE RVU 2.05 **2017 Fac PE RVU:** 1.89

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 4.34 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.85 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 345

2007 Work RVU: 5.50 **2017 Work RVU:** 4.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **2017 Fac PE RVU:** 2.09

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 4.54 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.94 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2016 Medicare Utilization:** 35,292

2007 Work RVU: 5.19 **2017 Work RVU:** 4.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **2017 Fac PE RVU:**2.10

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 6,692

2007 Work RVU: 5.95 **2017 Work RVU:** 5.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2017 Fac PE RVU:**2.90

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple** **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 8,054

2007 Work RVU: 6.26 **2017 Work RVU:** 6.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **2017 Fac PE RVU:** 3.04

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy** **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 34,078

2007 Work RVU: 7.38 **2017 Work RVU:** 6.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2017 Fac PE RVU:** 3.19

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi** **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 257

2007 Work RVU: 7.28 **2017 Work RVU:** 6.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2017 Fac PE RVU:** 3.19

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2016 Medicare Utilization:** 51,481

2007 Work RVU: 8.89 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 3.61

2017 Work RVU: 6.63 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 3.25

RUC Recommendation: 6.73 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,651

2007 Work RVU: 10.00 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 4.03

2017 Work RVU: 7.93 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 3.82

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2016 Medicare Utilization:** 5,043

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 3.92 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.94

RUC Recommendation: 4.40 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 7.38 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.01 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: 7.38 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.15 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 8.20 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.35 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2016 Medicare Utilization:** 19,051

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 4.01 **2017 NF PE RVU:** 14.39 **2017 Fac PE RVU:** 2.08

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 7.38 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 3.03

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 7.38 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 3.05

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 7,226

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 2.24 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**0.99

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 40,789

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 8.48 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**4.07

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 13,104

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 6.86 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**3.35

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 13,511

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 8.84 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 4.23

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 6,627

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 6.90 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 3.37

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 463

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 7.92 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 3.82

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2016 Medicare Utilization:** 71,973

2007 Work RVU: 1.38 **2017 Work RVU:** 1.28
2007 NF PE RVU: 2.64 **2017 NF PE RVU:** 3.01
2007 Fac PE RVU 0.75 **2017 Fac PE RVU:**0.88

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2016 Medicare Utilization:** 2,270

2007 Work RVU: 1.51 **2017 Work RVU:** 1.41
2007 NF PE RVU: 6.12 **2017 NF PE RVU:** 24.18
2007 Fac PE RVU 0.80 **2017 Fac PE RVU:**0.93

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43456 **Dilation of esophagus, by balloon or dilator, retrograde** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.57 **2017 Work RVU:**
2007 NF PE RVU: 13.55 **2017 NF PE RVU:**
2007 Fac PE RVU 1.20 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 3.06 **2017 Work RVU:**
2007 NF PE RVU: 6.72 **2017 NF PE RVU:**
2007 Fac PE RVU 1.37 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43517

Global: **Issue:** Codes Reported Together **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

43760 Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2016 Medicare Utilization:** 56,532

2007 Work RVU: 1.10 **2017 Work RVU:** 0.90
2007 NF PE RVU: 4.77 **2017 NF PE RVU:** 12.87
2007 Fac PE RVU 0.44 **2017 Fac PE RVU:**0.33

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43X63

Global: **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** No

Most Recent RUC Meeting: **Tab** 11 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

43X64

Global:
Issue: Gastrostomy Tube Replacement
Screen: CMS 000-Day Global Typically Reported with an E/M
Complete? No

Most Recent RUC Meeting:
Tab 11
Specialty Developing Recommendation:
First Identified: September 2017
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation:
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)**

Global: 090
Issue: RAW
Screen: High Level E/M in Global Period
Complete? Yes

Most Recent RUC Meeting: January 2016
Tab 54
Specialty Developing Recommendation:
First Identified: October 2015
2016 Medicare Utilization: 10,707
2007 Work RVU: 27.63
2007 NF PE RVU: NA
2007 Fac PE RVU 10.60
2017 Work RVU: 27.79
2017 NF PE RVU: NA
2017 Fac PE RVU: 14.18

RUC Recommendation: 99214 visit appropriate. Remove from screen.
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from screen

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy**

Global: 090
Issue: Laproscopic Procedures
Screen: CMS Fastest Growing
Complete? Yes

Most Recent RUC Meeting: October 2008
Tab 26
Specialty Developing Recommendation: ACS, ASCRS
First Identified: October 2008
2016 Medicare Utilization: 11,516
2007 Work RVU: 22.86
2007 NF PE RVU: NA
2007 Fac PE RVU 8.60
2017 Work RVU: 22.95
2017 NF PE RVU: NA
2017 Fac PE RVU: 11.05

RUC Recommendation: Remove from screen
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2016 Medicare Utilization:** 8,786

2007 Work RVU: 31.79 **2017 Work RVU:** 31.92
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **2017 Fac PE RVU:**14.49

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 2,322

2007 Work RVU: 1.05 **2017 Work RVU:** 0.87
2007 NF PE RVU: NA **2017 NF PE RVU:** 3.79
2007 Fac PE RVU 0.60 **2017 Fac PE RVU:**0.67

RUC Recommendation: 0.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2016 Medicare Utilization:** 156

2007 Work RVU: **2017 Work RVU:** 1.38
2007 NF PE RVU: **2017 NF PE RVU:** 24.96
2007 Fac PE RVU **2017 Fac PE RVU:**0.92

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 1,568

2007 Work RVU: 1.27 **2017 Work RVU:** 1.17
2007 NF PE RVU: NA **2017 NF PE RVU:** 6.11
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:**0.83

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.94 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.36

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2016 Medicare Utilization:** 194

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 2.85 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.30

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,478

2007 Work RVU: 1.82 **2007 NF PE RVU:** 3.73 **2007 Fac PE RVU** 0.79

2017 Work RVU: 1.20 **2017 NF PE RVU:** 4.05 **2017 Fac PE RVU:** 0.74

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,449

2007 Work RVU: 2.12 **2017 Work RVU:** 1.50
2007 NF PE RVU: 6.66 **2017 NF PE RVU:** 6.39
2007 Fac PE RVU 0.93 **2017 Fac PE RVU:**0.90

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 4,714

2007 Work RVU: 2.82 **2017 Work RVU:** 2.72
2007 NF PE RVU: 5.34 **2017 NF PE RVU:** 5.06
2007 Fac PE RVU 1.21 **2017 Fac PE RVU:**1.44

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 2,442

2007 Work RVU: 3.13 **2017 Work RVU:** 3.02
2007 NF PE RVU: 6.73 **2017 NF PE RVU:** 7.30
2007 Fac PE RVU 1.35 **2017 Fac PE RVU:**1.59

RUC Recommendation: 3.12 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 35

2007 Work RVU: 3.82 **2007 NF PE RVU:** 7.32 **2007 Fac PE RVU** 1.57
2017 Work RVU: 3.74 **2017 NF PE RVU:** 6.43 **2017 Fac PE RVU:** 1.98

RUC Recommendation: 3.82 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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44391 **Colonoscopy through stoma; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 200

2007 Work RVU: 4.31 **2007 NF PE RVU:** 8.78 **2007 Fac PE RVU** 1.83
2017 Work RVU: 4.12 **2017 NF PE RVU:** 14.99 **2017 Fac PE RVU:** 2.10

RUC Recommendation: 4.22 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 419

2007 Work RVU: 3.81 **2007 NF PE RVU:** 6.78 **2007 Fac PE RVU** 1.55
2017 Work RVU: 3.53 **2017 NF PE RVU:** 5.90 **2017 Fac PE RVU:** 1.76

RUC Recommendation: 3.63 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 | Issue: Colonoscopy through stoma | Screen: MPC List | Complete? Yes

Most Recent RUC Meeting: January 2014 | Tab 08 | Specialty Developing Recommendation: ASCRS, ACS, SAGES, AGA, ASGE, ACG | First Identified: September 2011 | 2016 Medicare Utilization:

2007 Work RVU: 4.83 | 2017 Work RVU:
2007 NF PE RVU: 7.14 | 2017 NF PE RVU:
2007 Fac PE RVU 1.91 | 2017 Fac PE RVU:

RUC Recommendation: Deleted from CPT | Referred to CPT October 2013 | Referred to CPT Asst ☐ | Published in CPT Asst: | Result: Deleted from CPT

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 | Issue: Colonoscopy through stoma | Screen: MPC List | Complete? Yes

Most Recent RUC Meeting: January 2014 | Tab 08 | Specialty Developing Recommendation: ASCRS, ACS, SAGES, AGA, ASGE, ACG | First Identified: September 2011 | 2016 Medicare Utilization: 1,629

2007 Work RVU: 4.42 | 2017 Work RVU: 4.03
2007 NF PE RVU: 7.97 | 2017 NF PE RVU: 6.88
2007 Fac PE RVU 1.81 | 2017 Fac PE RVU:2.02

RUC Recommendation: 4.13 | Referred to CPT October 2013 | Referred to CPT Asst ☐ | Published in CPT Asst: | Result: Decrease

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44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 | Issue: Colonoscopy through stoma | Screen: MPC List | Complete? Yes

Most Recent RUC Meeting: January 2014 | Tab 08 | Specialty Developing Recommendation: ASCRS, ACS, SAGES, AGA, ASGE, ACG | First Identified: September 2011 | 2016 Medicare Utilization:

2007 Work RVU: 4.70 | 2017 Work RVU:
2007 NF PE RVU: NA | 2017 NF PE RVU:
2007 Fac PE RVU 1.93 | 2017 Fac PE RVU:

RUC Recommendation: Deleted from CPT | Referred to CPT October 2013 | Referred to CPT Asst ☐ | Published in CPT Asst: | Result: Deleted from CPT

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2016 Medicare Utilization:** 122

2007 Work RVU: **2017 Work RVU:** 4.34
2007 NF PE RVU: **2017 NF PE RVU:** 85.12
2007 Fac PE RVU **2017 Fac PE RVU:** 2.15

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 13

2007 Work RVU: **2017 Work RVU:** 4.70
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.32

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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44403 **Colonoscopy through stoma; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 39

2007 Work RVU: **2017 Work RVU:** 5.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.69

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 162

2007 Work RVU: **2017 Work RVU:** 3.02
2007 NF PE RVU: **2017 NF PE RVU:** 6.80
2007 Fac PE RVU **2017 Fac PE RVU:** 1.62

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 47

2007 Work RVU: **2017 Work RVU:** 3.23
2007 NF PE RVU: **2017 NF PE RVU:** 11.63
2007 Fac PE RVU **2017 Fac PE RVU:** 1.71

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 4

2007 Work RVU: **2017 Work RVU:** 4.10
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.09

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 2

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 4.96 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**2.46

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2016 Medicare Utilization:** 30

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 4.14 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**2.11

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.37 **2007 NF PE RVU:** 25.61 **2007 Fac PE RVU** 1.07

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS **First Identified:** October 2008 **2016 Medicare Utilization:** 21,104

2007 Work RVU: 9.35 **2017 Work RVU:** 9.45
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **2017 Fac PE RVU:**5.72

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Remove from Screen

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45170 **Deleted from CPT**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 12.48 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.28 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Deleted from CPT

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,680

2007 Work RVU: **2017 Work RVU:** 8.13
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**7.63

RUC Recommendation: 8.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Decrease

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45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,977

2007 Work RVU: **2017 Work RVU:** 12.13
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**9.07

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Decrease

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45300 **Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES **First Identified:** July 2016 **2016 Medicare Utilization:** 29,359

2007 Work RVU: 0.38 **2017 Work RVU:** 0.80
2007 NF PE RVU: 1.63 **2017 NF PE RVU:** 2.58
2007 Fac PE RVU 0.30 **2017 Fac PE RVU:**0.64

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2016 Medicare Utilization:** 56,930

2007 Work RVU: 0.96 **2017 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2017 NF PE RVU:** 3.78
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:**0.68

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 37,415

2007 Work RVU: 1.15 **2017 Work RVU:** 1.14
2007 NF PE RVU: 3.11 **2017 NF PE RVU:** 5.98
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**0.82

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 306

2007 Work RVU: 1.79 **2007 NF PE RVU:** 5.15 **2007 Fac PE RVU** 0.86

2017 Work RVU: 1.76 **2017 NF PE RVU:** 5.11 **2017 Fac PE RVU:** 1.07

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,095

2007 Work RVU: 1.79 **2007 NF PE RVU:** 5.06 **2007 Fac PE RVU** 0.85

2017 Work RVU: 1.55 **2017 NF PE RVU:** 6.54 **2017 Fac PE RVU:** 0.97

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45334 **Sigmoidoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 3,246

2007 Work RVU: 2.73 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.24

2017 Work RVU: 2.00 **2017 NF PE RVU:** 13.36 **2017 Fac PE RVU:** 1.20

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 3,276

2007 Work RVU: 1.46 **2017 Work RVU:** 1.04
2007 NF PE RVU: 3.74 **2017 NF PE RVU:** 5.44
2007 Fac PE RVU 0.75 **2017 Fac PE RVU:**0.76

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,425

2007 Work RVU: 2.36 **2017 Work RVU:** 2.10
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **2017 Fac PE RVU:**0.98

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 4,950

2007 Work RVU: 2.34 **2017 Work RVU:** 2.05
2007 NF PE RVU: 5.37 **2017 NF PE RVU:** 5.29
2007 Fac PE RVU 1.07 **2017 Fac PE RVU:**1.20

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 3.14 **2017 Work RVU:**
2007 NF PE RVU: 4.03 **2017 NF PE RVU:**
2007 Fac PE RVU 1.38 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 1,289

2007 Work RVU: 1.89 **2017 Work RVU:** 1.25
2007 NF PE RVU: 7.18 **2017 NF PE RVU:** 10.80
2007 Fac PE RVU 0.89 **2017 Fac PE RVU:**0.85

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2016 Medicare Utilization:** 3,438

2007 Work RVU: 2.60 **2017 Work RVU:** 2.12
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**1.25

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**
Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014
Tab 09
Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, SAGES, ACS
First Identified: September 2011
2016 Medicare Utilization: 372
2007 Work RVU: 4.05
2007 NF PE RVU: NA
2007 Fac PE RVU 1.71
2017 Work RVU: 2.98
2017 NF PE RVU: NA
2017 Fac PE RVU: 1.63

RUC Recommendation: 3.08
Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)**
Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013
Tab 06
Specialty Developing Recommendation: ACG, ACS, AGA, ASGE, ASCRS, SAGES
First Identified: September 2011
2016 Medicare Utilization:
2007 Work RVU: 2.92
2007 NF PE RVU: NA
2007 Fac PE RVU 1.26
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: Deleted from CPT
Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**
Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013
Tab 06
Specialty Developing Recommendation: ACG, ACS, AGA, ASGE, ASCRS, SAGES
First Identified:
2016 Medicare Utilization: 1,099
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU: 2.81
2017 NF PE RVU: 83.35
2017 Fac PE RVU: 1.53

RUC Recommendation: 2.97
Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013
Tab 06
Specialty Developing Recommendation: ACG, ACS, AGA, ASGE, ASCRS, SAGES
First Identified:
2016 Medicare Utilization: 583

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU: 2.72
2017 NF PE RVU: NA
2017 Fac PE RVU: 1.46

RUC Recommendation: 2.98
Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 13
Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, SAGES, ACS
First Identified: January 2014
2016 Medicare Utilization: 403

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU: 3.52
2017 NF PE RVU: NA
2017 Fac PE RVU: 1.84

RUC Recommendation: 3.83
Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 13
Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, SAGES, ACS
First Identified: January 2014
2016 Medicare Utilization: 808

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU: 1.68
2017 NF PE RVU: 12.96
2017 Fac PE RVU: 1.05

RUC Recommendation: 1.78
Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 3.51 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.43 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 433,008

2007 Work RVU: 3.69 **2017 Work RVU:** 3.26
2007 NF PE RVU: 6.20 **2017 NF PE RVU:** 5.26
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:** 1.71

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 884

2007 Work RVU: 4.68 **2017 Work RVU:** 4.28
2007 NF PE RVU: 7.78 **2017 NF PE RVU:** 6.72
2007 Fac PE RVU 1.92 **2017 Fac PE RVU:** 2.15

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2016 Medicare Utilization:** 1,012,974

2007 Work RVU: 4.43 **2017 Work RVU:** 3.56
2007 NF PE RVU: 7.33 **2017 NF PE RVU:** 7.46
2007 Fac PE RVU 1.87 **2017 Fac PE RVU:**1.86

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2016 Medicare Utilization:** 76,048

2007 Work RVU: 4.19 **2017 Work RVU:** 3.56
2007 NF PE RVU: 7.26 **2017 NF PE RVU:** 6.96
2007 Fac PE RVU 1.79 **2017 Fac PE RVU:**1.87

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

45382 **Colonoscopy, flexible; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 24,634

2007 Work RVU: 5.68 **2017 Work RVU:** 4.66
2007 NF PE RVU: 10.04 **2017 NF PE RVU:** 15.19
2007 Fac PE RVU 2.37 **2017 Fac PE RVU:**2.36

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 5.86 **2017 Work RVU:**
2007 NF PE RVU: 8.08 **2017 NF PE RVU:**
2007 Fac PE RVU 2.34 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 114,671

2007 Work RVU: 4.69 **2017 Work RVU:** 4.07
2007 NF PE RVU: 6.90 **2017 NF PE RVU:** 8.07
2007 Fac PE RVU 1.93 **2017 Fac PE RVU:** 2.02

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2016 Medicare Utilization:** 840,665

2007 Work RVU: 5.30 **2017 Work RVU:** 4.57
2007 NF PE RVU: 7.94 **2017 NF PE RVU:** 6.91
2007 Fac PE RVU 2.18 **2017 Fac PE RVU:** 2.30

RUC Recommendation: Review Action Plan. 4.67 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,292

2007 Work RVU: 4.57 **2017 Work RVU:** 3.77
2007 NF PE RVU: 12.37 **2017 NF PE RVU:** 12.30
2007 Fac PE RVU 1.89 **2017 Fac PE RVU:**1.93

RUC Recommendation: 3.87 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 5.90 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 2.49 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 30,740

2007 Work RVU: **2017 Work RVU:** 4.88
2007 NF PE RVU: **2017 NF PE RVU:** 85.39
2007 Fac PE RVU **2017 Fac PE RVU:**2.39

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 487

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2017 Work RVU: 5.24
2017 NF PE RVU: NA
2017 Fac PE RVU: 2.58

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45390 **Colonoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 14,010

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2017 Work RVU: 6.04
2017 NF PE RVU: NA
2017 Fac PE RVU: 2.93

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 983

2007 Work RVU: 5.09
2007 NF PE RVU: NA
2007 Fac PE RVU 2.13

2017 Work RVU: 4.64
2017 NF PE RVU: NA
2017 Fac PE RVU: 2.35

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 157

2007 Work RVU: 6.54 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 2.65

2017 Work RVU: 5.50 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**2.73

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 2,031

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 4.68 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**2.08

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2016 Medicare Utilization:** 2,110

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 4.20 **2017 NF PE RVU:** 14.32 **2017 Fac PE RVU:**2.13

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

46200 **Fissurectomy, including sphincterotomy, when performed** **Global:** 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,109

2007 Work RVU: 3.48 **2017 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2017 NF PE RVU:** 8.50
2007 Fac PE RVU 3.08 **2017 Fac PE RVU:** 5.12

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

46500 **Injection of sclerosing solution, hemorrhoids** **Global:** 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2016 Medicare Utilization:** 12,787

2007 Work RVU: 1.64 **2017 Work RVU:** 1.42
2007 NF PE RVU: 2.48 **2017 NF PE RVU:** 3.71
2007 Fac PE RVU 1.18 **2017 Fac PE RVU:** 1.90

RUC Recommendation: 1.69.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.69 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2016 Medicare Utilization:** 1,636

2007 Work RVU: 83.29 **2017 Work RVU:** 90.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 30.59 **2017 Fac PE RVU:**44.36

RUC Recommendation: 91.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2016 Medicare Utilization:**

2007 Work RVU: 70.39 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 26.20 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Medicare Utilization:** 2,599

2007 Work RVU: 15.19 **2017 Work RVU:** 14.97
2007 NF PE RVU: NA **2017 NF PE RVU:** 120.89
2007 Fac PE RVU 5.83 **2017 Fac PE RVU:**5.55

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 11,528

2007 Work RVU: 8.05 **2017 Work RVU:** 4.76
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.32 **2017 Fac PE RVU:** 4.39

RUC Recommendation: 4.76 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 1.96 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.62 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.24 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage** **Global:** 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 7.94 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 4.76
2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage** **Global:** 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 10.74 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 4.87
2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

47525 **Change of percutaneous biliary drainage catheter** **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 5.55 **2007 NF PE RVU:** 14.80 **2007 Fac PE RVU** 2.67
2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

47530 **Revision and/or reinsertion of transhepatic tube**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: 5.96 **2017 Work RVU:**
2007 NF PE RVU: 32.56 **2017 NF PE RVU:**
2007 Fac PE RVU 3.53 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 9,595

2007 Work RVU: **2017 Work RVU:** 1.30
2007 NF PE RVU: **2017 NF PE RVU:** 7.46
2007 Fac PE RVU **2017 Fac PE RVU:** 0.64

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 757

2007 Work RVU: **2017 Work RVU:** 4.25
2007 NF PE RVU: **2017 NF PE RVU:** 18.10
2007 Fac PE RVU **2017 Fac PE RVU:** 1.56

RUC Recommendation: 4.50 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 1,627

2007 Work RVU: **2017 Work RVU:** 5.38
2007 NF PE RVU: **2017 NF PE RVU:** 29.23
2007 Fac PE RVU **2017 Fac PE RVU:**1.93

RUC Recommendation: 5.63 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 4,645

2007 Work RVU: **2017 Work RVU:** 7.60
2007 NF PE RVU: **2017 NF PE RVU:** 33.55
2007 Fac PE RVU **2017 Fac PE RVU:**2.62

RUC Recommendation: 7.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 505

2007 Work RVU: **2017 Work RVU:** 3.95
2007 NF PE RVU: **2017 NF PE RVU:** 24.55
2007 Fac PE RVU **2017 Fac PE RVU:**1.50

RUC Recommendation: 4.20 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 12,615

2007 Work RVU: **2017 Work RVU:** 2.61
2007 NF PE RVU: **2017 NF PE RVU:** 16.74
2007 Fac PE RVU **2017 Fac PE RVU:** 1.04

RUC Recommendation: 2.86 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 1,322

2007 Work RVU: **2017 Work RVU:** 1.84
2007 NF PE RVU: **2017 NF PE RVU:** 8.40
2007 Fac PE RVU **2017 Fac PE RVU:** 0.82

RUC Recommendation: 1.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 1,192

2007 Work RVU: **2017 Work RVU:** 4.75
2007 NF PE RVU: **2017 NF PE RVU:** 117.20
2007 Fac PE RVU **2017 Fac PE RVU:** 1.73

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 164

2007 Work RVU: **2017 Work RVU:** 8.75
2007 NF PE RVU: **2017 NF PE RVU:** 125.91
2007 Fac PE RVU **2017 Fac PE RVU:** 2.99

RUC Recommendation: 9.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 325

2007 Work RVU: **2017 Work RVU:** 9.03
2007 NF PE RVU: **2017 NF PE RVU:** 128.96
2007 Fac PE RVU **2017 Fac PE RVU:** 3.11

RUC Recommendation: 9.28 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 157

2007 Work RVU: **2017 Work RVU:** 6.75
2007 NF PE RVU: **2017 NF PE RVU:** 25.91
2007 Fac PE RVU **2017 Fac PE RVU:** 2.36

RUC Recommendation: 7.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 1,277

2007 Work RVU: **2017 Work RVU:** 2.85
2007 NF PE RVU: **2017 NF PE RVU:** 10.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.87

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 839

2007 Work RVU: **2017 Work RVU:** 3.00
2007 NF PE RVU: **2017 NF PE RVU:** 12.79
2007 Fac PE RVU **2017 Fac PE RVU:** 1.07

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:** 359

2007 Work RVU: **2017 Work RVU:** 3.28
2007 NF PE RVU: **2017 NF PE RVU:** 27.21
2007 Fac PE RVU **2017 Fac PE RVU:** 1.06

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: 000 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2016 Medicare Utilization:**

2007 Work RVU: 4.88 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2016 Medicare Utilization:** 109,265

2007 Work RVU: 11.63 **2017 Work RVU:** 10.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.06 **2017 Fac PE RVU:**6.10

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Medicare Utilization:** 44,813

2007 Work RVU: 12.03 **2017 Work RVU:** 11.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.24 **2017 Fac PE RVU:**6.49

RUC Recommendation: No further action. 12.11 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 10,695

2007 Work RVU: 17.35 **2017 Work RVU:** 17.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **2017 Fac PE RVU:**9.34

RUC Recommendation: 20.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,089

2007 Work RVU: 15.90 **2017 Work RVU:** 18.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **2017 Fac PE RVU:**9.70

RUC Recommendation: 21.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SIR **First Identified:** September 2007 **2016 Medicare Utilization:** 1,369

2007 Work RVU: 4.68 **2017 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2017 NF PE RVU:** 10.05
2007 Fac PE RVU 1.85 **2017 Fac PE RVU:**1.89

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.99 **2017 Work RVU:**
2007 NF PE RVU: 20.43 **2017 NF PE RVU:**
2007 Fac PE RVU 1.27 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.37 **2017 Work RVU:**
2007 NF PE RVU: 20.43 **2017 NF PE RVU:**
2007 Fac PE RVU 1.07 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.99 **2017 Work RVU:**
2007 NF PE RVU: 19.33 **2017 NF PE RVU:**
2007 Fac PE RVU 1.27 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49061 **Drainage of retroperitoneal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.69 **2017 Work RVU:**
2007 NF PE RVU: 19.38 **2017 NF PE RVU:**
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 1.35 **2017 Work RVU:**
2007 NF PE RVU: 3.63 **2017 NF PE RVU:**
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.26 **2017 Work RVU:**
2007 NF PE RVU: 2.65 **2017 NF PE RVU:**
2007 Fac PE RVU 0.43 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2016 Medicare Utilization:** 11,900

2007 Work RVU: **2017 Work RVU:** 1.24
2007 NF PE RVU: **2017 NF PE RVU:** 4.08
2007 Fac PE RVU **2017 Fac PE RVU:** 0.75

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2016 Medicare Utilization:** 230,535

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 6.18
2007 Fac PE RVU **2017 Fac PE RVU:** 0.97

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2016 Medicare Utilization:** 2,354

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.72

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2016 Medicare Utilization:** 6,182

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 18.56
2007 Fac PE RVU **2017 Fac PE RVU:** 1.42

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2016 Medicare Utilization:** 31,391

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 18.57
2007 Fac PE RVU **2017 Fac PE RVU:** 1.42

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2016 Medicare Utilization:** 281

2007 Work RVU: **2017 Work RVU:** 4.25
2007 NF PE RVU: **2017 NF PE RVU:** 13.96
2007 Fac PE RVU **2017 Fac PE RVU:** 1.49

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** **2016 Medicare Utilization:** 5,514

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 3.96 **2017 NF PE RVU:** 34.33 **2017 Fac PE RVU:** 1.58

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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49420 **Deleted from CPT**

Global: 000 **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACS **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 2.22 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.11

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2016 Medicare Utilization:** 2,554

2007 Work RVU: 5.87 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 3.15

2017 Work RVU: 4.21 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.52

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter** **Global:** 010 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 14 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** October 2016 **2016 Medicare Utilization:** 11,558 **2007 Work RVU:** 6.26 **2017 Work RVU:** 6.29 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU** 2.82 **2017 Fac PE RVU:** 3.30

RUC Recommendation: 4.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Decrease

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49505 **Repair initial inguinal hernia, age 5 years or older; reducible** **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2016 Medicare Utilization:** 65,387 **2007 Work RVU:** 7.88 **2017 Work RVU:** 7.96 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU** 3.78 **2017 Fac PE RVU:** 5.21

RUC Recommendation: Reaffirmed **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Maintain

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49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 11,725 **2007 Work RVU:** 9.97 **2017 Work RVU:** 9.09 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU** 4.46 **2017 Fac PE RVU:** 5.69

RUC Recommendation: 10.05 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Maintain

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49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 2,257 **2007 Work RVU:** 12.36 **2017 Work RVU:** 11.48 **2007 NF PE RVU:** NA **2017 NF PE RVU:** NA **2007 Fac PE RVU** 5.18 **2017 Fac PE RVU:** 6.54

RUC Recommendation: 12.44 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Maintain

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49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2016 Medicare Utilization:** 9,026

2007 Work RVU: 7.96 **2017 Work RVU:** 7.08
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2017 Fac PE RVU:** 4.98

RUC Recommendation: 8.04 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2016 Medicare Utilization:** 8,414

2007 Work RVU: **2017 Work RVU:** 11.92
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 6.81

RUC Recommendation: 12.88 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2016 Medicare Utilization:** 4,785

2007 Work RVU: **2017 Work RVU:** 14.94
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 8.40

RUC Recommendation: 16.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2016 Medicare Utilization:** 6,865

2007 Work RVU: **2017 Work RVU:** 13.76
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 7.49

RUC Recommendation: 15.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**
Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011
Tab 30
Specialty Developing Recommendation: ACS
First Identified: June 2010
2016 Medicare Utilization: 4,183
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU: 16.84
2017 NF PE RVU: NA
2017 Fac PE RVU: 9.08
RUC Recommendation: 18.11
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

50021 **Drainage of perirenal or renal abscess; percutaneous**
Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013
Tab 04
Specialty Developing Recommendation:
First Identified: January 2012
2016 Medicare Utilization:
2007 Work RVU: 3.37
2007 NF PE RVU: 21.23
2007 Fac PE RVU 1.07
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:
RUC Recommendation: Deleted from CPT
Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

50200 **Renal biopsy; percutaneous, by trocar or needle**
Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008
Tab 13
Specialty Developing Recommendation: ACR, SIR
First Identified: NA
2016 Medicare Utilization: 35,514
2007 Work RVU: 2.63
2007 NF PE RVU: NA
2007 Fac PE RVU 1.24
2017 Work RVU: 2.38
2017 NF PE RVU: 12.59
2017 Fac PE RVU: 1.13
RUC Recommendation: New PE Inputs
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy** **Global:** 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2016 Medicare Utilization:** 10,915

2007 Work RVU: 40.45 **2017 Work RVU:** 39.88
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **2017 Fac PE RVU:** 21.04

RUC Recommendation: 40.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation** **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:** 6,372

2007 Work RVU: 2.00 **2017 Work RVU:** 1.75
2007 NF PE RVU: 16.66 **2017 NF PE RVU:** 12.02
2007 Fac PE RVU 0.65 **2017 Fac PE RVU:** 0.56

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous** **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.37 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.46 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 4.15 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.71 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: 2.45 **2017 NF PE RVU:**
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 3,022

2007 Work RVU: 3.37 **2017 Work RVU:** 3.37
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.47 **2017 Fac PE RVU:**1.47

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50398 **Change of nephrostomy or pyelostomy tube**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 1.46 **2007 NF PE RVU:** 15.06 **2007 Fac PE RVU** 0.51

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 1,510

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 2.90 **2017 NF PE RVU:** 9.82 **2017 Fac PE RVU:** 1.31

RUC Recommendation: 3.15 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 9,529

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 1.10 **2017 NF PE RVU:** 3.43 **2017 Fac PE RVU:** 0.72

RUC Recommendation: 1.42 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 25,201

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** 17.58
2007 Fac PE RVU **2017 Fac PE RVU:** 1.67

RUC Recommendation: 5.75 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50433 **Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:** 4,660

2007 Work RVU: **2017 Work RVU:** 5.05
2007 NF PE RVU: **2017 NF PE RVU:** 24.50
2007 Fac PE RVU **2017 Fac PE RVU:** 2.01

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 2,075

2007 Work RVU: **2017 Work RVU:** 3.75
2007 NF PE RVU: **2017 NF PE RVU:** 19.46
2007 Fac PE RVU **2017 Fac PE RVU:** 1.59

RUC Recommendation: 4.20 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 39,380

2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 11.41
2007 Fac PE RVU **2017 Fac PE RVU:**0.95

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2016 Medicare Utilization:** 313

2007 Work RVU: 21.18 **2017 Work RVU:** 21.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.93 **2017 Fac PE RVU:**9.96

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2016 Medicare Utilization:** 2,159

2007 Work RVU: 25.26 **2017 Work RVU:** 25.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.99 **2017 Fac PE RVU:**10.75

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 59,042

2007 Work RVU: 9.64 **2017 Work RVU:** 9.77
2007 NF PE RVU: 13.60 **2017 NF PE RVU:** 9.80
2007 Fac PE RVU 4.65 **2017 Fac PE RVU:**5.54

RUC Recommendation: 9.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA, SIR **First Identified:** October 2008 **2016 Medicare Utilization:** 3,061

2007 Work RVU: 16.66 **2017 Work RVU:** 16.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **2017 Fac PE RVU:**8.52

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 132

2007 Work RVU: **2017 Work RVU:** 3.16
2007 NF PE RVU: **2017 NF PE RVU:** 16.50
2007 Fac PE RVU **2017 Fac PE RVU:**1.06

RUC Recommendation: 3.16 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 4,487

2007 Work RVU: **2017 Work RVU:** 3.96
2007 NF PE RVU: **2017 NF PE RVU:** 23.72
2007 Fac PE RVU **2017 Fac PE RVU:** 1.65

RUC Recommendation: 4.60 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 1,181

2007 Work RVU: **2017 Work RVU:** 5.25
2007 NF PE RVU: **2017 NF PE RVU:** 25.05
2007 Fac PE RVU **2017 Fac PE RVU:** 2.08

RUC Recommendation: 6.00 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 1,592

2007 Work RVU: **2017 Work RVU:** 6.80
2007 NF PE RVU: **2017 NF PE RVU:** 30.38
2007 Fac PE RVU **2017 Fac PE RVU:** 2.60

RUC Recommendation: 7.55 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 121

2007 Work RVU: **2017 Work RVU:** 4.03
2007 NF PE RVU: **2017 NF PE RVU:** 50.50
2007 Fac PE RVU **2017 Fac PE RVU:**1.35

RUC Recommendation: 4.03 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2016 Medicare Utilization:** 1,470

2007 Work RVU: **2017 Work RVU:** 3.80
2007 NF PE RVU: **2017 NF PE RVU:** 24.14
2007 Fac PE RVU **2017 Fac PE RVU:**1.27

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50X39

Global: **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

50X40

Global: **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 5,665

2007 Work RVU: 4.43 **2017 Work RVU:** 4.49
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2017 Fac PE RVU:**3.35

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 14,404

2007 Work RVU: **2017 Work RVU:** 2.70
2007 NF PE RVU: **2017 NF PE RVU:** 3.49
2007 Fac PE RVU **2017 Fac PE RVU:**1.19

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 185,695

2007 Work RVU: 0.88 **2017 Work RVU:** 0.60
2007 NF PE RVU: 1.58 **2017 NF PE RVU:** 1.41
2007 Fac PE RVU 0.30 **2017 Fac PE RVU:**0.38

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 174,737

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.45 **2017 NF PE RVU:** 0.79
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.18

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 230,111

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.94 **2017 NF PE RVU:** 1.23
2007 Fac PE RVU 0.27 **2017 Fac PE RVU:**0.18

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 57,708

2007 Work RVU: 1.47 **2017 Work RVU:** 1.47
2007 NF PE RVU: 2.62 **2017 NF PE RVU:** 1.93
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**0.59

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)**

Global: 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 189,154

2007 Work RVU: 1.50 **2017 Work RVU:** 0.87
2007 NF PE RVU: 1.72 **2017 NF PE RVU:** 1.55
2007 Fac PE RVU 0.71 **2017 Fac PE RVU:**0.90

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51726 **Complex cystometrogram (ie, calibrated electronic equipment);**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2016 Medicare Utilization:** 7,533

2007 Work RVU: 1.71 **2017 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2017 NF PE RVU:** 5.62
2007 Fac PE RVU 7.41 **2017 Fac PE RVU:**NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2016 Medicare Utilization:** 2,191

2007 Work RVU: **2017 Work RVU:** 2.11
2007 NF PE RVU: **2017 NF PE RVU:** 6.54
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2016 Medicare Utilization:** 68,969

2007 Work RVU: **2017 Work RVU:** 2.11
2007 NF PE RVU: **2017 NF PE RVU:** 6.65
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2016 Medicare Utilization:** 72,981

2007 Work RVU: **2017 Work RVU:** 2.51
2007 NF PE RVU: **2017 NF PE RVU:** 6.93
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 2.51 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2016 Medicare Utilization:** 10,976

2007 Work RVU: 0.61 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 0.25
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2016 Medicare Utilization:** 488,804

2007 Work RVU: 1.14 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2017 NF PE RVU:** 0.26
2007 Fac PE RVU 0.91 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51772 **Deleted from CPT**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.61 **2017 Work RVU:**
2007 NF PE RVU: 5.44 **2017 NF PE RVU:**
2007 Fac PE RVU 5.44 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: 000 **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 34 **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2016 Medicare Utilization:** 156,318

2007 Work RVU: 1.53 **2017 Work RVU:** 0.75
2007 NF PE RVU: 3.95 **2017 NF PE RVU:** 1.15
2007 Fac PE RVU 3.95 **2017 Fac PE RVU:** NA

RUC Recommendation: 0.75

Referred to CPT February 2014 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2016 Medicare Utilization:** 10,442

2007 Work RVU: 1.10 **2017 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2017 NF PE RVU:** 4.80
2007 Fac PE RVU 5.74 **2017 Fac PE RVU:** NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51795 **Deleted from CPT**

Global: 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.53 **2017 Work RVU:**
2007 NF PE RVU: 7.15 **2017 NF PE RVU:**
2007 Fac PE RVU 7.15 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2016 Medicare Utilization:** 127,566

2007 Work RVU: 1.60 **2017 Work RVU:** 0.80
2007 NF PE RVU: 5.55 **2017 NF PE RVU:** 2.31
2007 Fac PE RVU 5.55 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.80 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 2,107,906

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.40 **2017 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 35 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** October 2010 **2016 Medicare Utilization:** 912,981

2007 Work RVU: 2.23 **2017 Work RVU:** 1.53
2007 NF PE RVU: 3.40 **2017 NF PE RVU:** 2.98
2007 Fac PE RVU 0.91 **2017 Fac PE RVU:**1.24

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2016 Medicare Utilization:** 20,110

2007 Work RVU: 3.70 **2017 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2017 NF PE RVU:** 14.88
2007 Fac PE RVU 1.47 **2017 Fac PE RVU:**1.22

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2016 Medicare Utilization:** 43,722

2007 Work RVU: 3.14 **2017 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2017 NF PE RVU:** 15.16
2007 Fac PE RVU 1.28 **2017 Fac PE RVU:**1.41

RUC Recommendation: 4.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 28,087

2007 Work RVU: 4.62 **2017 Work RVU:** 4.62
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **2017 Fac PE RVU:**1.99

RUC Recommendation: 4.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

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

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2016 Medicare Utilization:** 32,540

2007 Work RVU: 5.44 **2017 Work RVU:** 5.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2017 Fac PE RVU:**2.31

RUC Recommendation: 5.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

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

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 22,781

2007 Work RVU: 9.71 **2017 Work RVU:** 7.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.60 **2017 Fac PE RVU:**3.02

RUC Recommendation: 8.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2016 Medicare Utilization:** 78,924

2007 Work RVU: 2.80 **2017 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2017 NF PE RVU:** 4.72
2007 Fac PE RVU 1.21 **2017 Fac PE RVU:** 1.35

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2016 Medicare Utilization:** 145,820

2007 Work RVU: 2.83 **2017 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2017 NF PE RVU:** 10.78
2007 Fac PE RVU 1.19 **2017 Fac PE RVU:** 1.37

RUC Recommendation: 2.82 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:** 417

2007 Work RVU: 4.82 **2017 Work RVU:** 4.82
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.89 **2017 Fac PE RVU:** 2.05

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**
Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Medicare Utilization:** 2,546

2007 Work RVU: 6.11 **2017 Work RVU:** 5.35
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2017 Fac PE RVU:**2.28

RUC Recommendation: 5.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**
Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Medicare Utilization:** 247

2007 Work RVU: 6.61 **2017 Work RVU:** 5.85
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **2017 Fac PE RVU:**2.45

RUC Recommendation: 5.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**
Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Medicare Utilization:** 35

2007 Work RVU: 7.31 **2017 Work RVU:** 6.55
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **2017 Fac PE RVU:**2.69

RUC Recommendation: 6.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**
Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 3,172

2007 Work RVU: 7.81 **2017 Work RVU:** 7.05
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **2017 Fac PE RVU:**2.87

RUC Recommendation: 7.05 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Medicare Utilization:** 498

2007 Work RVU: 8.31 **2017 Work RVU:** 7.55
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2017 Fac PE RVU:**3.04

RUC Recommendation: 7.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2016 Medicare Utilization:** 264

2007 Work RVU: 9.34 **2017 Work RVU:** 8.58
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.62 **2017 Fac PE RVU:**3.40

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 21,810

2007 Work RVU: 5.85 **2017 Work RVU:** 5.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2017 Fac PE RVU:**2.38

RUC Recommendation: 5.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 24,296

2007 Work RVU: 6.87 **2017 Work RVU:** 6.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.77 **2017 Fac PE RVU:**2.76

RUC Recommendation: 6.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2016 Medicare Utilization:** 11,738

2007 Work RVU: 7.96 **2017 Work RVU:** 7.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **2017 Fac PE RVU:**3.02

RUC Recommendation: 7.50 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 8,494

2007 Work RVU: 7.33 **2017 Work RVU:** 8.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **2017 Fac PE RVU:**3.20

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 1,020

2007 Work RVU: 8.81 **2017 Work RVU:** 9.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **2017 Fac PE RVU:**3.54

RUC Recommendation: 10.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2016 Medicare Utilization:** 58,915

2007 Work RVU: **2017 Work RVU:** 8.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.16

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 220

2007 Work RVU: 10.06 **2017 Work RVU:** 8.69
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.18 **2017 Fac PE RVU:** 4.17

RUC Recommendation: 8.69 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 3,708

2007 Work RVU: 9.39 **2017 Work RVU:** 8.14
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.52 **2017 Fac PE RVU:** 5.04

RUC Recommendation: 8.14 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Electrosurgical Resection of Prostate (TURP) **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2015 **2016 Medicare Utilization:** 46,839

2007 Work RVU: 15.13 **2017 Work RVU:** 15.26
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.99 **2017 Fac PE RVU:**7.48

RUC Recommendation: 13.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,697

2007 Work RVU: 6.89 **2017 Work RVU:** 4.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2017 Fac PE RVU:**3.77

RUC Recommendation: 4.79 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2016 Medicare Utilization:** 21,785

2007 Work RVU: 12.00 **2017 Work RVU:** 12.15
2007 NF PE RVU: 66.10 **2017 NF PE RVU:** 38.67
2007 Fac PE RVU 5.44 **2017 Fac PE RVU:**6.43

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,850

2007 Work RVU: 15.21 **2017 Work RVU:** 13.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **2017 Fac PE RVU:**7.30
Result: Decrease

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 5,753

2007 Work RVU: 9.98 **2017 Work RVU:** 10.08
2007 NF PE RVU: 82.87 **2017 NF PE RVU:** 47.76
2007 Fac PE RVU 4.46 **2017 Fac PE RVU:**6.32
Result: Maintain

RUC Recommendation: 10.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 4,999

2007 Work RVU: 14.39 **2017 Work RVU:** 14.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2017 Fac PE RVU:**7.23
Result: Maintain

RUC Recommendation: 14.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,267

2007 Work RVU: 16.48 **2017 Work RVU:** 15.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2017 Fac PE RVU:**7.96
Result: Decrease

RUC Recommendation: 15.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 2,999

2007 Work RVU: 5.25 **2017 Work RVU:** 5.30
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2017 Fac PE RVU:**3.46

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,222

2007 Work RVU: 9.31 **2017 Work RVU:** 8.46
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2017 Fac PE RVU:**5.16

RUC Recommendation: 8.46 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: 000 **Issue:** Biopsy of Prostate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 36 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 139,444

2007 Work RVU: 2.58 **2017 Work RVU:** 2.50
2007 NF PE RVU: 4.08 **2017 NF PE RVU:** 4.28
2007 Fac PE RVU 0.82 **2017 Fac PE RVU:**1.01

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Medicare Utilization:** 1,360

2007 Work RVU: **2017 Work RVU:** 6.28
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**3.79

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**
Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2016 Medicare Utilization:** 1,727

2007 Work RVU: 24.45 **2017 Work RVU:** 21.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.19 **2017 Fac PE RVU:**10.13

RUC Recommendation: 21.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**
Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2016 Medicare Utilization:** 219

2007 Work RVU: 26.31 **2017 Work RVU:** 21.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.83 **2017 Fac PE RVU:**10.12

RUC Recommendation: 24.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**
Global: 090 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2016 Medicare Utilization:** 1,548

2007 Work RVU: 30.52 **2017 Work RVU:** 25.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.01 **2017 Fac PE RVU:**11.44

RUC Recommendation: 29.07 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 27 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 16,375

2007 Work RVU: 32.25 **2017 Work RVU:** 26.80
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **2017 Fac PE RVU:**11.99

RUC Recommendation: 26.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,584

2007 Work RVU: 20.25 **2017 Work RVU:** 13.60
2007 NF PE RVU: NA **2017 NF PE RVU:** 185.41
2007 Fac PE RVU 9.59 **2017 Fac PE RVU:**6.96

RUC Recommendation: 13.45 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2016 Medicare Utilization:** 5,473

2007 Work RVU: 13.31 **2017 Work RVU:** 13.46
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2017 Fac PE RVU:**7.17

RUC Recommendation: Review data at RAW **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2016 Medicare Utilization:** 2,083

2007 Work RVU: 3.03 **2017 Work RVU:** 3.08
2007 NF PE RVU: 2.50 **2017 NF PE RVU:** 2.93
2007 Fac PE RVU 1.79 **2017 Fac PE RVU:** 2.23

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2016 Medicare Utilization:** 2,895

2007 Work RVU: 8.44 **2017 Work RVU:** 7.53
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.70 **2017 Fac PE RVU:** 6.02

RUC Recommendation: 7.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57150 **Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2016 Medicare Utilization:** 29,238

2007 Work RVU: 0.55 **2017 Work RVU:** 0.55
2007 NF PE RVU: 0.97 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:** 0.22

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2016 Medicare Utilization:** 3,658

2007 Work RVU: 6.79 **2017 Work RVU:** 5.15
2007 NF PE RVU: NA **2017 NF PE RVU:** 4.77
2007 Fac PE RVU 4.30 **2017 Fac PE RVU:**2.37

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2016 Medicare Utilization:** 13,490

2007 Work RVU: **2017 Work RVU:** 2.69
2007 NF PE RVU: **2017 NF PE RVU:** 2.76
2007 Fac PE RVU **2017 Fac PE RVU:**1.32

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57160 **Fitting and insertion of pessary or other intravaginal support device** **Global:** 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2016 Medicare Utilization:** 91,203

2007 Work RVU: 0.89 **2017 Work RVU:** 0.89
2007 NF PE RVU: 1.02 **2017 NF PE RVU:** 1.18
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.35

RUC Recommendation: 0.89 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed** **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2016 Medicare Utilization:** 10,078

2007 Work RVU: 11.42 **2017 Work RVU:** 11.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.22 **2017 Fac PE RVU:**6.27

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57250 **Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy** **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2016 Medicare Utilization:** 7,763

2007 Work RVU: 11.42 **2017 Work RVU:** 11.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.93 **2017 Fac PE RVU:**6.36

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57260 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;** **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2016 Medicare Utilization:** 8,861

2007 Work RVU: 14.36 **2017 Work RVU:** 14.44
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.08 **2017 Fac PE RVU:**7.53

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57265 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair** **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2016 Medicare Utilization:** 4,355

2007 Work RVU: 15.86 **2017 Work RVU:** 15.94
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.1 **2017 Fac PE RVU:**8.11

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 2,305

2007 Work RVU: 11.49 **2017 Work RVU:** 11.15
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2017 Fac PE RVU:** 7.02

RUC Recommendation: 10.97 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 24,560

2007 Work RVU: 14.01 **2017 Work RVU:** 12.13
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **2017 Fac PE RVU:** 6.91

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58100 **Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)** **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2016 Medicare Utilization:** 73,585

2007 Work RVU: 1.53 **2017 Work RVU:** 1.53
2007 NF PE RVU: 1.27 **2017 NF PE RVU:** 1.38
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:** 0.78

RUC Recommendation: 1.21 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58110 **Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2017 **2016 Medicare Utilization:** 695

2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.50
2007 Fac PE RVU 0.29 **2017 Fac PE RVU:**0.31

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

58555 **Hysteroscopy, diagnostic (separate procedure)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2016 Medicare Utilization:** 1,903

2007 Work RVU: 3.33 **2017 Work RVU:** 2.65
2007 NF PE RVU: 2.32 **2017 NF PE RVU:** 4.63
2007 Fac PE RVU 1.47 **2017 Fac PE RVU:**1.43

RUC Recommendation: 3.07 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2016 Medicare Utilization:** 43,211

2007 Work RVU: 4.74 **2017 Work RVU:** 4.17
2007 NF PE RVU: 2.52 **2017 NF PE RVU:** 33.82
2007 Fac PE RVU 2.05 **2017 Fac PE RVU:**2.03

RUC Recommendation: 4.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2016 Medicare Utilization:** 165

2007 Work RVU: 6.16 **2017 Work RVU:** 5.20
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.56 **2017 Fac PE RVU:**2.44

RUC Recommendation: 5.54 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2016 Medicare Utilization:** 53

2007 Work RVU: 6.99 **2017 Work RVU:** 5.75
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.88 **2017 Fac PE RVU:**2.65

RUC Recommendation: 6.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58561 **Hysteroscopy, surgical; with removal of leiomyomata** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2016 Medicare Utilization:** 2,599

2007 Work RVU: 9.99 **2017 Work RVU:** 6.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.00 **2017 Fac PE RVU:**5.14

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2016 Medicare Utilization:** 199

2007 Work RVU: 5.20 **2017 Work RVU:** 4.00
2007 NF PE RVU: 2.63 **2017 NF PE RVU:** 5.15
2007 Fac PE RVU 2.21 **2017 Fac PE RVU:**2.15

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2016 Medicare Utilization:** 3,792

2007 Work RVU: 6.16 **2017 Work RVU:** 4.47
2007 NF PE RVU: 51.38 **2017 NF PE RVU:** 39.97
2007 Fac PE RVU 2.58 **2017 Fac PE RVU:**2.82

RUC Recommendation: 4.62 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2016 Medicare Utilization:** 1,110

2007 Work RVU: 11.54 **2017 Work RVU:** 11.59
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **2017 Fac PE RVU:**6.00

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2016 Medicare Utilization:** 12,177

2007 Work RVU: 11.30 **2017 Work RVU:** 11.35
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **2017 Fac PE RVU:**5.55

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 3.37 **2017 Work RVU:**
2007 NF PE RVU: 20.75 **2017 NF PE RVU:**
2007 Fac PE RVU 1.08 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2016 Medicare Utilization:** 3,710

2007 Work RVU: 26.80 **2017 Work RVU:** 32.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **2017 Fac PE RVU:**20.43

RUC Recommendation: 32.69 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2016 Medicare Utilization:** 1,903

2007 Work RVU: 13.48 **2017 Work RVU:** 14.37
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **2017 Fac PE RVU:**5.81

RUC Recommendation: 14.37 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2016 Medicare Utilization:** 1,066

2007 Work RVU: 15.29 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 5.96 **Result:** Increase

2017 Work RVU: 18.01 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 7.78

RUC Recommendation: 18.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 51

2007 Work RVU: 1.71 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 0.77 **Result:** Maintain

2017 Work RVU: 1.71 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 0.86

RUC Recommendation: 1.71 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 64

2007 Work RVU: 1.61 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 0.59 **Result:** Maintain

2017 Work RVU: 1.61 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 0.64

RUC Recommendation: 1.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 873

2007 Work RVU: 6.22 **2007 NF PE RVU:** 4.21 **2007 Fac PE RVU** 1.81 **Result:** Decrease

2017 Work RVU: 6.31 **2017 NF PE RVU:** 5.29 **2017 Fac PE RVU:** 2.52

RUC Recommendation: 6.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

59426 **Antepartum care only; 7 or more visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 938

2007 Work RVU: 11.04 **2007 NF PE RVU:** 7.60 **2007 Fac PE RVU** 3.17

2017 Work RVU: 11.16 **2017 NF PE RVU:** 9.72 **2017 Fac PE RVU:**4.50

RUC Recommendation: 11.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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59430 **Postpartum care only (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 1,291

2007 Work RVU: 2.13 **2007 NF PE RVU:** 1.19 **2007 Fac PE RVU** 0.88

2017 Work RVU: 2.47 **2017 NF PE RVU:** 2.27 **2017 Fac PE RVU:**0.99

RUC Recommendation: 2.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2016 Medicare Utilization:** 3,081

2007 Work RVU: 30.34 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 16.92

2017 Work RVU: 35.64 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**22.23

RUC Recommendation: 36.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** **2016 Medicare Utilization:** 1,559

2007 Work RVU: 15.95 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 5.78

2017 Work RVU: 16.13 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**6.48

RUC Recommendation: 16.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 1,021

2007 Work RVU: 18.26 **2017 Work RVU:** 21.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **2017 Fac PE RVU:** 9.70

RUC Recommendation: 22.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 101

2007 Work RVU: 28.21 **2017 Work RVU:** 33.87
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **2017 Fac PE RVU:** 20.89

RUC Recommendation: 34.40 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 69

2007 Work RVU: 15.04 **2017 Work RVU:** 16.09
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.60 **2017 Fac PE RVU:** 6.39

RUC Recommendation: 16.09 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 49

2007 Work RVU: 16.59 **2017 Work RVU:** 19.73
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2017 Fac PE RVU:** 8.30

RUC Recommendation: 20.26 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 22

2007 Work RVU: 31.78 **2017 Work RVU:** 36.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **2017 Fac PE RVU:**22.38

RUC Recommendation: 36.69 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 11

2007 Work RVU: 17.50 **2017 Work RVU:** 16.66
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **2017 Fac PE RVU:**6.58

RUC Recommendation: 16.66 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2016 Medicare Utilization:** 9

2007 Work RVU: 19.70 **2017 Work RVU:** 22.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2017 Fac PE RVU:**9.94

RUC Recommendation: 22.53 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 8,048

2007 Work RVU: 12.29 **2017 Work RVU:** 11.19
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2017 Fac PE RVU:**7.08

RUC Recommendation: 12.29 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 412

2007 Work RVU: 14.67 **2017 Work RVU:** 14.79
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2017 Fac PE RVU:** 9.18

RUC Recommendation: 14.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst **Published in CPT Asst:**

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2016 Medicare Utilization:** 363

2007 Work RVU: 17.07 **2017 Work RVU:** 17.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.95 **2017 Fac PE RVU:** 9.07

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst **Published in CPT Asst:**

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2016 Medicare Utilization:** 306

2007 Work RVU: 19.11 **2017 Work RVU:** 19.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.22 **2017 Fac PE RVU:** 8.93

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2016 Medicare Utilization:** 116

2007 Work RVU: 23.37 **2017 Work RVU:** 23.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **2017 Fac PE RVU:** 10.59

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2016 Medicare Utilization:** 410

2007 Work RVU: 2.10 **2017 Work RVU:** 2.10
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.37 **2017 Fac PE RVU:** 1.05

RUC Recommendation: Editorial change

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2016 Medicare Utilization:** 13,363

2007 Work RVU: **2017 Work RVU:** 3.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.74

RUC Recommendation: 3.75

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** October 2009 **2016 Medicare Utilization:** 12,288

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 3.18 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**1.40

RUC Recommendation: 3.18 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2016 Medicare Utilization:** 9,084

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 3.75 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**1.77

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 17.75 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 10.08

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61795 **Deleted from CPT**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 4.03 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.87

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2016 Medicare Utilization:** 6,089

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 13.93 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 10.23

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2016 Medicare Utilization:** 6,338

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 3.48 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 1.61

RUC Recommendation: 3.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2016 Medicare Utilization:** 3,546

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 19.85 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 12.86

RUC Recommendation: 19.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2016 Medicare Utilization:** 914

2007 Work RVU: **2017 Work RVU:** 4.81
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 2.24

RUC Recommendation: 4.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** **2016 Medicare Utilization:** 5,713

2007 Work RVU: **2017 Work RVU:** 2.25
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.39

RUC Recommendation: 2.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2016 Medicare Utilization:** 5,892

2007 Work RVU: 7.37 **2017 Work RVU:** 6.05
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.85 **2017 Fac PE RVU:** 6.69

RUC Recommendation: 6.44 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 414

2007 Work RVU: 6.41 **2017 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2017 NF PE RVU:** 11.78
2007 Fac PE RVU 3.11 **2017 Fac PE RVU:**3.90

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62270 **Spinal puncture, lumbar, diagnostic**

Global: 000 **Issue:** **Screen:** Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 81,109

2007 Work RVU: 1.37 **2017 Work RVU:** 1.37
2007 NF PE RVU: 2.82 **2017 NF PE RVU:** 2.95
2007 Fac PE RVU 0.55 **2017 Fac PE RVU:**0.69

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2016 Medicare Utilization:** 419

2007 Work RVU: 2.66 **2017 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2017 NF PE RVU:** 3.88
2007 Fac PE RVU 0.89 **2017 Fac PE RVU:**1.52

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 14,152

2007 Work RVU: 1.54 **2017 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2017 NF PE RVU:** 3.59
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:**0.80

RUC Recommendation: 1.54 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2016 Medicare Utilization:** 225

2007 Work RVU: 8.88 **2017 Work RVU:** 9.03
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2017 Fac PE RVU:**6.33

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2016 Medicare Utilization:** 10,445

2007 Work RVU: 3.00 **2017 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2017 NF PE RVU:** 6.09
2007 Fac PE RVU 1.31 **2017 Fac PE RVU:**1.64

RUC Recommendation: 3.00, CPT Assistant article published. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Status Report: CMS Requests and Relativity Assessment Issues

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 5,616

2007 Work RVU: **2017 Work RVU:** 2.29
2007 NF PE RVU: **2017 NF PE RVU:** 4.40
2007 Fac PE RVU **2017 Fac PE RVU:** 1.05

RUC Recommendation: 2.29 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 463

2007 Work RVU: **2017 Work RVU:** 2.29
2007 NF PE RVU: **2017 NF PE RVU:** 4.61
2007 Fac PE RVU **2017 Fac PE RVU:** 1.08

RUC Recommendation: 2.29 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 24,819

2007 Work RVU: **2017 Work RVU:** 2.25
2007 NF PE RVU: **2017 NF PE RVU:** 4.36
2007 Fac PE RVU **2017 Fac PE RVU:** 1.03

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 7,601

2007 Work RVU: **2017 Work RVU:** 2.35
2007 NF PE RVU: **2017 NF PE RVU:** 4.85
2007 Fac PE RVU **2017 Fac PE RVU:** 1.08

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2016 Medicare Utilization:** 224,117

2007 Work RVU: 1.91 **2017 Work RVU:**
2007 NF PE RVU: 4.35 **2017 NF PE RVU:**
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2016 Medicare Utilization:** 824,842

2007 Work RVU: 1.54 **2017 Work RVU:**
2007 NF PE RVU: 4.35 **2017 NF PE RVU:**
2007 Fac PE RVU 0.58 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2016 Medicare Utilization:** 29,996

2007 Work RVU: 2.04 **2017 Work RVU:**
2007 NF PE RVU: 5.09 **2017 NF PE RVU:**
2007 Fac PE RVU 0.61 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2016 Medicare Utilization:** 12,696

2007 Work RVU: 1.87 **2017 Work RVU:**
2007 NF PE RVU: 4.45 **2017 NF PE RVU:**
2007 Fac PE RVU 0.58 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

62320 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.80
2007 NF PE RVU: **2017 NF PE RVU:** 2.73
2007 Fac PE RVU **2017 Fac PE RVU:** 0.92

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62321 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.95
2007 NF PE RVU: **2017 NF PE RVU:** 4.87
2007 Fac PE RVU **2017 Fac PE RVU:** 0.98

RUC Recommendation: 1.95 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62322 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU: 1.55

2017 NF PE RVU: 2.70

2017 Fac PE RVU: 0.80

RUC Recommendation: 1.55

Referred to CPT May 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62323 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU: 1.80

2017 NF PE RVU: 4.93

2017 Fac PE RVU: 0.89

RUC Recommendation: 1.80

Referred to CPT May 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62324 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.89
2007 NF PE RVU: **2017 NF PE RVU:** 2.02
2007 Fac PE RVU **2017 Fac PE RVU:**0.55

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62325 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 2.20
2007 NF PE RVU: **2017 NF PE RVU:** 3.78
2007 Fac PE RVU **2017 Fac PE RVU:**0.60

RUC Recommendation: 2.20 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62326 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2016 Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2017 Work RVU: 1.78
2017 NF PE RVU: 2.37
2017 Fac PE RVU: 0.64

RUC Recommendation: 1.78

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62327 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2016 Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2017 Work RVU: 1.90
2017 NF PE RVU: 4.25
2017 Fac PE RVU: 0.67

RUC Recommendation: 1.90

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 5,431

2007 Work RVU: 8.04 **2017 Work RVU:** 6.05
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.00 **2017 Fac PE RVU:**4.34

RUC Recommendation: 6.05 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62355 **Removal of previously implanted intrathecal or epidural catheter**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,261

2007 Work RVU: 6.60 **2017 Work RVU:** 3.55
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2017 Fac PE RVU:**3.43

RUC Recommendation: 4.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2016 Medicare Utilization:** 343

2007 Work RVU: 3.68 **2017 Work RVU:** 4.33
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **2017 Fac PE RVU:**3.67

RUC Recommendation: 4.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2016 Medicare Utilization:** 38

2007 Work RVU: 6.59 **2017 Work RVU:** 5.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **2017 Fac PE RVU:**5.29

RUC Recommendation: 5.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 7,454

2007 Work RVU: 8.58 **2017 Work RVU:** 5.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2017 Fac PE RVU:**4.31

RUC Recommendation: 6.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2016 Medicare Utilization:** 1,281

2007 Work RVU: 6.57 **2017 Work RVU:** 3.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2017 Fac PE RVU:**3.73

RUC Recommendation: 4.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2016 Medicare Utilization:** 9,322

2007 Work RVU: 0.48 **2017 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU 0.10 **2017 Fac PE RVU:** 0.20

RUC Recommendation: 0.48 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2016 Medicare Utilization:** 44,341

2007 Work RVU: 0.75 **2017 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 0.86
2007 Fac PE RVU 0.17 **2017 Fac PE RVU:** 0.27

RUC Recommendation: Submit action plan. 0.67 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2016 Medicare Utilization:** 37,422

2007 Work RVU: **2017 Work RVU:** 0.67
2007 NF PE RVU: **2017 NF PE RVU:** 2.62
2007 Fac PE RVU **2017 Fac PE RVU:** 0.28

RUC Recommendation: 0.67 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2016 Medicare Utilization:** 95,837

2007 Work RVU: **2017 Work RVU:** 0.90
2007 NF PE RVU: **2017 NF PE RVU:** 2.57
2007 Fac PE RVU **2017 Fac PE RVU:** 0.35

RUC Recommendation: 1.10 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2016 Medicare Utilization:** 34,711

2007 Work RVU: 13.03 **2017 Work RVU:** 13.18
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.50 **2017 Fac PE RVU:** 10.95

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2016 Medicare Utilization:** 14,881

2007 Work RVU: 18.61 **2017 Work RVU:** 18.76
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.20 **2017 Fac PE RVU:** 13.56

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2016 Medicare Utilization:** 9,710

2007 Work RVU: 17.82 **2017 Work RVU:** 17.95
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.40 **2017 Fac PE RVU:** 13.41

RUC Recommendation: 17.95 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2016 Medicare Utilization:** 3,522

2007 Work RVU: 17.12 **2017 Work RVU:** 17.25
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2017 Fac PE RVU:** 12.93

RUC Recommendation: 17.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** September 2011 **2016 Medicare Utilization:** 106,417

2007 Work RVU: 15.22 **2017 Work RVU:** 15.37
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2017 Fac PE RVU:** 11.99

RUC Recommendation: 15.37 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** January 2012 **2016 Medicare Utilization:** 138,566

2007 Work RVU: 3.47 **2017 Work RVU:** 3.47
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **2017 Fac PE RVU:**1.67

RUC Recommendation: 3.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2016 Medicare Utilization:** 7,643

2007 Work RVU: 21.73 **2017 Work RVU:** 21.86
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **2017 Fac PE RVU:**14.63

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2016 Medicare Utilization:** 841

2007 Work RVU: 19.47 **2017 Work RVU:** 19.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **2017 Fac PE RVU:**13.72

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2016 Medicare Utilization:** 535

2007 Work RVU: 4.04 **2017 Work RVU:** 4.04
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2017 Fac PE RVU:**1.94

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2016 Medicare Utilization:** 1,029

2007 Work RVU: 30.78 **2017 Work RVU:** 30.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.58 **2017 Fac PE RVU:**18.46

RUC Recommendation: Review action plan and additional data **Referred to CPT** September 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2016 Medicare Utilization:** 444

2007 Work RVU: **2017 Work RVU:** 15.60
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**11.00

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2016 Medicare Utilization:** 93

2007 Work RVU: **2017 Work RVU:** 4.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 1.88

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 64,887

2007 Work RVU: 7.57 **2017 Work RVU:** 7.15
2007 NF PE RVU: NA **2017 NF PE RVU:** 29.41
2007 Fac PE RVU 3.11 **2017 Fac PE RVU:** 3.99

RUC Recommendation: 7.20. New PE Inputs **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2016 Medicare Utilization:** 6,421

2007 Work RVU: 11.43 **2017 Work RVU:** 10.92
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.15 **2017 Fac PE RVU:** 9.54

RUC Recommendation: 11.43 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63660 **Deleted from CPT**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 6.87 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 3.54 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2016 Medicare Utilization:** 3,244

2007 Work RVU: **2017 Work RVU:** 5.08
2007 NF PE RVU: **2017 NF PE RVU:** 10.69
2007 Fac PE RVU **2017 Fac PE RVU:** 3.42

RUC Recommendation: 5.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2016 Medicare Utilization:** 1,989

2007 Work RVU: **2017 Work RVU:** 11.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 9.66

RUC Recommendation: 10.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2016 Medicare Utilization:** 1,210

2007 Work RVU: **2017 Work RVU:** 7.75
2007 NF PE RVU: **2017 NF PE RVU:** 13.61
2007 Fac PE RVU **2017 Fac PE RVU:**4.23

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2016 Medicare Utilization:** 603

2007 Work RVU: **2017 Work RVU:** 11.52
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**9.79

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 20,257

2007 Work RVU: 7.87 **2017 Work RVU:** 5.19
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2017 Fac PE RVU:**4.23

RUC Recommendation: 6.05 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2016 Medicare Utilization:** 6,940

2007 Work RVU: 6.10 **2017 Work RVU:** 5.30
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **2017 Fac PE RVU:**4.26

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64405 **Injection, anesthetic agent; greater occipital nerve**

Global: 000 **Issue:** Injection - Greater Occipital Nerve **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 17 **Specialty Developing Recommendation:** AAN, AAPM, AAPMR, ASA **First Identified:** July 2016 **2016 Medicare Utilization:** 122,242

2007 Work RVU: 1.32 **2017 Work RVU:** 0.94
2007 NF PE RVU: 1.39 **2017 NF PE RVU:** 1.73
2007 Fac PE RVU 0.47 **2017 Fac PE RVU:**0.68

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2016 Medicare Utilization:**

2007 Work RVU: 1.18 **2017 Work RVU:**
2007 NF PE RVU: 2.50 **2017 NF PE RVU:**
2007 Fac PE RVU 0.46 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

64415 **Injection, anesthetic agent; brachial plexus, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2016 Medicare Utilization:** 164,213

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2017 NF PE RVU:** 1.72
2007 Fac PE RVU 0.43 **2017 Fac PE RVU:**0.26

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64416 **Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2016 Medicare Utilization:** 19,621

2007 Work RVU: 3.85 **2017 Work RVU:** 1.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **2017 Fac PE RVU:**0.31

RUC Recommendation: Remove from screen. 1.81 **Referred to CPT** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64418 **Injection, anesthetic agent; suprascapular nerve** **Global:** 000 **Issue:** Injection, Anesthetic Agent **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA **First Identified:** October 2015 **2016 Medicare Utilization:** 32,424

2007 Work RVU: 1.32 **2017 Work RVU:** 1.32
2007 NF PE RVU: 2.43 **2017 NF PE RVU:** 2.66
2007 Fac PE RVU 0.46 **2017 Fac PE RVU:**0.73

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2016 Medicare Utilization:** 114,199

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2017 NF PE RVU:** 2.21
2007 Fac PE RVU 0.51 **2017 Fac PE RVU:**0.44

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

Status Report: CMS Requests and Relativity Assessment Issues

64446 **Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2016 Medicare Utilization:** 5,489

2007 Work RVU: 3.61 **2017 Work RVU:** 1.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.90 **2017 Fac PE RVU:**0.31

RUC Recommendation: 1.81 **Referred to CPT** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64447 **Injection, anesthetic agent; femoral nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2016 Medicare Utilization:** 186,803

2007 Work RVU: 1.50 **2017 Work RVU:** 1.50
2007 NF PE RVU: NA **2017 NF PE RVU:** 1.76
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.28

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2016 Medicare Utilization:** 40,395

2007 Work RVU: 3.36 **2017 Work RVU:** 1.63
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **2017 Fac PE RVU:**0.28

RUC Recommendation: Remove from screen. 1.63 **Referred to CPT** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64449 **Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2016 Medicare Utilization:** 2,788

2007 Work RVU: 3.24 **2017 Work RVU:** 1.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **2017 Fac PE RVU:**0.42

RUC Recommendation: 1.81

Referred to CPT February 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64450 **Injection, anesthetic agent; other peripheral nerve or branch**

Global: 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP **First Identified:** October 2009 **2016 Medicare Utilization:** 534,380

2007 Work RVU: 1.27 **2017 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2017 NF PE RVU:** 1.45
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:**0.48

RUC Recommendation: 0.75 and review additional utilization data (October 2019).

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

Result: Decrease

64455 **Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)**

Global: 000 **Issue:** Injection – Digital Nerves **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2016 **2016 Medicare Utilization:** 69,904

2007 Work RVU: **2017 Work RVU:** 0.75
2007 NF PE RVU: **2017 NF PE RVU:** 0.55
2007 Fac PE RVU **2017 Fac PE RVU:**0.19

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)**
Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2016 Medicare Utilization:** 2,541
2007 Work RVU: **2017 Work RVU:** 1.75
2007 NF PE RVU: **2017 NF PE RVU:** 2.29
2007 Fac PE RVU **2017 Fac PE RVU:**0.58

RUC Recommendation: CPT Assistant article published Jan 2016
Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016
Result: Not Part of RAW

64462 **Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)**
Global: ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2016 Medicare Utilization:** 1,068
2007 Work RVU: **2017 Work RVU:** 1.10
2007 NF PE RVU: **2017 NF PE RVU:** 1.18
2007 Fac PE RVU **2017 Fac PE RVU:**0.36

RUC Recommendation: CPT Assistant article published Jan 2016
Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016
Result: Not Part of RAW

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)**
Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2016 Medicare Utilization:** 958
2007 Work RVU: **2017 Work RVU:** 1.90
2007 NF PE RVU: **2017 NF PE RVU:** 2.63
2007 Fac PE RVU **2017 Fac PE RVU:**0.48

RUC Recommendation: CPT Assistant article published Jan 2016
Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016
Result: Not Part of RAW

64470 **Deleted from CPT**
Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2016 Medicare Utilization:**
2007 Work RVU: 1.85 **2017 Work RVU:**
2007 NF PE RVU: 6.37 **2017 NF PE RVU:**
2007 Fac PE RVU 0.71 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT
Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

64472 **Deleted from CPT**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.29 **2017 Work RVU:**
2007 NF PE RVU: 2.05 **2017 NF PE RVU:**
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64475 **Deleted from CPT**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.41 **2017 Work RVU:**
2007 NF PE RVU: 6.07 **2017 NF PE RVU:**
2007 Fac PE RVU 0.62 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64476 **Deleted from CPT**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.98 **2017 Work RVU:**
2007 NF PE RVU: 1.86 **2017 NF PE RVU:**
2007 Fac PE RVU 0.24 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2016 Medicare Utilization:** 46,162

2007 Work RVU: 2.20 **2017 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2017 NF PE RVU:** 4.16
2007 Fac PE RVU 0.87 **2017 Fac PE RVU:** 1.30

RUC Recommendation: 2.29

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2016 Medicare Utilization:** 23,805

2007 Work RVU: 1.54 **2017 Work RVU:** 1.20
2007 NF PE RVU: 2.50 **2017 NF PE RVU:** 1.87
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:** 0.50

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level**

Global: 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2016 Medicare Utilization:** 1,029,597

2007 Work RVU: 1.90 **2017 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2017 NF PE RVU:** 4.12
2007 Fac PE RVU 0.81 **2017 Fac PE RVU:** 1.16

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2016 Medicare Utilization:** 473,367

2007 Work RVU: 1.33 **2017 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2017 NF PE RVU:** 1.40
2007 Fac PE RVU 0.36 **2017 Fac PE RVU:** 0.41

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 239,147

2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 3.37
2007 Fac PE RVU **2017 Fac PE RVU:** 1.07

RUC Recommendation: 1.82 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 216,237

2007 Work RVU: **2017 Work RVU:** 1.16
2007 NF PE RVU: **2017 NF PE RVU:** 1.39
2007 Fac PE RVU **2017 Fac PE RVU:** 0.47

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 147,455

2007 Work RVU: **2017 Work RVU:** 1.16
2007 NF PE RVU: **2017 NF PE RVU:** 1.40
2007 Fac PE RVU **2017 Fac PE RVU:** 0.49

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 829,446

2007 Work RVU: **2017 Work RVU:** 1.52
2007 NF PE RVU: **2017 NF PE RVU:** 3.20
2007 Fac PE RVU **2017 Fac PE RVU:** 0.95

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 741,760

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.35
2007 Fac PE RVU **2017 Fac PE RVU:** 0.40

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2016 Medicare Utilization:** 445,906

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.36
2007 Fac PE RVU **2017 Fac PE RVU:** 0.42

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2016 Medicare Utilization:** 7,333

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2017 NF PE RVU:** 2.27
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:**0.78

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2016 Medicare Utilization:** 26,260

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 4.50 **2017 NF PE RVU:** 3.78
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.85

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)** **Global:** 000 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2016 Medicare Utilization:** 9,587

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.26 **2017 NF PE RVU:** 0.26
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:**0.06

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2016 Medicare Utilization:** 35

2007 Work RVU: 2.33 **2017 Work RVU:** 2.36
2007 NF PE RVU: 2.75 **2017 NF PE RVU:** 3.20
2007 Fac PE RVU 1.73 **2017 Fac PE RVU:**1.78

RUC Recommendation: 6.13 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2016 Medicare Utilization:** 7,920

2007 Work RVU: 2.29 **2017 Work RVU:** 2.32
2007 NF PE RVU: 2.96 **2017 NF PE RVU:** 3.43
2007 Fac PE RVU 1.23 **2017 Fac PE RVU:**1.82

RUC Recommendation: 5.76. Develop CPT Assistant article.Review September 2017.

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2016 Medicare Utilization:** 14,917

2007 Work RVU: 7.07 **2017 Work RVU:** 5.44
2007 NF PE RVU: 27.51 **2017 NF PE RVU:** 17.36
2007 Fac PE RVU 3.05 **2017 Fac PE RVU:**2.68

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2016 Medicare Utilization:** 1,266

2007 Work RVU: 1.78 **2017 Work RVU:** 1.81
2007 NF PE RVU: 3.08 **2017 NF PE RVU:** 3.45
2007 Fac PE RVU 1.27 **2017 Fac PE RVU:**1.80

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 29 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** July 2013 **2016 Medicare Utilization:** 163,785

2007 Work RVU: **2017 Work RVU:** 0.60
2007 NF PE RVU: **2017 NF PE RVU:** 2.95
2007 Fac PE RVU **2017 Fac PE RVU:**0.21

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** **2016 Medicare Utilization:** 648

2007 Work RVU: **2017 Work RVU:** 9.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**7.06

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: 090 **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 8.15 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.31 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2016 Medicare Utilization:** 10,656

2007 Work RVU: 14.15 **2017 Work RVU:** 12.20
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2017 Fac PE RVU:**5.51

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen. **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 11,959

2007 Work RVU: 2.42 **2017 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2017 NF PE RVU:** 4.80
2007 Fac PE RVU 2.33 **2017 Fac PE RVU:** 1.87

RUC Recommendation: Review action plan. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 3.02 **2017 Work RVU:**
2007 NF PE RVU: 6.82 **2017 NF PE RVU:**
2007 Fac PE RVU 1.34 **2017 Fac PE RVU:**

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.99 **2017 Work RVU:**
2007 NF PE RVU: 2.62 **2017 NF PE RVU:**
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 3.82 **2017 Work RVU:**
2007 NF PE RVU: 6.99 **2017 NF PE RVU:**
2007 Fac PE RVU 1.93 **2017 Fac PE RVU:**

RUC Recommendation: PE Review - no change

Referred to CPT June 2008 and Feb 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.16 **2017 Work RVU:**
2007 NF PE RVU: 3.98 **2017 NF PE RVU:**
2007 Fac PE RVU 0.26 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT June 2008 and Feb 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2016 Medicare Utilization:** 65,699

2007 Work RVU: **2017 Work RVU:** 3.84
2007 NF PE RVU: **2017 NF PE RVU:** 7.72
2007 Fac PE RVU **2017 Fac PE RVU:** 2.32

RUC Recommendation: RAW review additional data

Referred to CPT May 2015
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

Result:

Status Report: CMS Requests and Relativity Assessment Issues

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2016 Medicare Utilization:** 108,539

2007 Work RVU: **2017 Work RVU:** 1.32
2007 NF PE RVU: **2017 NF PE RVU:** 3.89
2007 Fac PE RVU **2017 Fac PE RVU:** 0.53

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2016 Medicare Utilization:** 279,563

2007 Work RVU: **2017 Work RVU:** 3.78
2007 NF PE RVU: **2017 NF PE RVU:** 7.66
2007 Fac PE RVU **2017 Fac PE RVU:** 2.30

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2016 Medicare Utilization:** 441,512

2007 Work RVU: **2017 Work RVU:** 1.16
2007 NF PE RVU: **2017 NF PE RVU:** 3.59
2007 Fac PE RVU **2017 Fac PE RVU:** 0.46

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2016 Medicare Utilization:** 119,453

2007 Work RVU: 2.78 **2017 Work RVU:** 1.23
2007 NF PE RVU: 3.75 **2017 NF PE RVU:** 2.42
2007 Fac PE RVU 1.75 **2017 Fac PE RVU:**1.33

RUC Recommendation: 1.23. Remove 99238. **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,983

2007 Work RVU: 6.22 **2017 Work RVU:** 6.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2017 Fac PE RVU:**6.75

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2016 Medicare Utilization:** 708

2007 Work RVU: 7.98 **2017 Work RVU:** 8.07
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **2017 Fac PE RVU:**7.04

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2016 Medicare Utilization:** 939

2007 Work RVU: 10.23 **2017 Work RVU:** 9.16
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.00 **2017 Fac PE RVU:**8.93

RUC Recommendation: 9.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65105 **Enucleation of eye; with implant, muscles attached to implant**

Global: 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 921

2007 Work RVU: 9.70 **2017 Work RVU:** 9.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2017 Fac PE RVU:** 13.37

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

65205 **Removal of foreign body, external eye; conjunctival superficial**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** July 2016 **2016 Medicare Utilization:** 27,471

2007 Work RVU: 0.71 **2017 Work RVU:** 0.71
2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU 0.30 **2017 Fac PE RVU:** 0.50

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65210 **Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** July 2016 **2016 Medicare Utilization:** 23,963

2007 Work RVU: 0.84 **2017 Work RVU:** 0.84
2007 NF PE RVU: 0.79 **2017 NF PE RVU:** 1.05
2007 Fac PE RVU 0.39 **2017 Fac PE RVU:** 0.62

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2016 Medicare Utilization:** 27,523

2007 Work RVU: 0.93 **2017 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2017 NF PE RVU:** 1.00
2007 Fac PE RVU 0.40 **2017 Fac PE RVU:**0.59

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 833

2007 Work RVU: 14.43 **2017 Work RVU:** 15.36
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **2017 Fac PE RVU:**14.96

RUC Recommendation: 16.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Reconstruction Transplant **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 31 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2016 Medicare Utilization:** 2,117

2007 Work RVU: 10.43 **2017 Work RVU:** 7.81
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **2017 Fac PE RVU:**10.51

RUC Recommendation: 8.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO **First Identified:** September 2011 **2016 Medicare Utilization:** 27,725

2007 Work RVU: 1.91 **2017 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2017 NF PE RVU:** 1.73
2007 Fac PE RVU 1.16 **2017 Fac PE RVU:**0.96

RUC Recommendation: 1.53 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: 1.91 **2017 Work RVU:**
2007 NF PE RVU: 2.07 **2017 NF PE RVU:**
2007 Fac PE RVU 1.16 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2016 Medicare Utilization:** 155,386

2007 Work RVU: 3.90 **2017 Work RVU:** 3.00
2007 NF PE RVU: 4.14 **2017 NF PE RVU:** 3.70
2007 Fac PE RVU 3.01 **2017 Fac PE RVU:**2.68

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2016 Medicare Utilization:** 10,542

2007 Work RVU: 14.57 **2017 Work RVU:** 13.94
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.17 **2017 Fac PE RVU:**16.06

RUC Recommendation: 13.94 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2016 Medicare Utilization:** 4,583

2007 Work RVU: 18.26 **2017 Work RVU:** 14.84
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 15.21 **2017 Fac PE RVU:** 17.83

RUC Recommendation: 14.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2016 Medicare Utilization:** 908

2007 Work RVU: **2017 Work RVU:** 14.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.53

RUC Recommendation: 14.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 12,051

2007 Work RVU: 16.02 **2017 Work RVU:** 15.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 10.62 **2017 Fac PE RVU:** 16.15

RUC Recommendation: 15.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2016 Medicare Utilization:** 4,129

2007 Work RVU: **2017 Work RVU:** 13.20
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.03

RUC Recommendation: 13.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2016 Medicare Utilization:** 454

2007 Work RVU: **2017 Work RVU:** 9.58
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 11.97

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 1,836

2007 Work RVU: 9.35 **2017 Work RVU:** 10.58
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.37 **2017 Fac PE RVU:** 12.58

RUC Recommendation: 10.58 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

66711 **Ciliary body destruction; cyclophotocoagulation, endoscopic** **Global:** 090 **Issue:** Codes Reported Together **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 11,258

2007 Work RVU: 7.70 **2017 Work RVU:** 7.93
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2017 Fac PE RVU:**9.72

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)** **Global:** 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Medicare Utilization:** 78,968

2007 Work RVU: 4.87 **2017 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2017 NF PE RVU:** 5.15
2007 Fac PE RVU 4.32 **2017 Fac PE RVU:**3.47

RUC Recommendation: 3.00 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)** **Global:** 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO **First Identified:** October 2010 **2016 Medicare Utilization:** 658,805

2007 Work RVU: 3.32 **2017 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2017 NF PE RVU:** 5.66
2007 Fac PE RVU 3.60 **2017 Fac PE RVU:**5.14

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 166,903

2007 Work RVU: 14.83 **2017 Work RVU:** 11.08
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2017 Fac PE RVU:** 10.67

RUC Recommendation: 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Medicare Utilization:** 1,695,493

2007 Work RVU: 10.36 **2017 Work RVU:** 8.52
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2017 Fac PE RVU:** 9.01

RUC Recommendation: Review action plan. 8.52

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Medicare Utilization:** 3,226,272

2007 Work RVU: 2.52 **2017 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2017 NF PE RVU:** 1.34
2007 Fac PE RVU 1.42 **2017 Fac PE RVU:** 1.30

RUC Recommendation: Review utilization at RAW Oct 2018. 1.44

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 15,619

2007 Work RVU: 13.09 **2017 Work RVU:** 12.13
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2017 Fac PE RVU:** 12.54

RUC Recommendation: 12.13 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67038 **Deleted from CPT**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:**

2007 Work RVU: 23.30 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 15.16 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2007 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 2,729

2007 Work RVU: 16.39 **2017 Work RVU:** 13.20
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.94 **2017 Fac PE RVU:** 13.21

RUC Recommendation: 13.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 9,656

2007 Work RVU: 19.23 **2017 Work RVU:** 14.50
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **2017 Fac PE RVU:** 14.04

RUC Recommendation: 14.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 13,830

2007 Work RVU: **2017 Work RVU:** 16.33
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.15

RUC Recommendation: 16.33 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 25,973

2007 Work RVU: **2017 Work RVU:** 16.33
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.18

RUC Recommendation: 16.33 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 655

2007 Work RVU: **2017 Work RVU:** 17.40
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 15.86

RUC Recommendation: 17.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2016 Medicare Utilization:** 592

2007 Work RVU: 8.60 **2017 Work RVU:** 3.50
2007 NF PE RVU: 9.04 **2017 NF PE RVU:** 5.53
2007 Fac PE RVU 6.51 **2017 Fac PE RVU:** 4.32

RUC Recommendation: 3.50 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67105 **Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2016 Medicare Utilization:** 6,082

2007 Work RVU: 8.35 **2017 Work RVU:** 3.39
2007 NF PE RVU: 7.99 **2017 NF PE RVU:** 4.76
2007 Fac PE RVU 6.13 **2017 Fac PE RVU:** 4.16

RUC Recommendation: 3.84 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 737

2007 Work RVU: 16.35 **2017 Work RVU:** 16.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **2017 Fac PE RVU:** 14.96

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 15,740

2007 Work RVU: 22.49 **2017 Work RVU:** 17.13
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **2017 Fac PE RVU:** 15.69

RUC Recommendation: 17.13

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 2,572

2007 Work RVU: 10.02 **2017 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2017 NF PE RVU:** 13.83
2007 Fac PE RVU 7.37 **2017 Fac PE RVU:** 12.05

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** April 2014 **2016 Medicare Utilization:**

2007 Work RVU: 18.45 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 11.71 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2016 Medicare Utilization:** 12,478

2007 Work RVU: **2017 Work RVU:** 19.00
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**17.63

RUC Recommendation: 19.00 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Medicare Utilization:** 67,337

2007 Work RVU: 9.35 **2017 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2017 NF PE RVU:** 7.86
2007 Fac PE RVU 5.84 **2017 Fac PE RVU:**7.37

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Medicare Utilization:** 4,620

2007 Work RVU: 14.19 **2017 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2017 NF PE RVU:** 8.30
2007 Fac PE RVU 8.90 **2017 Fac PE RVU:** 7.37

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** P **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2016 Medicare Utilization:** 227

2007 Work RVU: 0.47 **2017 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2017 NF PE RVU:** 0.34
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:** 0.30

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Medicare Utilization:** 77,750

2007 Work RVU: 13.67 **2017 Work RVU:** 4.39
2007 NF PE RVU: 11.20 **2017 NF PE RVU:** 4.94
2007 Fac PE RVU 8.43 **2017 Fac PE RVU:** 4.01

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2016 Medicare Utilization:** 1,332

2007 Work RVU: 9.97 **2017 Work RVU:** 8.38
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 9.61 **2017 Fac PE RVU:**10.38

RUC Recommendation: 10.17 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67500 **Retrobulbar injection; medication (separate procedure, does not include supply of medication)**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2016 Medicare Utilization:** 7,788

2007 Work RVU: 1.44 **2017 Work RVU:** 1.44
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:**0.49

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67505 **Retrobulbar injection; alcohol**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2016 Medicare Utilization:** 201

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 1.15
2007 Fac PE RVU 0.34 **2017 Fac PE RVU:**0.94

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67515 **Injection of medication or other substance into Tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** July 2016 **2016 Medicare Utilization:** 25,729

2007 Work RVU: 1.40 **2017 Work RVU:** 1.40
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 1.25
2007 Fac PE RVU 0.45 **2017 Fac PE RVU:**1.04

RUC Recommendation: 0.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry) **First Identified:** July 2015 **2016 Medicare Utilization:** 241,952

2007 Work RVU: 0.71 **2017 Work RVU:** 0.71
2007 NF PE RVU: 0.57 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.76

RUC Recommendation: 0.32 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 1,771

2007 Work RVU: 3.70 **2017 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2017 NF PE RVU:** 9.21
2007 Fac PE RVU 2.99 **2017 Fac PE RVU:**5.24

RUC Recommendation: 3.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 370

2007 Work RVU: 3.21 **2017 Work RVU:** 2.03
2007 NF PE RVU: 5.62 **2017 NF PE RVU:** 6.06
2007 Fac PE RVU 2.75 **2017 Fac PE RVU:**3.42

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 2,099

2007 Work RVU: 5.37 **2017 Work RVU:** 5.48
2007 NF PE RVU: 7.68 **2017 NF PE RVU:** 10.81
2007 Fac PE RVU 4.65 **2017 Fac PE RVU:**6.32

RUC Recommendation: 5.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 25,965

2007 Work RVU: 6.08 **2017 Work RVU:** 5.93
2007 NF PE RVU: 8.08 **2017 NF PE RVU:** 10.64
2007 Fac PE RVU 4.95 **2017 Fac PE RVU:**6.61

RUC Recommendation: 5.93 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 3,932

2007 Work RVU: 3.42 **2017 Work RVU:** 3.47
2007 NF PE RVU: 5.83 **2017 NF PE RVU:** 9.25
2007 Fac PE RVU 2.84 **2017 Fac PE RVU:**5.07

RUC Recommendation: 3.47 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Maintain

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67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 111

2007 Work RVU: 3.09 **2017 Work RVU:** 2.03
2007 NF PE RVU: 5.55 **2017 NF PE RVU:** 5.99
2007 Fac PE RVU 2.70 **2017 Fac PE RVU:**3.42

RUC Recommendation: 2.03 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Decrease

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67923 **Repair of entropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 1,701

2007 Work RVU: 5.94 **2017 Work RVU:** 5.48
2007 NF PE RVU: 7.76 **2017 NF PE RVU:** 10.81
2007 Fac PE RVU 4.86 **2017 Fac PE RVU:**6.33

RUC Recommendation: 5.48 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)**
Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2016 Medicare Utilization:** 11,552

2007 Work RVU: 5.84 **2017 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2017 NF PE RVU:** 11.42
2007 Fac PE RVU 4.57 **2017 Fac PE RVU:**6.62

RUC Recommendation: 5.93 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

68040 **Expression of conjunctival follicles (eg, for trachoma)**
Global: 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2016 Medicare Utilization:** 4,974

2007 Work RVU: 0.85 **2017 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.85
2007 Fac PE RVU 0.42 **2017 Fac PE RVU:**0.53

RUC Recommendation: Revised parenthetical **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

68200 **Subconjunctival injection**
Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2016 Medicare Utilization:** 9,979

2007 Work RVU: 0.49 **2017 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.46

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2016 Medicare Utilization:** 41,124

2007 Work RVU: 0.96 **2017 Work RVU:** 0.82
2007 NF PE RVU: 1.91 **2017 NF PE RVU:** 1.63
2007 Fac PE RVU 1.48 **2017 Fac PE RVU:**1.37

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2007 **2016 Medicare Utilization:** 30,272

2007 Work RVU: 2.63 **2017 Work RVU:** 1.54
2007 NF PE RVU: 3.62 **2017 NF PE RVU:** 2.80
2007 Fac PE RVU 2.70 **2017 Fac PE RVU:**1.97

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2016 Medicare Utilization:** 510

2007 Work RVU: 2.39 **2017 Work RVU:** 1.74
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2017 Fac PE RVU:**1.99

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**
Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2016 Medicare Utilization:** 8,132
2007 Work RVU: 3.24 **2017 Work RVU:** 2.70
2007 NF PE RVU: 7.82 **2017 NF PE RVU:** 8.30
2007 Fac PE RVU 2.74 **2017 Fac PE RVU:**3.38
RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**
Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2016 Medicare Utilization:** 281
2007 Work RVU: **2017 Work RVU:** 2.10
2007 NF PE RVU: **2017 NF PE RVU:** 15.94
2007 Fac PE RVU **2017 Fac PE RVU:**2.37
RUC Recommendation: 2.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 **Biopsy external ear**
Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2016 Medicare Utilization:** 143,949
2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2017 NF PE RVU:** 1.94
2007 Fac PE RVU 0.40 **2017 Fac PE RVU:**0.49
RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69200 **Removal foreign body from external auditory canal; without general anesthesia**
Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2016 Medicare Utilization:** 48,285
2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2017 NF PE RVU:** 1.48
2007 Fac PE RVU 0.56 **2017 Fac PE RVU:**0.49
RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69210 **Removal impacted cerumen requiring instrumentation, unilateral** **Global:** 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2016 Medicare Utilization:** 1,549,016

2007 Work RVU: 0.61 **2017 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.71
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:** 0.26

RUC Recommendation: 0.58. **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

69400 **Eustachian tube inflation, transnasal; with catheterization** **Global:** 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2016 Medicare Utilization:**

2007 Work RVU: 0.83 **2017 Work RVU:**
2007 NF PE RVU: 2.27 **2017 NF PE RVU:**
2007 Fac PE RVU 0.66 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

69401 **Eustachian tube inflation, transnasal; without catheterization** **Global:** 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2013 **2016 Medicare Utilization:**

2007 Work RVU: 0.63 **2017 Work RVU:**
2007 NF PE RVU: 1.30 **2017 NF PE RVU:**
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

69405 **Eustachian tube catheterization, transtympanic** **Global:** 010 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2016 Medicare Utilization:**

2007 Work RVU: 2.65 **2017 Work RVU:**
2007 NF PE RVU: 3.48 **2017 NF PE RVU:**
2007 Fac PE RVU 2.19 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2016 Medicare Utilization:** 46,932

2007 Work RVU: 1.54 **2017 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2017 NF PE RVU:** 3.94
2007 Fac PE RVU 1.60 **2017 Fac PE RVU:**1.98

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 19,428

2007 Work RVU: 8.61 **2017 Work RVU:** 2.06
2007 NF PE RVU: NA **2017 NF PE RVU:** 3.20
2007 Fac PE RVU 9.31 **2017 Fac PE RVU:**1.26

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 13.39 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 11.91 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Feburary 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2016 Medicare Utilization:** 3,430

2007 Work RVU: 17.60 **2017 Work RVU:** 17.73
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 14.06 **2017 Fac PE RVU:** 14.78

RUC Recommendation: 17.60

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 21,291

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.59 **2017 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70210 **Radiologic examination, sinuses, paranasal, less than 3 views**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 43,089

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 0.65
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review action plan

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

70220 **Radiologic examination, sinuses, paranasal, complete, minimum of 3 views** **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 73,008

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.82 **2017 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

70250 **Radiologic examination, skull; less than 4 views** **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 46,763

2007 Work RVU: 0.24 **2017 Work RVU:** 0.24
2007 NF PE RVU: 0.70 **2017 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

70310 **Radiologic examination, teeth; partial examination, less than full mouth** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 2,553

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70360 **Radiologic examination; neck, soft tissue**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 71,686

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.50 **2017 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording**

Global: XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2016 Medicare Utilization:** 4,845

2007 Work RVU: 0.84 **2017 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2017 NF PE RVU:** 1.65
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Maintain

70373 **Laryngography, contrast, radiological supervision and interpretation**

Global: XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.44 **2017 Work RVU:**
2007 NF PE RVU: 1.83 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2016 Medicare Utilization:** 5,722,071

2007 Work RVU: 0.85 **2017 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2017 NF PE RVU:** 2.37
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2016 Medicare Utilization:** 34,079

2007 Work RVU: 1.13 **2017 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2017 NF PE RVU:** 3.38
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2016 Medicare Utilization:** 115,712

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2017 NF PE RVU:** 4.07
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70480 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material** **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 51,619

2007 Work RVU: 1.28 **2017 Work RVU:** 1.28
2007 NF PE RVU: 5.86 **2017 NF PE RVU:** 5.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

70486 **Computed tomography, maxillofacial area; without contrast material** **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2016 Medicare Utilization:** 484,751

2007 Work RVU: 1.14 **2017 Work RVU:** 0.85
2007 NF PE RVU: 5.42 **2017 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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70487 **Computed tomography, maxillofacial area; with contrast material(s)** **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2016 Medicare Utilization:** 25,002

2007 Work RVU: 1.30 **2017 Work RVU:** 1.13
2007 NF PE RVU: 6.55 **2017 NF PE RVU:** 3.53
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2016 Medicare Utilization:** 3,731

2007 Work RVU: 1.42 **2017 Work RVU:** 1.27
2007 NF PE RVU: 8.11 **2017 NF PE RVU:** 4.42
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

70490 **Computed tomography, soft tissue neck; without contrast material**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 69,987

2007 Work RVU: 1.28 **2017 Work RVU:** 1.28
2007 NF PE RVU: 5.39 **2017 NF PE RVU:** 4.09
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.28 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70491 **Computed tomography, soft tissue neck; with contrast material(s)**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 248,983

2007 Work RVU: 1.38 **2017 Work RVU:** 1.38
2007 NF PE RVU: 6.48 **2017 NF PE RVU:** 5.18
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.38 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 24,289

2007 Work RVU: 1.45 **2017 Work RVU:** 1.45
2007 NF PE RVU: 8.04 **2017 NF PE RVU:** 6.30
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2016 Medicare Utilization:** 274,292

2007 Work RVU: 1.75 **2017 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2017 NF PE RVU:** 6.41
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2016 Medicare Utilization:** 295,442

2007 Work RVU: 1.75 **2017 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2017 NF PE RVU:** 6.39
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 11,675

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 12.11 **2017 NF PE RVU:** 7.09
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 1,253

2007 Work RVU: 1.62 **2017 Work RVU:** 1.62
2007 NF PE RVU: 14.09 **2017 NF PE RVU:** 7.85
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 55,402

2007 Work RVU: 2.15 **2017 Work RVU:** 2.15
2007 NF PE RVU: 23.65 **2017 NF PE RVU:** 9.47
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 279,826

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 12.46 **2017 NF PE RVU:** 9.78
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 3,710

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 12.44 **2017 NF PE RVU:** 9.67
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 17,945

2007 Work RVU: 1.80 **2017 Work RVU:** 1.80
2007 NF PE RVU: 22.97 **2017 NF PE RVU:** 14.97
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 83,555

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 12.45 **2017 NF PE RVU:** 9.83
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 23,986

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 12.65 **2017 NF PE RVU:** 10.37
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2016 Medicare Utilization:** 72,603

2007 Work RVU: 1.80 **2017 Work RVU:** 1.80
2007 NF PE RVU: 22.96 **2017 NF PE RVU:** 15.07
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2016 Medicare Utilization:** 1,081,767

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 12.20 **2017 NF PE RVU:** 4.95
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2016 Medicare Utilization:** 24,762

2007 Work RVU: 1.78 **2017 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2017 NF PE RVU:** 7.14
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2016 Medicare Utilization:** 978,339

2007 Work RVU: 2.36 **2017 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2017 NF PE RVU:** 8.22
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 2.36 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 17,094,303

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.50 **2017 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71015 **Radiologic examination, chest; stereo, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 489

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: XXX **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 11,660,843

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 5,965

2007 Work RVU: 0.27 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.79 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**
Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 13,770

2007 Work RVU: 0.31 **2017 Work RVU:** 0.31
2007 NF PE RVU: 0.84 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**
Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 3,371

2007 Work RVU: 0.38 **2017 Work RVU:** 0.38
2007 NF PE RVU: 1.06 **2017 NF PE RVU:** 1.38
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**
Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 9,011

2007 Work RVU: 0.31 **2017 Work RVU:** 0.31
2007 NF PE RVU: 0.88 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy**
Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 475

2007 Work RVU: 0.46 **2017 Work RVU:** 0.46
2007 NF PE RVU: 1.69 **2017 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)** **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 84,969

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.62 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71045 **Radiologic examination, chest; single view** **Global:** **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

71046 **Radiologic examination, chest; 2 views** **Global:** **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.22 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

71047 **Radiologic examination, chest; 3 views** **Global:** **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71048 **Radiologic examination, chest; 4 or more views**

Global:
Issue: Chest X-Ray
Screen: CMS High Expenditure Procedural Codes2
Complete? Yes

Most Recent RUC Meeting: April 2016
Tab 07
Specialty Developing Recommendation: ACR
First Identified: February 2016
2016 Medicare Utilization:
2007 Work RVU:
2017 Work RVU:
2007 NF PE RVU:
2017 NF PE RVU:
2007 Fac PE RVU
2017 Fac PE RVU:

RUC Recommendation: 0.31
Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: XXX
Issue: Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator
Screen: Codes Reported Together 75% or More-Part1
Complete? Yes

Most Recent RUC Meeting: April 2011
Tab 10
Specialty Developing Recommendation: ACC
First Identified: February 2010
2016 Medicare Utilization:
2007 Work RVU: 0.00
2017 Work RVU:
2007 NF PE RVU: NA
2017 NF PE RVU:
2007 Fac PE RVU NA
2017 Fac PE RVU:

RUC Recommendation: Deleted from CPT
Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX
Issue: X-Ray of Ribs
Screen: CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2
Complete? Yes

Most Recent RUC Meeting: April 2016
Tab 30
Specialty Developing Recommendation: ACR
First Identified: April 2013
2016 Medicare Utilization: 211,733
2007 Work RVU: 0.22
2017 Work RVU: 0.22
2007 NF PE RVU: 0.63
2017 NF PE RVU: 0.69
2007 Fac PE RVU NA
2017 Fac PE RVU: NA

RUC Recommendation: 0.22
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:** 291,323

2007 Work RVU: 0.27 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.75 **2017 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:** 28,304

2007 Work RVU: 0.27 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.84 **2017 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:** 29,747

2007 Work RVU: 0.32 **2017 Work RVU:** 0.32
2007 NF PE RVU: 1.00 **2017 NF PE RVU:** 1.01
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Chest **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 1,986,434

2007 Work RVU: 1.16 **2017 Work RVU:** 1.02
2007 NF PE RVU: 6.24 **2017 NF PE RVU:** 4.01
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

71260 **Computed tomography, thorax; with contrast material(s)**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 1,741,090

2007 Work RVU: 1.24 **2017 Work RVU:** 1.24
2007 NF PE RVU: 7.50 **2017 NF PE RVU:** 5.16
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.38 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71270 **Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 84,518

2007 Work RVU: 1.38 **2017 Work RVU:** 1.38
2007 NF PE RVU: 9.36 **2017 NF PE RVU:** 6.29
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 27 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2016 Medicare Utilization:** 1,022,343

2007 Work RVU: 1.92 **2017 Work RVU:** 1.82
2007 NF PE RVU: 12.53 **2017 NF PE RVU:** 6.54
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2016 Medicare Utilization:** 170,357

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.46 **2017 NF PE RVU:** 0.45
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2016 Medicare Utilization:** 641,093

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2016 Medicare Utilization:** 396,739

2007 Work RVU: 0.31 **2017 Work RVU:** 0.31
2007 NF PE RVU: 1.00 **2017 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.31 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2016 Medicare Utilization:** 94,997

2007 Work RVU: 0.36 **2017 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2017 NF PE RVU:** 1.19
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.35 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2016 Medicare Utilization:** 310,433

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72072 **Radiologic examination, spine; thoracic, 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2016 Medicare Utilization:** 201,123

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.78 **2017 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72074 **Radiologic examination, spine; thoracic, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2016 Medicare Utilization:** 14,997

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.96 **2017 NF PE RVU:** 0.86
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72080 **Radiologic examination, spine; thoracolumbar junction, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2016 Medicare Utilization:** 43,300

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.72 **2017 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2016 Medicare Utilization:** 1,902,811

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2017 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2009 **2016 Medicare Utilization:** 866,519

2007 Work RVU: 0.31 **2017 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2017 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.31 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2016 Medicare Utilization:** 97,516

2007 Work RVU: 0.36 **2017 Work RVU:** 0.32
2007 NF PE RVU: 1.36 **2017 NF PE RVU:** 1.40
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.31 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 20 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2016 Medicare Utilization:** 44,031

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2017 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2016 Medicare Utilization:** 1,113,566

2007 Work RVU: 1.16 **2017 Work RVU:** 1.07
2007 NF PE RVU: 6.24 **2017 NF PE RVU:** 4.08
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 20,765

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2017 NF PE RVU:** 5.15
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 2,510

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 9.30 **2017 NF PE RVU:** 6.27
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

72128 **Computed tomography, thoracic spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2016 Medicare Utilization:** 159,746

2007 Work RVU: 1.16 **2017 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2017 NF PE RVU:** 4.03
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72129 **Computed tomography, thoracic spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 18,899

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2017 NF PE RVU:** 5.18
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 1,507

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2017 NF PE RVU:** 6.30
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2016 Medicare Utilization:** 457,134

2007 Work RVU: 1.16 **2017 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2017 NF PE RVU:** 4.01
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 58,930

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2017 NF PE RVU:** 5.14
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 5,013

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2017 NF PE RVU:** 6.26
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2016 Medicare Utilization:** 572,819

2007 Work RVU: 1.60 **2017 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2017 NF PE RVU:** 4.76
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 4,183

2007 Work RVU: 1.92 **2017 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2017 NF PE RVU:** 7.28
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 199,657

2007 Work RVU: 1.60 **2017 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2017 NF PE RVU:** 4.77
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 3,615

2007 Work RVU: 1.92 **2017 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2017 NF PE RVU:** 7.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2016 Medicare Utilization:** 1,306,611

2007 Work RVU: 1.48 **2017 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2017 NF PE RVU:** 4.74
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 6,869

2007 Work RVU: 1.78 **2017 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2017 NF PE RVU:** 7.17
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 108,876

2007 Work RVU: 2.57 **2017 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2017 NF PE RVU:** 8.29
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.29 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 84,602

2007 Work RVU: 2.57 **2017 Work RVU:** 2.29
2007 NF PE RVU: 23.12 **2017 NF PE RVU:** 8.31
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.29 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 257,089

2007 Work RVU: 2.36 **2017 Work RVU:** 2.29
2007 NF PE RVU: 23.45 **2017 NF PE RVU:** 8.25
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.29 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 847,508

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72190 **Radiologic examination, pelvis; complete, minimum of 3 views** **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 55,433

2007 Work RVU: 0.21 **2017 Work RVU:** 0.24
2007 NF PE RVU: 0.76 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2016 Medicare Utilization:** 2,437

2007 Work RVU: 1.81 **2017 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2017 NF PE RVU:** 6.70
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.81 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72192 **Computed tomography, pelvis; without contrast material** **Global:** XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 162,788

2007 Work RVU: 1.09 **2017 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2017 NF PE RVU:** 2.97
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.09 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72193 **Computed tomography, pelvis; with contrast material(s)** **Global:** XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 34,002 **2007 Work RVU:** 1.16 **2017 Work RVU:** 1.16 **2007 NF PE RVU:** 7.20 **2017 NF PE RVU:** 5.14 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.16 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 5,870 **2007 Work RVU:** 1.22 **2017 Work RVU:** 1.22 **2007 NF PE RVU:** 9.06 **2017 NF PE RVU:** 6.04 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.22 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)** **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 76,786 **2007 Work RVU:** 1.46 **2017 Work RVU:** 1.46 **2007 NF PE RVU:** 12.19 **2017 NF PE RVU:** 9.03 **2007 Fac PE RVU** NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)**
Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 2,658

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 14.18 **2017 NF PE RVU:** 9.74
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.73 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences**
Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 133,429

2007 Work RVU: 2.26 **2017 Work RVU:** 2.26
2007 NF PE RVU: 23.71 **2017 NF PE RVU:** 11.86
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72200 **Radiologic examination, sacroiliac joints; less than 3 views**
Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2016 Medicare Utilization:** 16,046

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72202 **Radiologic examination, sacroiliac joints; 3 or more views**
Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2016 Medicare Utilization:** 32,502

2007 Work RVU: 0.19 **2017 Work RVU:** 0.19
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72220 **Radiologic examination, sacrum and coccyx, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2016 **2016 Medicare Utilization:** 121,312

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72240 **Myelography, cervical, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 1,164

2007 Work RVU: 0.91 **2017 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2017 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72255 **Myelography, thoracic, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2016 Medicare Utilization:** 167

2007 Work RVU: 0.91 **2017 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2017 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 5,141

2007 Work RVU: 0.83 **2017 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2017 NF PE RVU:** 1.72
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.83

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2016 Medicare Utilization:** 1,096

2007 Work RVU: 1.33 **2017 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2017 NF PE RVU:** 2.18
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.33

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2016 Medicare Utilization:** 77,792

2007 Work RVU: 0.76 **2017 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2017 NF PE RVU:** 2.45
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73000 **Radiologic examination; clavicle, complete**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 98,463

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73010 **Radiologic examination; scapula, complete**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 53,333

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

73020 **Radiologic examination, shoulder; 1 view**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 137,717

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.50 **2017 NF PE RVU:** 0.48
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exam of Shoulder **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 26 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2010 **2016 Medicare Utilization:** 2,573,713

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

73060 **Radiologic examination; humerus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 354,133

2007 Work RVU: 0.17 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73070 **Radiologic examination, elbow; 2 views** **Global:** XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2016 Medicare Utilization:** 233,665

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73080 **Radiologic examination, elbow; complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Elbow/Forearm **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** October 2009 **2016 Medicare Utilization:** 375,554

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73090 **Radiologic examination; forearm, 2 views** **Global:** XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2016 Medicare Utilization:** 237,419

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73100 **Radiologic examination, wrist; 2 views** **Global:** XXX **Issue:** X-Ray Wrist **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 32 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 318,951

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.55 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73110 **Radiologic examination, wrist; complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Wrist **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 32 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 1,016,513

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73120 **Radiologic examination, hand; 2 views** **Global:** XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 280,566

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73130 **Radiologic examination, hand; minimum of 3 views** **Global:** XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 1,148,099

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.60 **2017 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73140 **Radiologic examination, finger(s), minimum of 2 views** **Global:** XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 370,822

2007 Work RVU: 0.13 **2017 Work RVU:** 0.13
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.13 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73200 **Computed tomography, upper extremity; without contrast material** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 23 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 99,609

2007 Work RVU: 1.09 **2017 Work RVU:** 1.00
2007 NF PE RVU: 5.50 **2017 NF PE RVU:** 4.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.09 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73201 **Computed tomography, upper extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 16,726

2007 Work RVU: 1.16 **2017 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2017 NF PE RVU:** 5.04
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections**
Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 2,052

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2017 NF PE RVU:** 6.52
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**
Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2016 Medicare Utilization:** 4,492

2007 Work RVU: 1.81 **2017 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2017 NF PE RVU:** 7.34
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Survey with all CTA codes for October 2013. **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)**
Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 32,808

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2017 NF PE RVU:** 8.86
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant published. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

Status Report: CMS Requests and Relativity Assessment Issues

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 447,661

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2017 NF PE RVU:** 5.25
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.52 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 404,599

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.64
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 2,560,396

2007 Work RVU: **2017 Work RVU:** 0.22
2007 NF PE RVU: **2017 NF PE RVU:** 0.93
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73503 **Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 47,483

2007 Work RVU: **2017 Work RVU:** 0.27
2007 NF PE RVU: **2017 NF PE RVU:** 1.16
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.21 **2017 Work RVU:**
2007 NF PE RVU: 0.67 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2007 NF PE RVU:** 0.76 **2007 Fac PE RVU** NA

2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 196,923

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 0.22 **2017 NF PE RVU:** 0.88 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.22

Referred to CPT October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Decrease

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 159,493

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 0.29 **2017 NF PE RVU:** 1.06 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.29

Referred to CPT October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 80,656

2007 Work RVU: **2017 Work RVU:** 0.31
2007 NF PE RVU: **2017 NF PE RVU:** 1.26
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.20 **2017 Work RVU:**
2007 NF PE RVU: 0.68 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.59 **2017 Work RVU:**
2007 NF PE RVU: 1.98 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

73550 **Radiologic examination, femur, 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.61 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73551 **Radiologic examination, femur; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 47,025

2007 Work RVU: **2017 Work RVU:** 0.16
2007 NF PE RVU: **2017 NF PE RVU:** 0.61
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73552 **Radiologic examination, femur; minimum 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2016 Medicare Utilization:** 527,794

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.72
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73560 **Radiologic examination, knee; 1 or 2 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 1,962,259

2007 Work RVU: 0.17 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73562 **Radiologic examination, knee; 3 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 2,333,838

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73564 **Radiologic examination, knee; complete, 4 or more views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 1,432,770

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2017 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73565 **Radiologic examination, knee; both knees, standing, anteroposterior** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 282,853

2007 Work RVU: 0.17 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2017 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2016 Medicare Utilization:** 44,509

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2017 NF PE RVU:** 2.62
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review October 2020 via action plan. Show data for the total joint replacement codes in correlation with this service.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 503,510

2007 Work RVU: 0.17 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2017 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2016 Medicare Utilization:** 258,592

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73610 **Radiologic examination, ankle; complete, minimum of 3 views**
Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2016 Medicare Utilization:** 1,261,002

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**
Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2016 Medicare Utilization:** 682,244

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73630 **Radiologic examination, foot; complete, minimum of 3 views**
Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2016 Medicare Utilization:** 2,643,290

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.60 **2017 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73650 **Radiologic examination; calcaneus, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Heel **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 23 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2016 Medicare Utilization:** 98,835

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.53 **2017 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73660 **Radiologic examination; toe(s), minimum of 2 views** **Global:** XXX **Issue:** X-Ray Toe **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 24 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2016 Medicare Utilization:** 120,372

2007 Work RVU: 0.13 **2017 Work RVU:** 0.13
2007 NF PE RVU: 0.50 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.13 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 262,311

2007 Work RVU: 1.09 **2017 Work RVU:** 1.00
2007 NF PE RVU: 5.50 **2017 NF PE RVU:** 4.01
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.09 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73701 **Computed tomography, lower extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 36,591

2007 Work RVU: 1.16 **2017 Work RVU:** 1.16
2007 NF PE RVU: 6.60 **2017 NF PE RVU:** 5.14
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2016 Medicare Utilization:** 4,871

2007 Work RVU: 1.22 **2017 Work RVU:** 1.22
2007 NF PE RVU: 8.40 **2017 NF PE RVU:** 6.43
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2016 Medicare Utilization:** 14,095

2007 Work RVU: 1.90 **2017 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2017 NF PE RVU:** 8.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Survey for October 2013. Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 131,806

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 12.14 **2017 NF PE RVU:** 8.84
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 1,668

2007 Work RVU: 1.62 **2017 Work RVU:** 1.62
2007 NF PE RVU: 14.12 **2017 NF PE RVU:** 9.70
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.62

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73720 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 57,017

2007 Work RVU: 2.15 **2017 Work RVU:** 2.15
2007 NF PE RVU: 23.70 **2017 NF PE RVU:** 11.89
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 656,372

2007 Work RVU: 1.35 **2017 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2017 NF PE RVU:** 5.24
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 2,160,182

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.55 **2017 NF PE RVU:** 0.47
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 34,747

2007 Work RVU: 0.23 **2017 Work RVU:** 0.23
2007 NF PE RVU: 0.68 **2017 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74018 **Radiologic examination, abdomen; 1 view**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74019 **Radiologic examination, abdomen; 2 views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 583,131

2007 Work RVU: 0.27 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.72 **2017 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74021 **Radiologic examination, abdomen; 3 or more views**

Global:
Issue: Abdominal X-Ray
Screen: CMS High Expenditure Procedural Codes2
Complete? Yes

Most Recent RUC Meeting: April 2016
Tab 08
Specialty Developing Recommendation: ACR
First Identified: February 2016
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: 0.27
Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

74022 **Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest**

Global: XXX
Issue: Abdominal X-Ray
Screen: CMS High Expenditure Procedural Codes2
Complete? Yes

Most Recent RUC Meeting: April 2016
Tab 08
Specialty Developing Recommendation: ACR
First Identified: July 2015
2016 Medicare Utilization: 485,247
2007 Work RVU: 0.32
2007 NF PE RVU: 0.85
2007 Fac PE RVU NA
2017 Work RVU: 0.32
2017 NF PE RVU: 0.91
2017 Fac PE RVU:NA

RUC Recommendation: 0.32
Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX
Issue: CT Abdomen
Screen: Codes Reported Together 95% or More / CMS Request - Final Rule for 2012
Complete? Yes

Most Recent RUC Meeting: February 2008
Tab S
Specialty Developing Recommendation: ACR
First Identified: February 2008
2016 Medicare Utilization: 92,261
2007 Work RVU: 1.19
2007 NF PE RVU: 5.97
2007 Fac PE RVU NA
2017 Work RVU: 1.19
2017 NF PE RVU: 2.96
2017 Fac PE RVU:NA

RUC Recommendation: Review PE. 0.35
Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 122,454

2007 Work RVU: 1.27 **2017 Work RVU:** 1.27
2007 NF PE RVU: 7.53 **2017 NF PE RVU:** 5.17
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.42 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 105,531

2007 Work RVU: 1.40 **2017 Work RVU:** 1.40
2007 NF PE RVU: 9.60 **2017 NF PE RVU:** 5.92
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.40 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2016 Medicare Utilization:** 203,964

2007 Work RVU: **2017 Work RVU:** 2.20
2007 NF PE RVU: **2017 NF PE RVU:** 8.63
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2016 Medicare Utilization:** 44,326

2007 Work RVU: 1.90 **2017 Work RVU:** 1.82
2007 NF PE RVU: 12.39 **2017 NF PE RVU:** 6.73
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.82 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2016 Medicare Utilization:** 2,283,743

2007 Work RVU: **2017 Work RVU:** 1.74
2007 NF PE RVU: **2017 NF PE RVU:** 3.83
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2016 Medicare Utilization:** 2,881,274

2007 Work RVU: **2017 Work RVU:** 1.82
2007 NF PE RVU: **2017 NF PE RVU:** 6.86
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.82 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2016 Medicare Utilization:** 543,683

2007 Work RVU: **2017 Work RVU:** 2.01
2007 NF PE RVU: **2017 NF PE RVU:** 7.84
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.01 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 113,339

2007 Work RVU: 1.46 **2017 Work RVU:** 1.46
2007 NF PE RVU: 11.71 **2017 NF PE RVU:** 7.83
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 4,944

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 14.63 **2017 NF PE RVU:** 10.98
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 270,700

2007 Work RVU: 2.26 **2017 Work RVU:** 2.26
2007 NF PE RVU: 23.72 **2017 NF PE RVU:** 11.89
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74210 **Radiologic examination; pharynx and/or cervical esophagus**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2016 Medicare Utilization:** 1,974

2007 Work RVU: 0.36 **2017 Work RVU:** 0.36
2007 NF PE RVU: 1.40 **2017 NF PE RVU:** 1.80
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74220 **Radiologic examination; esophagus**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2016 **2016 Medicare Utilization:** 198,790

2007 Work RVU: 0.46 **2017 Work RVU:** 0.46
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 1.99
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74230 **Swallowing function, with cineradiography/videoradiography**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 363,527

2007 Work RVU: 0.53 **2017 Work RVU:** 0.53
2007 NF PE RVU: 1.57 **2017 NF PE RVU:** 3.04
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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74240 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 62,226

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 1.80 **2017 NF PE RVU:** 2.44
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

74246 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 41,867

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 2.06 **2017 NF PE RVU:** 2.84
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:** 24,936

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2017 NF PE RVU:** 3.25
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74250 **Radiologic examination, small intestine, includes multiple serial images;**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 55,323

2007 Work RVU: 0.47 **2017 Work RVU:** 0.47
2007 NF PE RVU: 1.68 **2017 NF PE RVU:** 2.42
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

74270 **Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 37,259

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 2.29 **2017 NF PE RVU:** 3.49
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:** 13,910

2007 Work RVU: 0.99 **2017 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2017 NF PE RVU:** 4.96
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.99

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74305 **Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 3.00 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: 0.70 **2017 Work RVU:**
2007 NF PE RVU: 2.19 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:** 10,120

2007 Work RVU: 0.49 **2017 Work RVU:** 0.49
2007 NF PE RVU: 2.00 **2017 NF PE RVU:** 2.58
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74420 **Urography, retrograde, with or without KUB**

Global: XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 26 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2016 Medicare Utilization:** 158,959

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:** 4,816

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Survey October 2018 **Referred to CPT** October 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 3.69 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 3.69 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74485 **Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation**

Global: XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:** 2,837

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 3.03 **2017 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation:

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result:

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2016 Medicare Utilization:** 51,314

2007 Work RVU: **2017 Work RVU:** 2.40
2007 NF PE RVU: **2017 NF PE RVU:** 9.34
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Remove from Screen

75625 **Aortography, abdominal, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 99,225

2007 Work RVU: 1.14 **2017 Work RVU:** 1.14
2007 NF PE RVU: 10.55 **2017 NF PE RVU:** 2.60
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result:

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 99,705

2007 Work RVU: 2.40 **2017 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2017 NF PE RVU:** 8.21
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.49 **2017 Work RVU:**
2007 NF PE RVU: 10.66 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.66 **2017 Work RVU:**
2007 NF PE RVU: 11.08 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.66 **2017 Work RVU:**
2007 NF PE RVU: 10.96 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 147,827

2007 Work RVU: 1.14 **2017 Work RVU:** 1.14
2007 NF PE RVU: 10.72 **2017 NF PE RVU:** 3.29
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.75 and review utilization in October 2018 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 80,180

2007 Work RVU: 1.31 **2017 Work RVU:** 1.31
2007 NF PE RVU: 10.96 **2017 NF PE RVU:** 3.80
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.14 **2017 Work RVU:**
2007 NF PE RVU: 10.7 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.49 **2017 Work RVU:**
2007 NF PE RVU: 11.15 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75726 **Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 43,835

2007 Work RVU: 1.14 **2017 Work RVU:** 1.14
2007 NF PE RVU: 10.61 **2017 NF PE RVU:** 2.99
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75774 **Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 71,596

2007 Work RVU: 0.36 **2017 Work RVU:** 0.36
2007 NF PE RVU: 10.15 **2017 NF PE RVU:** 2.04
2007 Fac PE RVU 10.15 **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.84 **2017 Work RVU:**
2007 NF PE RVU: 2.20 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 15,462

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**
Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Medicare Utilization:** 365

2007 Work RVU: 1.44 **2017 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2017 NF PE RVU:** 2.89
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**
Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2016 Medicare Utilization:** 538

2007 Work RVU: 1.44 **2017 Work RVU:** 1.44
2007 NF PE RVU: 10.60 **2017 NF PE RVU:** 2.94
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**
Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 8,148

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review utilization October 2018 **Referred to CPT** RAW will assess Oct 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT

Referred to CPT February 2014 February 2015 May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2016 Medicare Utilization:** 10,665

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review utilization data Oct 2018. Carrier Price.

Referred to CPT February 2014 February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: XXX **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Medicare Utilization:** 16,758

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2016 Medicare Utilization:** 11,720

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 685

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 4.24 **2017 Work RVU:**
2007 NF PE RVU: 9.99 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2016 Medicare Utilization:** 50,062

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 12.8 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2016 Medicare Utilization:** 1,199

2007 Work RVU: 0.36 **2017 Work RVU:**
2007 NF PE RVU: 6.96 **2017 NF PE RVU:**
2007 Fac PE RVU 6.96 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2016 Medicare Utilization:** 2,035

2007 Work RVU: 1.31 **2017 Work RVU:**
2007 NF PE RVU: 13.18 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2016 Medicare Utilization:** 215

2007 Work RVU: 0.36 **2017 Work RVU:**
2007 NF PE RVU: 6.99 **2017 NF PE RVU:**
2007 Fac PE RVU 6.99 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **2016 Medicare Utilization:** 279,813

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 12.72 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2016 Medicare Utilization:** 17,988

2007 Work RVU: 0.72 **2017 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2017 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review utilization data October 2018 **Referred to CPT** RAW will assess Oct 2018 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 Deleted from CPT

Global: XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75993 Deleted from CPT

Global: ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75994 Revised to Category III

Global: XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75995 Revised to Category III

Global: XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75996 **Revised to Category III**

Global: ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time**

Global: XXX **Issue:** Fluoroscopy **Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 27 **Specialty Developing Recommendation:** ACR, APMA **First Identified:** October 2010 **2016 Medicare Utilization:** 120,255

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2017 NF PE RVU:** 1.14
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

76001 **Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)**

Global: XXX **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2016 Medicare Utilization:** 5,650

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

76098 **Radiological examination, surgical specimen**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 58,705

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.43 **2017 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2016 Medicare Utilization:** 5,213

2007 Work RVU: 0.58 **2017 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2017 NF PE RVU:** 1.95
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2016 Medicare Utilization:** 6

2007 Work RVU: 0.58 **2017 Work RVU:** 0.58
2007 NF PE RVU: 2.50 **2017 NF PE RVU:** 3.05
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2016 Medicare Utilization:** 1,456

2007 Work RVU: 0.58 **2017 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2017 NF PE RVU:** 4.23
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

76376 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 204,530

2007 Work RVU: 0.20 **2017 Work RVU:** 0.20
2007 NF PE RVU: 2.95 **2017 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2016 Medicare Utilization:** 14,849

2007 Work RVU: 1.55 **2017 Work RVU:** 1.55
2007 NF PE RVU: 2.73 **2017 NF PE RVU:** 3.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2016 Medicare Utilization:** 4,672

2007 Work RVU: 0.94 **2017 Work RVU:** 0.94
2007 NF PE RVU: 2.17 **2017 NF PE RVU:** 1.92
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)** **Global:** XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2016 Medicare Utilization:** 206,016

2007 Work RVU: 0.94 **2017 Work RVU:** 0.94
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 1.66
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy** **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** February 2008 **2016 Medicare Utilization:** 26,169

2007 Work RVU: 0.66 **2017 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2017 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.66 and CPT Assistant article published **Referred to CPT** May 2008 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

76514 **Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)** **Global:** XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2016 Medicare Utilization:** 483,129

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.15 **2017 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76516 **Ophthalmic biometry by ultrasound echography, A-scan;** **Global:** XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2016 Medicare Utilization:** 3,501

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.39 **2017 NF PE RVU:** 1.66
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**
Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2016 Medicare Utilization:** 295,081

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.49 **2017 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**
Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2016 Medicare Utilization:** 852,405

2007 Work RVU: 0.56 **2017 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2017 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76604 **Ultrasound, chest (includes mediastinum), real time with image documentation**
Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 84,758

2007 Work RVU: 0.55 **2017 Work RVU:** 0.55
2007 NF PE RVU: 1.54 **2017 NF PE RVU:** 1.92
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete**
Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2016 Medicare Utilization:** 523,228

2007 Work RVU: **2017 Work RVU:** 0.73
2007 NF PE RVU: **2017 NF PE RVU:** 2.27
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2016 Medicare Utilization:** 728,881

2007 Work RVU: **2017 Work RVU:** 0.68
2007 NF PE RVU: **2017 NF PE RVU:** 1.78
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.54 **2017 Work RVU:**
2007 NF PE RVU: 1.41 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76700 **Ultrasound, abdominal, real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 994,284

2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2017 NF PE RVU:** 2.62
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2016 Medicare Utilization:** 1,073,241

2007 Work RVU: 0.59 **2017 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2017 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)**

Global: XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.55
2007 NF PE RVU: **2017 NF PE RVU:** 2.07
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.55 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:** 1,294,498

2007 Work RVU: 0.74 **2017 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2017 NF PE RVU:** 2.43
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:** 635,634

2007 Work RVU: 0.58 **2017 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2017 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.58 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 13,716

2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2017 NF PE RVU:** 1.74
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 466,829

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 2.74
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2016 Medicare Utilization:** 489,014

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2017 NF PE RVU:** 2.40
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2016 Medicare Utilization:** 213,274

2007 Work RVU: 0.38 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.99 **2017 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2016 Medicare Utilization:** 136,713

2007 Work RVU: 0.64 **2017 Work RVU:** 0.64
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 1.25
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2016 Medicare Utilization:** 200,360

2007 Work RVU: 0.69 **2017 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2017 NF PE RVU:** 1.98
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76880 **Deleted from CPT**

Global: XXX **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.59 **2017 Work RVU:**
2007 NF PE RVU: 1.97 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

76881 **Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2016 Medicare Utilization:** 211,923

2007 Work RVU: **2017 Work RVU:** 0.63
2007 NF PE RVU: **2017 NF PE RVU:** 2.69
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Revised PE. RAW review in Oct 2019.

Referred to CPT June 2017
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

Result:

Status Report: CMS Requests and Relativity Assessment Issues

76882 **Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2016 Medicare Utilization:** 239,576

2007 Work RVU: **2017 Work RVU:** 0.49
2007 NF PE RVU: **2017 NF PE RVU:** 0.49
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Revised PE. RAW review in Oct 2019. **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2016 Medicare Utilization:** 2,296

2007 Work RVU: 0.67 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.85 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2016 Medicare Utilization:** 1,316

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: July 2013 **2016 Medicare Utilization:** 1,017

2007 Work RVU: 1.99 **2017 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2017 NF PE RVU:** 5.49
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: July 2013 **2016 Medicare Utilization:** 1,373

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 35 **Specialty Developing Recommendation:** AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES

First Identified: April 2011 **2016 Medicare Utilization:** 1,199,473

2007 Work RVU: 0.67 **2017 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2017 NF PE RVU:** 1.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review utilization at the RAW. 0.67

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2016 Medicare Utilization:** 10

2007 Work RVU: 0.38 **2017 Work RVU:** 0.67
2007 NF PE RVU: 1.34 **2017 NF PE RVU:** 1.31
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.58 **2017 Work RVU:**
2007 NF PE RVU: 1.43 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2016 Medicare Utilization:** 5,911

2007 Work RVU: 1.34 **2017 Work RVU:** 1.34
2007 NF PE RVU: 4.80 **2017 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2016 Medicare Utilization:** 26,700

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2017 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2016 Medicare Utilization:** 430,157

2007 Work RVU: 0.38 **2017 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2017 NF PE RVU:** 1.96
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.38

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2016 Medicare Utilization:** 495,234

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.40 **2017 NF PE RVU:** 2.04
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** October 2010 **2016 Medicare Utilization:** 244,152

2007 Work RVU: 0.60 **2017 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2017 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77011 **Computed tomography guidance for stereotactic localization** **Global:** XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2016 Medicare Utilization:** 5,110

2007 Work RVU: 1.21 **2017 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2017 NF PE RVU:** 5.03
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation** **Global:** XXX **Issue:** CT Scan for Needle Biopsy **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 29 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2016 Medicare Utilization:** 204,058

2007 Work RVU: 1.16 **2017 Work RVU:** 1.16
2007 NF PE RVU: 7.02 **2017 NF PE RVU:** 2.27
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan. 1.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields** **Global:** XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 1,701,952

2007 Work RVU: 0.85 **2017 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2017 NF PE RVU:** 2.45
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT. Maintain current value. Review after additional data available after coding changes effective (October 2021) **Referred to CPT** September 2018 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 1.59 **2017 Work RVU:**
2007 NF PE RVU: 6.19 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.56 **2017 Work RVU:**
2007 NF PE RVU: 1.26 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** **2016 Medicare Utilization:** 1,010,440

2007 Work RVU: 0.06 **2017 Work RVU:**
2007 NF PE RVU: 0.38 **2017 NF PE RVU:**
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2016 Medicare Utilization:** 5,509,435

2007 Work RVU: 0.06 **2017 Work RVU:**
2007 NF PE RVU: 0.38 **2017 NF PE RVU:**
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77055 **Mammography; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2016 Medicare Utilization:** 19,922

2007 Work RVU: 0.70 **2017 Work RVU:**
2007 NF PE RVU: 1.34 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77056 **Mammography; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2016 Medicare Utilization:** 16,876

2007 Work RVU: 0.87 **2017 Work RVU:**
2007 NF PE RVU: 1.68 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77057 **Screening mammography, bilateral (2-view study of each breast)**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2016 Medicare Utilization:** 93,838

2007 Work RVU: 0.70 **2017 Work RVU:**
2007 NF PE RVU: 1.43 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 1,931

2007 Work RVU: 1.63 **2017 Work RVU:** 1.63
2007 NF PE RVU: 18.76 **2017 NF PE RVU:** 13.54
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2016 Medicare Utilization:** 74,004

2007 Work RVU: 1.63 **2017 Work RVU:** 1.63
2007 NF PE RVU: 23.46 **2017 NF PE RVU:** 13.44
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.81 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77066 **Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 1.00 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77073 **Bone length studies (orthoroentgenogram, scanogram)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 47,840

2007 Work RVU: 0.27 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.81 **2017 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77075 **Radiologic examination, osseous survey; complete (axial and appendicular skeleton)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 51,182

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2017 NF PE RVU:** 1.88
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan

Referred to CPT **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77077 **Joint survey, single view, 2 or more joints (specify)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 35,845

2007 Work RVU: 0.31 **2017 Work RVU:** 0.31
2007 NF PE RVU: 1.07 **2017 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan

Referred to CPT **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.22 **2017 Work RVU:**
2007 NF PE RVU: 2.45 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2016 Medicare Utilization:** 2,272,201

2007 Work RVU: 0.20 **2017 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2017 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77081 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 32,545

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 0.80 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Survey for January 2018 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.71 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.20 **2017 Work RVU:**
2007 NF PE RVU: 0.71 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2016 Medicare Utilization:** 111,598

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 1.25
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2016 Medicare Utilization:** 2,558

2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 0.81
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2016 Medicare Utilization:** 8,998

2007 Work RVU: 1.39 **2017 Work RVU:** 1.39
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.68
2007 Fac PE RVU 0.51 **2017 Fac PE RVU:**0.68

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77262 **Therapeutic radiology treatment planning; intermediate**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2016 Medicare Utilization:** 3,833

2007 Work RVU: 2.11 **2017 Work RVU:** 2.11
2007 NF PE RVU: 0.74 **2017 NF PE RVU:** 0.96
2007 Fac PE RVU 0.74 **2017 Fac PE RVU:**0.96

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2016 Medicare Utilization:** 282,354

2007 Work RVU: 3.14 **2017 Work RVU:** 3.14
2007 NF PE RVU: 1.10 **2017 NF PE RVU:** 1.34
2007 Fac PE RVU 1.10 **2017 Fac PE RVU:**1.34

RUC Recommendation: 3.14 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2011 **2016 Medicare Utilization:** 317,273

2007 Work RVU: 0.70 **2017 Work RVU:** 0.70
2007 NF PE RVU: 3.89 **2017 NF PE RVU:** 7.03
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2016 Medicare Utilization:** 3,602

2007 Work RVU: 1.05 **2017 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2017 NF PE RVU:** 11.28
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.05 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Medicare Utilization:** 245,163

2007 Work RVU: 1.56 **2017 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2017 NF PE RVU:** 13.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.56 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2016 Medicare Utilization:** 19,818

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 2.00 **2017 NF PE RVU:** 11.12 **2017 Fac PE RVU:**NA

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77295 **3-dimensional radiotherapy plan, including dose-volume histograms** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2016 Medicare Utilization:** 147,997

2007 Work RVU: 4.56 **2007 NF PE RVU:** 23.92 **2007 Fac PE RVU** NA

2017 Work RVU: 4.29 **2017 NF PE RVU:** 9.40 **2017 Fac PE RVU:**NA

RUC Recommendation: 4.29 **Referred to CPT** October 2012, October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Medicare Utilization:** 1,235,675

2007 Work RVU: 0.62 **2007 NF PE RVU:** 1.45 **2007 Fac PE RVU** NA

2017 Work RVU: 0.62 **2017 NF PE RVU:** 1.23 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.62 **Referred to CPT** February 2014, October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2016 Medicare Utilization:** 116,092

2007 Work RVU: 7.99 **2017 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2017 NF PE RVU:** 46.87
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.70 **2017 Work RVU:**
2007 NF PE RVU: 1.79 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2016 Medicare Utilization:** 3,409

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 2.76
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.40

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2016 Medicare Utilization:** 52,794

2007 Work RVU: **2017 Work RVU:** 2.90
2007 NF PE RVU: **2017 NF PE RVU:** 5.15
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.05 **2017 Work RVU:**
2007 NF PE RVU: 2.32 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.56 **2017 Work RVU:**
2007 NF PE RVU: 2.90 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 4,294

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 3.86
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 3,756

2007 Work RVU: **2017 Work RVU:** 1.83
2007 NF PE RVU: **2017 NF PE RVU:** 5.02
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 6,690

2007 Work RVU: **2017 Work RVU:** 2.90
2007 NF PE RVU: **2017 NF PE RVU:** 6.99
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.90 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.93 **2017 Work RVU:**
2007 NF PE RVU: 2.75 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.39 **2017 Work RVU:**
2007 NF PE RVU: 3.97 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 2.09 **2017 Work RVU:**
2007 NF PE RVU: 5.54 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2016 Medicare Utilization:** 79,014

2007 Work RVU: 0.54 **2017 Work RVU:** 0.45
2007 NF PE RVU: 1.53 **2017 NF PE RVU:** 1.43
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst **Published in CPT Asst:**

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2016 Medicare Utilization:** 12,085

2007 Work RVU: 0.84 **2017 Work RVU:** 0.75
2007 NF PE RVU: 1.75 **2017 NF PE RVU:** 1.95
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2016 Medicare Utilization:** 872,477

2007 Work RVU: 1.24 **2017 Work RVU:** 1.15
2007 NF PE RVU: 3.43 **2017 NF PE RVU:** 2.50
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:** 424,084

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2017 NF PE RVU:** 2.18
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 136,487

2007 Work RVU: **2017 Work RVU:** 4.29
2007 NF PE RVU: **2017 NF PE RVU:** 9.87
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2016 Medicare Utilization:** 75

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 30.25 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.00

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** **2016 Medicare Utilization:** 946

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 22.93 **2017 NF PE RVU:** 30.29
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2016 Medicare Utilization:** 22,244

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2017 NF PE RVU:** 38.45
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:**0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77387 **Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.58

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77402 **Radiation treatment delivery, >=1 MeV; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 2.37 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013 and Feburary 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.27 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.38 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.38 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77407 **Radiation treatment delivery, >=1 MeV; intermediate**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 2.93 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 2.87 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.02 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.01 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >=1 MeV; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.46 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.68 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 3.68 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 16.8 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

Status Report: CMS Requests and Relativity Assessment Issues

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.39 **2017 Work RVU:**
2007 NF PE RVU: 3.11 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 4.58 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77423 **High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 3.84 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2016 Medicare Utilization:** 1,085,351

2007 Work RVU: 3.70 **2017 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2017 NF PE RVU:** 1.66
2007 Fac PE RVU 1.15 **2017 Fac PE RVU:** 1.66

RUC Recommendation: 3.45. Remove from high E/M screen.

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77435 **Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Medicare Utilization:** 26,904

2007 Work RVU: 13.00 **2017 Work RVU:** 11.87
2007 NF PE RVU: 4.63 **2017 NF PE RVU:** 5.17
2007 Fac PE RVU NA **2017 Fac PE RVU:** 5.17

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 41 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2016 Medicare Utilization:** 95,970

2007 Work RVU: 2.09 **2017 Work RVU:** 2.03
2007 NF PE RVU: 9.35 **2017 NF PE RVU:** 1.96
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Medicare Utilization:** 46,008

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Remove from screen

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77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2016 Medicare Utilization:** 4,912

2007 Work RVU: 1.56 **2017 Work RVU:** 1.31
2007 NF PE RVU: 5.09 **2017 NF PE RVU:** 10.33
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** PE Only

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77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Medicare Utilization:** 4,597

2007 Work RVU: **2017 Work RVU:** 1.05
2007 NF PE RVU: **2017 NF PE RVU:** 5.25
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.05 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Medicare Utilization:** 7,634

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 1.40 **2017 NF PE RVU:** 8.50 **2017 Fac PE RVU:**NA

RUC Recommendation: 1.40 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Medicare Utilization:** 16,430

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 1.95 **2017 NF PE RVU:** 7.03 **2017 Fac PE RVU:**NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Medicare Utilization:** 23,236

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 3.80 **2017 NF PE RVU:** 12.92 **2017 Fac PE RVU:**NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2016 Medicare Utilization:** 3,914

2007 Work RVU: **2017 Work RVU:** 5.40
2007 NF PE RVU: **2017 NF PE RVU:** 20.15
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77776 **Interstitial radiation source application; simple**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: 4.67 **2017 Work RVU:**
2007 NF PE RVU: 4.23 **2017 NF PE RVU:**
2007 Fac PE RVU 4.23 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77777 **Interstitial radiation source application; intermediate**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: 7.49 **2017 Work RVU:**
2007 NF PE RVU: 6.92 **2017 NF PE RVU:**
2007 Fac PE RVU 6.92 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**
Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:** 4,857
2007 Work RVU: 11.23 **2017 Work RVU:** 8.78
2007 NF PE RVU: 9.38 **2017 NF PE RVU:** 14.04
2007 Fac PE RVU 9.38 **2017 Fac PE RVU:**NA
RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**
Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2016 Medicare Utilization:**
2007 Work RVU: 1.21 **2017 Work RVU:**
2007 NF PE RVU: 16.73 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT**
Global: XXX **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2016 Medicare Utilization:**
2007 Work RVU: 2.04 **2017 Work RVU:**
2007 NF PE RVU: 18.94 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**
Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2016 Medicare Utilization:**
2007 Work RVU: 5.15 **2017 Work RVU:**
2007 NF PE RVU: 28.04 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2016 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** **2007 NF PE RVU:** **2017 NF PE RVU:** **2007 Fac PE RVU** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2016 Medicare Utilization:** **2007 Work RVU:** **2017 Work RVU:** **2007 NF PE RVU:** **2017 NF PE RVU:** **2007 Fac PE RVU** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2016 Medicare Utilization:** 314

2007 Work RVU: 1.05 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.00 **2017 NF PE RVU:** 0.41
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77X49

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.45 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77X50

Global:

Issue: Breast MRI with Computer-Aided Detection

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab 06

Specialty Developing Recommendation: ACR

First Identified: June 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 1.60

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77X51

Global:

Issue: Breast MRI with Computer-Aided Detection

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab 06

Specialty Developing Recommendation: ACR

First Identified: June 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 2.10

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

77X52

Global:

Issue: Breast MRI with Computer-Aided Detection

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab 06

Specialty Developing Recommendation: ACR

First Identified: June 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 2.30

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

78000 **Thyroid uptake; single determination**

Global: XXX

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 22

Specialty Developing Recommendation: ACR, ACNM, SNM

First Identified:

2016 Medicare Utilization:

2007 Work RVU: 0.19

2007 NF PE RVU: 1.21

2007 Fac PE RVU NA

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

78001 **Thyroid uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 1.59 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.33 **2017 Work RVU:**
2007 NF PE RVU: 1.26 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

78006 **Thyroid imaging, with uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.49 **2017 Work RVU:**
2007 NF PE RVU: 3.38 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.50 **2017 Work RVU:**
2007 NF PE RVU: 2.76 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.39 **2017 Work RVU:**
2007 NF PE RVU: 2.45 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.45 **2017 Work RVU:**
2007 NF PE RVU: 2.99 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:** 3,115

2007 Work RVU: **2017 Work RVU:** 0.19
2007 NF PE RVU: **2017 NF PE RVU:** 2.13
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:** 2,831

2007 Work RVU: **2017 Work RVU:** 0.37
2007 NF PE RVU: **2017 NF PE RVU:** 5.17
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2016 Medicare Utilization:** 26,136

2007 Work RVU: **2017 Work RVU:** 0.50
2007 NF PE RVU: **2017 NF PE RVU:** 6.51
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Medicare Utilization:** 14,684

2007 Work RVU: 0.82 **2017 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2017 NF PE RVU:** 7.91
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.80. Refer to CPT Assistant and review 2 years after article is published. **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Medicare Utilization:** 8,452

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 9.15
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.20. Refer to CPT Assistant and review 2 years after article is published. **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2016 Medicare Utilization:** 7,820

2007 Work RVU: **2017 Work RVU:** 1.60
2007 NF PE RVU: **2017 NF PE RVU:** 10.34
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.60. Refer to CPT Assistant and review 2 years after article is published.

Referred to CPT

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: XXX **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.84 **2017 Work RVU:**
2007 NF PE RVU: 4.95 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2016 Medicare Utilization:** 58,144

2007 Work RVU: **2017 Work RVU:** 0.74
2007 NF PE RVU: **2017 NF PE RVU:** 8.86
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.74

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2016 Medicare Utilization:** 86,580

2007 Work RVU: **2017 Work RVU:** 0.90
2007 NF PE RVU: **2017 NF PE RVU:** 12.13
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2016 Medicare Utilization:** 2,089

2007 Work RVU: **2017 Work RVU:** 0.98
2007 NF PE RVU: **2017 NF PE RVU:** 10.59
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2016 Medicare Utilization:** 185

2007 Work RVU: **2017 Work RVU:** 1.08
2007 NF PE RVU: **2017 NF PE RVU:** 12.64
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2016 Medicare Utilization:** 33,897

2007 Work RVU: 0.99 **2017 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2017 NF PE RVU:** 9.11
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.99 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78300 **Bone and/or joint imaging; limited area** **Global:** XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2016 Medicare Utilization:** 10,838

2007 Work RVU: 0.62 **2017 Work RVU:** 0.62
2007 NF PE RVU: 3.00 **2017 NF PE RVU:** 4.61
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas** **Global:** XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2016 Medicare Utilization:** 2,060

2007 Work RVU: 0.83 **2017 Work RVU:** 0.83
2007 NF PE RVU: 4.24 **2017 NF PE RVU:** 5.87
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body** **Global:** XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2016 Medicare Utilization:** 287,564

2007 Work RVU: 0.86 **2017 Work RVU:** 0.86
2007 NF PE RVU: 4.84 **2017 NF PE RVU:** 6.42
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, 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)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Medicare Utilization:** 41,926

2007 Work RVU: **2017 Work RVU:** 1.38
2007 NF PE RVU: **2017 NF PE RVU:** 8.44
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Medicare Utilization:** 1,978,737

2007 Work RVU: **2017 Work RVU:** 1.62
2007 NF PE RVU: **2017 NF PE RVU:** 12.04
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Medicare Utilization:** 1,723

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 7.78
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2016 Medicare Utilization:** 11,491

2007 Work RVU: **2017 Work RVU:** 1.34
2007 NF PE RVU: **2017 NF PE RVU:** 11.30
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.86 **2017 Work RVU:**
2007 NF PE RVU: 3.10 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 1.23 **2017 Work RVU:**
2007 NF PE RVU: 4.81 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 1.09 **2017 Work RVU:**
2007 NF PE RVU: 7.03 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

78465 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.46 **2017 Work RVU:**
2007 NF PE RVU: 12.08 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2016 Medicare Utilization:** 26,982

2007 Work RVU: 0.98 **2017 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2017 NF PE RVU:** 5.62
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.98

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

78478 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.50 **2017 Work RVU:**
2007 NF PE RVU: 1.54 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.30 **2017 Work RVU:**
2007 NF PE RVU: 1.51 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78492 **Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** October 2016 **2016 Medicare Utilization:** 118,149

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** February 2018 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Medicare Utilization:** 1,114

2007 Work RVU: **2017 Work RVU:** 0.49
2007 NF PE RVU: **2017 NF PE RVU:** 4.91
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:** 14,982

2007 Work RVU: 0.74 **2017 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2017 NF PE RVU:** 6.18
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.74 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Medicare Utilization:** 209,091

2007 Work RVU: **2017 Work RVU:** 1.07
2007 NF PE RVU: **2017 NF PE RVU:** 8.62
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.99 **2017 Work RVU:**
2007 NF PE RVU: 3.34 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 1.09 **2017 Work RVU:**
2007 NF PE RVU: 6.53 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.40 **2017 Work RVU:**
2007 NF PE RVU: 3.02 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.49 **2017 Work RVU:**
2007 NF PE RVU: 3.51 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.09 **2017 Work RVU:**
2007 NF PE RVU: 4.70 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78591 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.40 **2017 Work RVU:**
2007 NF PE RVU: 3.21 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.49 **2017 Work RVU:**
2007 NF PE RVU: 3.84 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.53 **2017 Work RVU:**
2007 NF PE RVU: 5.12 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 1.27 **2017 Work RVU:**
2007 NF PE RVU: 7.70 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78597 **Quantitative differential pulmonary perfusion, including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Medicare Utilization:** 1,611

2007 Work RVU: **2017 Work RVU:** 0.75
2007 NF PE RVU: **2017 NF PE RVU:** 5.10
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2016 Medicare Utilization:** 3,495

2007 Work RVU: **2017 Work RVU:** 0.85
2007 NF PE RVU: **2017 NF PE RVU:** 8.02
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)**

Global: XXX **Issue:** RAW **Screen:** CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2016 Medicare Utilization:** 9,928

2007 Work RVU: 1.09 **2017 Work RVU:** 1.09
2007 NF PE RVU: 8.73 **2017 NF PE RVU:** 8.81
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2016 Medicare Utilization:** 545,182

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

79101 **Radiopharmaceutical therapy, by intravenous administration** **Global:** XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2016 Medicare Utilization:** 9,880

2007 Work RVU: 1.96 **2017 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2017 NF PE RVU:** 2.04
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Article published Feb 2012 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

85060 **Blood smear, peripheral, interpretation by physician with written report** **Global:** XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 30 **Specialty Developing Recommendation:** CAP **First Identified:** April 2016 **2016 Medicare Utilization:** 170,283

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.17 **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.17 **2017 Fac PE RVU:**0.24

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

85097 **Bone marrow, smear interpretation** **Global:** XXX **Issue:** Bone Marrow Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 31 **Specialty Developing Recommendation:** CAP **First Identified:** April 2016 **2016 Medicare Utilization:** 141,229

2007 Work RVU: 0.94 **2017 Work RVU:** 0.94
2007 NF PE RVU: 1.76 **2017 NF PE RVU:** 1.58
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.44

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

85390 **Fibrinolysins or coagulopathy screen, interpretation and report** **Global:** XXX **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 34,175

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.00

RUC Recommendation: Survey for January 2018 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2016 Medicare Utilization:** 84,316

2007 Work RVU: 0.56 **2017 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2017 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2016 Medicare Utilization:** 6,453

2007 Work RVU: 0.56 **2017 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2017 NF PE RVU:** 1.42
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88107 **Deleted from CPT**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: 1.66 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** February 2010 **2016 Medicare Utilization:** 270,518

2007 Work RVU: 0.56 **2017 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2017 NF PE RVU:** 1.31
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** September 2011 **2016 Medicare Utilization:** 953,256

2007 Work RVU: 1.18 **2017 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2017 NF PE RVU:** 1.34
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2016 Medicare Utilization:** 67,739

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 16.61
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2016 Medicare Utilization:** 39,235

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 1.00 **2017 NF PE RVU:** 14.40 **2017 Fac PE RVU:** NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

88141 **Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 74,117

2007 Work RVU: 0.42 **2007 NF PE RVU:** 0.21 **2007 Fac PE RVU** 0.21

2017 Work RVU: 0.42 **2017 NF PE RVU:** 0.48 **2017 Fac PE RVU:** 0.48

RUC Recommendation: Review action plan

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result:

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2016 Medicare Utilization:** 8,946

2007 Work RVU: 0.50 **2007 NF PE RVU:** 0.85 **2007 Fac PE RVU** NA

2017 Work RVU: 0.50 **2017 NF PE RVU:** 1.53 **2017 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: PE Only

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2016 Medicare Utilization:** 5,095

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 0.99 **2017 NF PE RVU:** 1.33
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2016 Medicare Utilization:** 3,158

2007 Work RVU: 0.76 **2017 Work RVU:** 0.76
2007 NF PE RVU: 1.05 **2017 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - NPRM for 2018 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 27 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 94,477

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.60 **2017 NF PE RVU:** 1.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - NPRM for 2018 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 27 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 1,852,192

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.85 **2017 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 37,335

2007 Work RVU: 1.36 **2017 Work RVU:** 0.74
2007 NF PE RVU: 0.44 **2017 NF PE RVU:** 0.87
2007 Fac PE RVU 0.44 **2017 Fac PE RVU:**0.87

RUC Recommendation: 0.74 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 32,381

2007 Work RVU: 1.69 **2017 Work RVU:** 1.20
2007 NF PE RVU: 0.54 **2017 NF PE RVU:** 0.84
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.84

RUC Recommendation: 1.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 199,913

2007 Work RVU: 2.23 **2017 Work RVU:** 1.70
2007 NF PE RVU: 0.68 **2017 NF PE RVU:** 0.80
2007 Fac PE RVU 0.68 **2017 Fac PE RVU:**0.80

RUC Recommendation: 1.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst **Published in CPT Asst:**

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2016 Medicare Utilization:** 218,370

2007 Work RVU: 0.08 **2017 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2017 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.08 and new PE inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst **Published in CPT Asst:**

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2016 Medicare Utilization:** 86,782

2007 Work RVU: 0.13 **2017 Work RVU:** 0.13
2007 NF PE RVU: 1.10 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.13 and new PE inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst **Published in CPT Asst:**

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2016 Medicare Utilization:** 1,009,882

2007 Work RVU: 0.22 **2017 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2017 NF PE RVU:** 0.92
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.22 and new PE inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2016 Medicare Utilization:** 16,908,469

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2017 NF PE RVU:** 1.16
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2016 Medicare Utilization:** 962,226

2007 Work RVU: 1.59 **2017 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2017 NF PE RVU:** 5.87
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.59 and new PE inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2016 Medicare Utilization:** 153,296

2007 Work RVU: 2.80 **2017 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2017 NF PE RVU:** 8.63
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 2.80 and new PE inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2016 Medicare Utilization:** 1,435,385

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2017 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2016 Medicare Utilization:** 1,413,939

2007 Work RVU: 0.24 **2017 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2017 NF PE RVU:** 1.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2016 Medicare Utilization:** 21,564

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2017 NF PE RVU:** 1.74
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.42 **2017 Work RVU:**
2007 NF PE RVU: 1.98 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2016 Medicare Utilization:** 15,714

2007 Work RVU: 0.53 **2017 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2017 NF PE RVU:** 1.96
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2016 Medicare Utilization:** 186,053

2007 Work RVU: 1.63 **2017 Work RVU:** 1.63
2007 NF PE RVU: 0.78 **2017 NF PE RVU:** 1.21
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:**0.75

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2016 Medicare Utilization:** 32,655

2007 Work RVU: 1.83 **2017 Work RVU:** 1.83
2007 NF PE RVU: 1.88 **2017 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2016 Medicare Utilization:** 8,673

2007 Work RVU: 2.50 **2017 Work RVU:** 2.85
2007 NF PE RVU: 2.76 **2017 NF PE RVU:** 2.34
2007 Fac PE RVU 0.87 **2017 Fac PE RVU:**1.42

RUC Recommendation: 2.85 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2016 Medicare Utilization:** 31,363

2007 Work RVU: 0.67 **2017 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.77
2007 Fac PE RVU 0.27 **2017 Fac PE RVU:**0.35

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2016 Medicare Utilization:** 511,015

2007 Work RVU: 1.19 **2017 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2017 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2016 Medicare Utilization:** 173,388

2007 Work RVU: 0.59 **2017 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2017 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 67,639

2007 Work RVU: 1.20 **2017 Work RVU:** 1.20
2007 NF PE RVU: 1.15 **2017 NF PE RVU:** 1.42
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 33,134

2007 Work RVU: 0.73 **2017 Work RVU:** 0.73
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 0.92
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2016 Medicare Utilization:** 2,721,172

2007 Work RVU: **2017 Work RVU:** 0.56
2007 NF PE RVU: **2017 NF PE RVU:** 2.00
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2016 Medicare Utilization:** 1,793,334

2007 Work RVU: 0.85 **2017 Work RVU:** 0.70
2007 NF PE RVU: 1.60 **2017 NF PE RVU:** 2.29
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2016 Medicare Utilization:** 87,264

2007 Work RVU: **2017 Work RVU:** 0.77
2007 NF PE RVU: **2017 NF PE RVU:** 4.07
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2016 Medicare Utilization:** 62,086

2007 Work RVU: 0.86 **2017 Work RVU:** 0.74
2007 NF PE RVU: 1.67 **2017 NF PE RVU:** 1.91
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method**

Global: XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2016 Medicare Utilization:**

2007 Work RVU: 0.86 **2017 Work RVU:**
2007 NF PE RVU: 1.28 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic**

Global: XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2016 Medicare Utilization:** 16,200

2007 Work RVU: 1.51 **2017 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2017 NF PE RVU:** 8.20
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2016 Medicare Utilization:**

2007 Work RVU: 0.76 **2017 Work RVU:**
2007 NF PE RVU: 4.88 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2016 Medicare Utilization:** 203,329

2007 Work RVU: **2017 Work RVU:** 0.59
2007 NF PE RVU: **2017 NF PE RVU:** 1.47
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2016 Medicare Utilization:** 15,507

2007 Work RVU: 3.02 **2017 Work RVU:** 2.80
2007 NF PE RVU: 4.79 **2017 NF PE RVU:** 3.04
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 387,056

2007 Work RVU: 1.10 **2017 Work RVU:** 1.10
2007 NF PE RVU: 1.87 **2017 NF PE RVU:** 2.83
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88361 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2016 Medicare Utilization:** 164,140

2007 Work RVU: 1.18 **2017 Work RVU:** 1.18
2007 NF PE RVU: 2.94 **2017 NF PE RVU:** 3.15
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.95 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2016 Medicare Utilization:** 21,046

2007 Work RVU: **2017 Work RVU:** 0.70
2007 NF PE RVU: **2017 NF PE RVU:** 2.98
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2016 Medicare Utilization:** 39,280

2007 Work RVU: 1.20 **2017 Work RVU:** 0.88
2007 NF PE RVU: 2.32 **2017 NF PE RVU:** 4.10
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2016 Medicare Utilization:** 1,313

2007 Work RVU: **2017 Work RVU:** 1.24
2007 NF PE RVU: **2017 NF PE RVU:** 5.97
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2016 Medicare Utilization:** 9,243

2007 Work RVU: 1.30 **2017 Work RVU:** 0.73
2007 NF PE RVU: 4.31 **2017 NF PE RVU:** 2.24
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2016 Medicare Utilization:** 27,379

2007 Work RVU: 1.40 **2017 Work RVU:** 0.88
2007 NF PE RVU: 2.96 **2017 NF PE RVU:** 2.40
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2016 Medicare Utilization:** 8,323

2007 Work RVU: **2017 Work RVU:** 0.58
2007 NF PE RVU: **2017 NF PE RVU:** 1.64
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2016 Medicare Utilization:** 97,801

2007 Work RVU: **2017 Work RVU:** 0.93
2007 NF PE RVU: **2017 NF PE RVU:** 8.61
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2016 Medicare Utilization:** 143,816

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 9.99
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

90465 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.35 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90467 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:**
2007 NF PE RVU: 0.17 **2017 NF PE RVU:**
2007 Fac PE RVU 0.09 **2017 Fac PE RVU:**

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2016 Medicare Utilization:** 337,363

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2017 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2016 Medicare Utilization:** 28,460

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU 0.11 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2017 NF PE RVU:** 0.54
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 358,648

2007 Work RVU: **2017 Work RVU:** 0.33
2007 NF PE RVU: **2017 NF PE RVU:** 0.05
2007 Fac PE RVU **2017 Fac PE RVU:** 0.05

RUC Recommendation: 0.33 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 904,682

2007 Work RVU: **2017 Work RVU:** 3.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.57
2007 Fac PE RVU **2017 Fac PE RVU:** 0.45

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 557,967

2007 Work RVU: **2017 Work RVU:** 3.25
2007 NF PE RVU: **2017 NF PE RVU:** 0.73
2007 Fac PE RVU **2017 Fac PE RVU:** 0.61

RUC Recommendation: 3.25 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.80 **2017 Work RVU:**
2007 NF PE RVU: 1.25 **2017 NF PE RVU:**
2007 Fac PE RVU 0.85 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 1.37 **2017 Work RVU:**
2007 NF PE RVU: 0.53 **2017 NF PE RVU:**
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 1.86 **2017 Work RVU:**
2007 NF PE RVU: 0.66 **2017 NF PE RVU:**
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 2.79 **2017 Work RVU:**
2007 NF PE RVU: 0.94 **2017 NF PE RVU:**
2007 Fac PE RVU 0.80 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 1.89 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0.63 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90832 **Psychotherapy, 30 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 2,308,136

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.24
2007 Fac PE RVU **2017 Fac PE RVU:** 0.22

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 1,319,919

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.29
2007 Fac PE RVU **2017 Fac PE RVU:** 0.27

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 5,411,556

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.31
2007 Fac PE RVU **2017 Fac PE RVU:** 0.29

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90836 **Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 570,679

2007 Work RVU: **2017 Work RVU:** 1.90
2007 NF PE RVU: **2017 NF PE RVU:** 0.37
2007 Fac PE RVU **2017 Fac PE RVU:** 0.35

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 5,177,979

2007 Work RVU: **2017 Work RVU:** 3.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.46
2007 Fac PE RVU **2017 Fac PE RVU:** 0.44

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 103,891

2007 Work RVU: **2017 Work RVU:** 2.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.49
2007 Fac PE RVU **2017 Fac PE RVU:** 0.47

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 18,560

2007 Work RVU: **2017 Work RVU:** 3.13
2007 NF PE RVU: **2017 NF PE RVU:** 0.49
2007 Fac PE RVU **2017 Fac PE RVU:**0.46

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 5,345

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.23
2007 Fac PE RVU **2017 Fac PE RVU:**0.22

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 5,686

2007 Work RVU: 1.79 **2017 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU 0.49 **2017 Fac PE RVU:**0.37

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 23,095

2007 Work RVU: 1.83 **2017 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2017 NF PE RVU:** 0.39
2007 Fac PE RVU 0.60 **2017 Fac PE RVU:**0.37

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**
Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 188,656

2007 Work RVU: 2.21 **2017 Work RVU:** 2.50
2007 NF PE RVU: 0.80 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:**0.38

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**
Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2016 Medicare Utilization:** 1,025,308

2007 Work RVU: 0.59 **2017 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2017 NF PE RVU:** 0.11
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.10

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**
Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.95 **2017 Work RVU:**
2007 NF PE RVU: 0.46 **2017 NF PE RVU:**
2007 Fac PE RVU 0.31 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** April 2013 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2016 Medicare Utilization:** 141,204

2007 Work RVU: 1.88 **2017 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2017 NF PE RVU:** 2.38
2007 Fac PE RVU 0.54 **2017 Fac PE RVU:** 0.52

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90911 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry**

Global: 000 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 23,710

2007 Work RVU: 0.89 **2017 Work RVU:** 0.89
2007 NF PE RVU: 1.51 **2017 NF PE RVU:** 1.44
2007 Fac PE RVU 0.31 **2017 Fac PE RVU:** 0.31

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**
Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** October 2008 **2016 Medicare Utilization:** 1,144,959

2007 Work RVU: 1.22 **2017 Work RVU:** 1.48
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**0.48

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**
Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 59,458

2007 Work RVU: 2.11 **2017 Work RVU:** 2.11
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.93 **2017 Fac PE RVU:**0.71

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**
Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 149,718

2007 Work RVU: 1.28 **2017 Work RVU:** 1.56
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0.66 **2017 Fac PE RVU:**0.77

RUC Recommendation: 1.56 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 13,900

2007 Work RVU: 2.16 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 0.94

2017 Work RVU: 2.52 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 0.83

RUC Recommendation: 2.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 44

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 18.46 **2017 NF PE RVU:** 7.01 **2017 Fac PE RVU:** 7.01

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 4

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 0.00 **2017 NF PE RVU:** 0.00 **2017 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 4

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 612

2007 Work RVU: **2017 Work RVU:** 15.98
2007 NF PE RVU: **2017 NF PE RVU:** 6.05
2007 Fac PE RVU **2017 Fac PE RVU:** 6.05

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 117

2007 Work RVU: **2017 Work RVU:** 8.79
2007 NF PE RVU: **2017 NF PE RVU:** 3.59
2007 Fac PE RVU **2017 Fac PE RVU:** 3.59

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 105

2007 Work RVU: **2017 Work RVU:** 5.95
2007 NF PE RVU: **2017 NF PE RVU:** 2.66
2007 Fac PE RVU **2017 Fac PE RVU:**2.66

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 2,277

2007 Work RVU: **2017 Work RVU:** 12.52
2007 NF PE RVU: **2017 NF PE RVU:** 4.91
2007 Fac PE RVU **2017 Fac PE RVU:**4.91

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 526

2007 Work RVU: **2017 Work RVU:** 8.34
2007 NF PE RVU: **2017 NF PE RVU:** 3.47
2007 Fac PE RVU **2017 Fac PE RVU:**3.47

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 451

2007 Work RVU: **2017 Work RVU:** 5.50
2007 NF PE RVU: **2017 NF PE RVU:** 2.54
2007 Fac PE RVU **2017 Fac PE RVU:**2.54

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 2,253,250

2007 Work RVU: **2017 Work RVU:** 5.18
2007 NF PE RVU: **2017 NF PE RVU:** 2.52
2007 Fac PE RVU **2017 Fac PE RVU:**2.52

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 722,746

2007 Work RVU: **2017 Work RVU:** 4.26
2007 NF PE RVU: **2017 NF PE RVU:** 2.21
2007 Fac PE RVU **2017 Fac PE RVU:**2.21

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 210,608

2007 Work RVU: **2017 Work RVU:** 3.15
2007 NF PE RVU: **2017 NF PE RVU:** 1.85
2007 Fac PE RVU **2017 Fac PE RVU:** 1.85

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 292

2007 Work RVU: **2017 Work RVU:** 10.56
2007 NF PE RVU: **2017 NF PE RVU:** 4.19
2007 Fac PE RVU **2017 Fac PE RVU:** 4.19

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 852

2007 Work RVU: **2017 Work RVU:** 9.14
2007 NF PE RVU: **2017 NF PE RVU:** 3.75
2007 Fac PE RVU **2017 Fac PE RVU:** 3.75

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 1,404

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 8.69 **2017 NF PE RVU:** 3.59 **2017 Fac PE RVU:**3.59

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2016 Medicare Utilization:** 337,860

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** 4.26 **2017 NF PE RVU:** 2.20 **2017 Fac PE RVU:**2.20

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2016 Medicare Utilization:** 4,192

2007 Work RVU: 1.10 **2007 NF PE RVU:** 2.36 **2007 Fac PE RVU** 2.36 **2017 Work RVU:** 1.10 **2017 NF PE RVU:** 11.48 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2016 Medicare Utilization:** 53,086

2007 Work RVU: 3.64 **2017 Work RVU:** 2.49
2007 NF PE RVU: 21.77 **2017 NF PE RVU:** 23.55
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.49 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2016 Medicare Utilization:** 125

2007 Work RVU: 1.00 **2017 Work RVU:** 1.00
2007 NF PE RVU: 18.65 **2017 NF PE RVU:** 19.99
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2016 Medicare Utilization:** 209

2007 Work RVU: 0.00 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0 **2017 NF PE RVU:** 3.61
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2016 Medicare Utilization:** 76

2007 Work RVU: 0.00 **2017 Work RVU:** 0.66
2007 NF PE RVU: 0 **2017 NF PE RVU:** 4.15
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2016 Medicare Utilization:** 96,980

2007 Work RVU: 0.36 **2017 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2017 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2016 Medicare Utilization:** 139,356

2007 Work RVU: 0.44 **2017 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2017 NF PE RVU:** 0.95
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2016 Medicare Utilization:** 2,903,438

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2017 NF PE RVU:** 1.30
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2016 Medicare Utilization:** 34,178

2007 Work RVU: 0.92 **2017 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2017 NF PE RVU:** 1.63
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:**0.34

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2016 Medicare Utilization:** 2,551,716

2007 Work RVU: **2017 Work RVU:** 0.40
2007 NF PE RVU: **2017 NF PE RVU:** 0.64
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2016 Medicare Utilization:** 6,360,431

2007 Work RVU: **2017 Work RVU:** 0.45
2007 NF PE RVU: **2017 NF PE RVU:** 0.69
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92135 **Deleted from CPT**

Global: XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.35 **2017 Work RVU:**
2007 NF PE RVU: 0.79 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2016 Medicare Utilization:** 1,592,226

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.60 **2017 NF PE RVU:** 1.98
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: XXX **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2016 Medicare Utilization:** 47,504

2007 Work RVU: 0.50 **2017 Work RVU:**
2007 NF PE RVU: 0.97 **2017 NF PE RVU:**
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT May 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92225 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**

Global: XXX **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO **First Identified:** April 2017 **2016 Medicare Utilization:** 1,027,893

2007 Work RVU: 0.38 **2017 Work RVU:** 0.38
2007 NF PE RVU: 0.23 **2017 NF PE RVU:** 0.37
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:** 0.22

RUC Recommendation: Refer to CPT **Referred to CPT** February 2018 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2011 **2016 Medicare Utilization:** 1,198,539

2007 Work RVU: 0.81 **2017 Work RVU:** 0.75
2007 NF PE RVU: 2.54 **2017 NF PE RVU:** 1.65
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2015 **2016 Medicare Utilization:** 94,904

2007 Work RVU: 1.10 **2017 Work RVU:** 0.80
2007 NF PE RVU: 5.70 **2017 NF PE RVU:** 5.04
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.95
2007 NF PE RVU: **2017 NF PE RVU:** 5.42
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.95 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2016 Medicare Utilization:** 3,077,500

2007 Work RVU: 0.44 **2017 Work RVU:** 0.40
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 1.44
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2016 Medicare Utilization:** 2,570

2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 1.50 **2017 NF PE RVU:** 1.75
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published. **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

Status Report: CMS Requests and Relativity Assessment Issues

92275 **Electroretinography with interpretation and report**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 17 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2016 Medicare Utilization:** 123,792

2007 Work RVU: 1.01 **2017 Work RVU:** 1.01
2007 NF PE RVU: 2.08 **2017 NF PE RVU:** 3.16
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 32 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2016 Medicare Utilization:** 367,339

2007 Work RVU: 0.20 **2017 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2017 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.05 and new PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2016 Medicare Utilization:** 119,875

2007 Work RVU: 0.66 **2017 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2017 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.40

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** **2016 Medicare Utilization:** 4,117

2007 Work RVU: 0.81 **2017 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2017 NF PE RVU:** 3.05
2007 Fac PE RVU 0.31 **2017 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2016 Medicare Utilization:** 223,225

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.65
2007 Fac PE RVU 0.08 **2017 Fac PE RVU:**0.08

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.86 **2017 Work RVU:**
2007 NF PE RVU: 2.76 **2017 NF PE RVU:**
2007 Fac PE RVU 0.36 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT. **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2015 **2016 Medicare Utilization:** 211,920

2007 Work RVU: 0.52 **2017 Work RVU:** 1.30
2007 NF PE RVU: 1.13 **2017 NF PE RVU:** 0.88
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 3,041

2007 Work RVU: 0.26 **2017 Work RVU:** 0.33
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.31
2007 Fac PE RVU 0.11 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 161

2007 Work RVU: **2017 Work RVU:** 1.75
2007 NF PE RVU: **2017 NF PE RVU:** 1.31
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.75

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 2,635

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 1.03
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.50 **Referred to CPT** October 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 10,119

2007 Work RVU: **2017 Work RVU:** 3.00
2007 NF PE RVU: **2017 NF PE RVU:** 2.43
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 3.36 **Referred to CPT** October 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 12,778

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.94
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.75 **Referred to CPT** October 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 72,997

2007 Work RVU: 0.55 **2017 Work RVU:** 1.34
2007 NF PE RVU: 1.65 **2017 NF PE RVU:** 1.04
2007 Fac PE RVU 0.19 **2017 Fac PE RVU:**NA

RUC Recommendation: Review utilization **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92537 **Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2016 Medicare Utilization:** 76,390

2007 Work RVU: **2017 Work RVU:** 0.60
2007 NF PE RVU: **2017 NF PE RVU:** 0.51
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2016 Medicare Utilization:** 6,486

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 0.26
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2016 Medicare Utilization:** 93,192

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 1.33
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Medicare Utilization:** 13,394

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Medicare Utilization:** 23,738

2007 Work RVU: 0.33 **2017 Work RVU:** 0.48
2007 NF PE RVU: 1.16 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.10 **2017 Work RVU:**
2007 NF PE RVU: 0.59 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Medicare Utilization:** 3,262

2007 Work RVU: 0.26 **2017 Work RVU:** 0.27
2007 NF PE RVU: 0.93 **2017 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.27 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2016 Medicare Utilization:** 4,704

2007 Work RVU: 0.23 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.85 **2017 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2016 Medicare Utilization:** 45,757

2007 Work RVU: 0.29 **2017 Work RVU:** 0.29
2007 NF PE RVU: 1.94 **2017 NF PE RVU:** 2.58
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2016 Medicare Utilization:** 32,851

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2017 NF PE RVU:** 0.17
2007 Fac PE RVU 0.09 **2017 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAA, AAN, ASHA

First Identified: February 2014 **2016 Medicare Utilization:** 43,297

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 2.10 **2017 NF PE RVU:** 2.28
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

Referred to CPT September 2018 / February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92550 **Tympanometry and reflex threshold measurements**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2016 Medicare Utilization:** 259,635

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 0.23
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2016 Medicare Utilization:** 1,180,488

2007 Work RVU: 0.00 **2017 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2017 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.30

RUC Recommendation: 0.60 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** February 2011 **2016 Medicare Utilization:** 1

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2016 Medicare Utilization:** 799,634

2007 Work RVU: 0.00 **2017 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2017 Fac PE RVU:**0.10

RUC Recommendation: 0.20 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92568 **Acoustic reflex testing, threshold**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2016 Medicare Utilization:** 7,873

2007 Work RVU: 0.00 **2017 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2017 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2017 Fac PE RVU:**0.13

RUC Recommendation: 0.29 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92569 **Deleted from CPT**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0.35 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2016 Medicare Utilization:** 46,178

2007 Work RVU: **2017 Work RVU:** 0.55
2007 NF PE RVU: **2017 NF PE RVU:** 0.33
2007 Fac PE RVU **2017 Fac PE RVU:** 0.27

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92585 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 40,754

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 2.02 **2017 NF PE RVU:** 3.29
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2016 Medicare Utilization:** 71,831

2007 Work RVU: 0.13 **2017 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2017 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 90,769

2007 Work RVU: 0.36 **2017 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.60 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2016 Medicare Utilization:** 2,766

2007 Work RVU: 0.86 **2017 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2017 NF PE RVU:** 0.72
2007 Fac PE RVU 0.40 **2017 Fac PE RVU:**NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 1.75
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.79
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.67

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 1.40
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.87
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 411

2007 Work RVU: 0.00 **2017 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2017 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 151

2007 Work RVU: 0.00 **2017 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:** 11,997

2007 Work RVU: 0.00 **2017 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2017 NF PE RVU:** 1.57
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 14,191

2007 Work RVU: 0.00 **2017 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2017 NF PE RVU:** 1.07
2007 Fac PE RVU NA **2017 Fac PE RVU:**0.71

RUC Recommendation: Review utilization **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2016 Medicare Utilization:** 8,346

2007 Work RVU: 0.00 **2017 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2017 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.65
2007 NF PE RVU: **2017 NF PE RVU:** 0.27
2007 Fac PE RVU **2017 Fac PE RVU:** 0.25

RUC Recommendation: 0.65 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 3,523

2007 Work RVU: 0.00 **2017 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2017 NF PE RVU:** 1.12
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.79

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 82

2007 Work RVU: 0.00 **2017 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2017 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.18

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 6,828

2007 Work RVU: 0.00 **2017 Work RVU:** 1.15
2007 NF PE RVU: 1.30 **2017 NF PE RVU:** 0.80
2007 Fac PE RVU 1.30 **2017 Fac PE RVU:** 0.58

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory rehabilitation status; first hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** NA **2016 Medicare Utilization:** 25,605

2007 Work RVU: 0.00 **2017 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2017 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.72

RUC Recommendation: Refer to CPT **Referred to CPT** May 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 9,944

2007 Work RVU: 0.00 **2017 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2017 NF PE RVU:** 0.29
2007 Fac PE RVU 0.52 **2017 Fac PE RVU:** 0.17

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2016 Medicare Utilization:** 13

2007 Work RVU: 0.00 **2017 Work RVU:** 1.76
2007 NF PE RVU: 1.40 **2017 NF PE RVU:** 1.33
2007 Fac PE RVU 1.40 **2017 Fac PE RVU:** 0.89

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 25,396

2007 Work RVU: **2017 Work RVU:** 9.85
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.40

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 1,841

2007 Work RVU: **2017 Work RVU:** 11.74
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 4.05

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 5.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 251,150

2007 Work RVU: **2017 Work RVU:** 10.96
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.77

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 3

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 4.44 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 13,671

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 12.29 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 4.23

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 0.00 **2017 NF PE RVU:** 0.00 **2017 Fac PE RVU:** 0.00

RUC Recommendation: 5.50 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 20,993

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 10.95 **2017 NF PE RVU:** NA **2017 Fac PE RVU:** 3.77

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 0.00 **2017 NF PE RVU:** 0.00 **2017 Fac PE RVU:**0.00

RUC Recommendation: 6.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 46,855

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 12.31 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**4.24

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 8,521

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 12.31 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**4.24

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 1

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**

2017 Work RVU: 0.00 **2017 NF PE RVU:** 0.00 **2017 Fac PE RVU:**0.00

RUC Recommendation: 6.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 19 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 177,265

2007 Work RVU: 2.25 **2007 NF PE RVU:** 5.83 **2007 Fac PE RVU** 1.25

2017 Work RVU: 2.00 **2017 NF PE RVU:** 2.35 **2017 Fac PE RVU:**1.00

RUC Recommendation: 2.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 2,421

2007 Work RVU: 3.28 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 1.42

2017 Work RVU: 3.28 **2017 NF PE RVU:** NA **2017 Fac PE RVU:**1.13

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 14.82 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 6.65 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 4.16 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.80 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 10.96 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 4.97 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 2.97 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.28 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:** 3,669

2007 Work RVU: 22.70 **2017 Work RVU:** 22.60
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **2017 Fac PE RVU:**10.60

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 12.07 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 5.45 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 3.26 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 1.41 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92X71 **Global:** **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92X73 **Global:** **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report** **Global:** XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2011 **2016 Medicare Utilization:** 11,752,315

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2017 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**
Global: XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** February 2008 **2016 Medicare Utilization:** 436,351

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2017 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.00 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**
Global: XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** October 2010 **2016 Medicare Utilization:** 19,346,066

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2017 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:**0.06

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93012 **Deleted from CPT**
Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 5.55 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93014 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.52 **2017 Work RVU:**
2007 NF PE RVU: 0.20 **2017 NF PE RVU:**
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 1,079,181

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2017 NF PE RVU:** 1.37
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.75. CPT Assistant published. **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 1,142,920

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2017 NF PE RVU:** 0.16
2007 Fac PE RVU 0.19 **2017 Fac PE RVU:**0.16

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:** 88,448

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2017 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 1,325,541

2007 Work RVU: 0.30 **2017 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2017 NF PE RVU:** 0.11
2007 Fac PE RVU 0.12 **2017 Fac PE RVU:**0.11

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 18 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2016 Medicare Utilization:** 405

2007 Work RVU: 0.75 **2017 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2017 NF PE RVU:** 3.81
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93040 **Rhythm ECG, 1-3 leads; with interpretation and report** **Global:** XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2016 Medicare Utilization:** 121,420

2007 Work RVU: 0.16 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.20 **2017 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report** **Global:** XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2016 Medicare Utilization:** 13,172

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.15 **2017 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE only) **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93042 **Rhythm ECG, 1-3 leads; interpretation and report only** **Global:** XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP **First Identified:** October 2008 **2016 Medicare Utilization:** 443,031

2007 Work RVU: 0.16 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2017 NF PE RVU:** 0.04
2007 Fac PE RVU 0.05 **2017 Fac PE RVU:** 0.04

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 367,012

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2017 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 127,000

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.20 **2017 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 172,301

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2017 NF PE RVU:** 1.06
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 396,177

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.22
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:** 0.22

RUC Recommendation: 0.52 **Referred to CPT** Feburary 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 113,464

2007 Work RVU: **2017 Work RVU:** 0.52
2007 NF PE RVU: **2017 NF PE RVU:** 0.19
2007 Fac PE RVU **2017 Fac PE RVU:** 0.19

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 195,647

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 20.25
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: Contractor Priced **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: 0.52 **2017 Work RVU:**
2007 NF PE RVU: 3.49 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93231 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 1.37 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93232 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 1.92 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: 0.52 **2017 Work RVU:**
2007 NF PE RVU: 0.20 **2017 NF PE RVU:**
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:**

2007 Work RVU: 0.45 **2017 Work RVU:**
2007 NF PE RVU: 0.18 **2017 NF PE RVU:**
2007 Fac PE RVU 0.18 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 15,911

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2017 NF PE RVU:** 5.20
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 56,983

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.00 **2017 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** February 2010 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 79,379

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2017 NF PE RVU:** 4.77
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** February 2010 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2016 Medicare Utilization:** 117,093

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.20 **2017 NF PE RVU:** 0.18
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:**0.18

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 186,260

2007 Work RVU: **2017 Work RVU:** 0.65
2007 NF PE RVU: **2017 NF PE RVU:** 0.74
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.65 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,051,446

2007 Work RVU: **2017 Work RVU:** 0.77
2007 NF PE RVU: **2017 NF PE RVU:** 0.84
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.77 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 59,709

2007 Work RVU: **2017 Work RVU:** 0.90
2007 NF PE RVU: **2017 NF PE RVU:** 1.00
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 140,123

2007 Work RVU: **2017 Work RVU:** 0.85
2007 NF PE RVU: **2017 NF PE RVU:** 0.90
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 265,808

2007 Work RVU: **2017 Work RVU:** 1.15
2007 NF PE RVU: **2017 NF PE RVU:** 1.11
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.15 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 281,179

2007 Work RVU: **2017 Work RVU:** 1.25
2007 NF PE RVU: **2017 NF PE RVU:** 1.25
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 27,587

2007 Work RVU: **2017 Work RVU:** 0.52
2007 NF PE RVU: **2017 NF PE RVU:** 0.64
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 13,407

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 0.45
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 11,066

2007 Work RVU: **2017 Work RVU:** 0.45
2007 NF PE RVU: **2017 NF PE RVU:** 0.56
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 315,982

2007 Work RVU: **2017 Work RVU:** 0.43
2007 NF PE RVU: **2017 NF PE RVU:** 0.60
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 132,637

2007 Work RVU: **2017 Work RVU:** 0.92
2007 NF PE RVU: **2017 NF PE RVU:** 0.90
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.75 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 128,050

2007 Work RVU: **2017 Work RVU:** 0.43
2007 NF PE RVU: **2017 NF PE RVU:** 0.43
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 51,020

2007 Work RVU: **2017 Work RVU:** 0.43
2007 NF PE RVU: **2017 NF PE RVU:** 0.58
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.37 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 1,350

2007 Work RVU: **2017 Work RVU:** 0.43
2007 NF PE RVU: **2017 NF PE RVU:** 0.46
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 176,490

2007 Work RVU: **2017 Work RVU:** 0.32
2007 NF PE RVU: **2017 NF PE RVU:** 1.18
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.31 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 763,653

2007 Work RVU: **2017 Work RVU:** 0.65
2007 NF PE RVU: **2017 NF PE RVU:** 0.27
2007 Fac PE RVU **2017 Fac PE RVU:**0.27

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 490,285

2007 Work RVU: **2017 Work RVU:** 1.29
2007 NF PE RVU: **2017 NF PE RVU:** 0.54
2007 Fac PE RVU **2017 Fac PE RVU:** 0.54

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 933,765

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.73
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: New PE inputs and Refer to CPT **Referred to CPT** February 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 289,510

2007 Work RVU: **2017 Work RVU:** 0.52
2007 NF PE RVU: **2017 NF PE RVU:** 0.20
2007 Fac PE RVU **2017 Fac PE RVU:** 0.20

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93298 **Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 304,400

2007 Work RVU: **2017 Work RVU:** 0.52
2007 NF PE RVU: **2017 NF PE RVU:** 0.21
2007 Fac PE RVU **2017 Fac PE RVU:** 0.21

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2016 Medicare Utilization:** 342,862

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: New PE inputs and Refer to CPT **Referred to CPT** February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** July 2015 **2016 Medicare Utilization:** 7,210,026

2007 Work RVU: **2017 Work RVU:** 1.30
2007 NF PE RVU: **2017 NF PE RVU:** 5.08
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2016 Medicare Utilization:** 35,806

2007 Work RVU: 0.92 **2017 Work RVU:** 0.92
2007 NF PE RVU: 4.10 **2017 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:** 301,480

2007 Work RVU: 0.53 **2017 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2017 NF PE RVU:** 2.97
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2016 Medicare Utilization:** 343,143

2007 Work RVU: 0.38 **2017 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2017 NF PE RVU:** 1.14
2007 Fac PE RVU 1.82 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.38 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** October 2013 **2016 Medicare Utilization:** 172,102

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2017 NF PE RVU:** 0.61
2007 Fac PE RVU 1.04 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2016 Medicare Utilization:** 515,683

2007 Work RVU: 0.07 **2017 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2017 NF PE RVU:** 0.65
2007 Fac PE RVU 2.36 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.07 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** April 2008 **2016 Medicare Utilization:** 109,618

2007 Work RVU: 1.48 **2017 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2017 NF PE RVU:** 5.27
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.46; CPT Assistant article published **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Status Report: CMS Requests and Relativity Assessment Issues

93351 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2016 Medicare Utilization:** 255,715

2007 Work RVU: **2017 Work RVU:** 1.75
2007 NF PE RVU: **2017 NF PE RVU:** 5.82
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 40,268

2007 Work RVU: **2017 Work RVU:** 2.47
2007 NF PE RVU: **2017 NF PE RVU:** 17.56
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 3.02 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 5,152

2007 Work RVU: **2017 Work RVU:** 4.50
2007 NF PE RVU: **2017 NF PE RVU:** 18.00
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 4.32 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 3,335

2007 Work RVU: **2017 Work RVU:** 5.99
2007 NF PE RVU: **2017 NF PE RVU:** 23.12
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 109,847

2007 Work RVU: **2017 Work RVU:** 4.54
2007 NF PE RVU: **2017 NF PE RVU:** 18.25
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 27,904

2007 Work RVU: **2017 Work RVU:** 5.29
2007 NF PE RVU: **2017 NF PE RVU:** 21.36
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 16,294

2007 Work RVU: **2017 Work RVU:** 5.90
2007 NF PE RVU: **2017 NF PE RVU:** 22.89
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 6.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 3,211

2007 Work RVU: **2017 Work RVU:** 6.64
2007 NF PE RVU: **2017 NF PE RVU:** 25.97
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 522,072

2007 Work RVU: **2017 Work RVU:** 5.60
2007 NF PE RVU: **2017 NF PE RVU:** 21.81
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93459 **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, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 106,369

2007 Work RVU: **2017 Work RVU:** 6.35
2007 NF PE RVU: **2017 NF PE RVU:** 24.01
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 90,253

2007 Work RVU: **2017 Work RVU:** 7.10
2007 NF PE RVU: **2017 NF PE RVU:** 25.57
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 16,089

2007 Work RVU: **2017 Work RVU:** 7.85
2007 NF PE RVU: **2017 NF PE RVU:** 29.60
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 4,904

2007 Work RVU: **2017 Work RVU:** 3.73
2007 NF PE RVU: **2017 NF PE RVU:** 1.51
2007 Fac PE RVU **2017 Fac PE RVU:**1.51

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 6,874

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.69
2007 Fac PE RVU **2017 Fac PE RVU:**0.69

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 711

2007 Work RVU: **2017 Work RVU:** 1.80
2007 NF PE RVU: **2017 NF PE RVU:** 5.34
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93501 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2016 Medicare Utilization:** 89,175

2007 Work RVU: 0.00 **2017 Work RVU:** 2.91
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 0 **2017 Fac PE RVU:**0.53

RUC Recommendation: Review action plan. 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93508 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93511 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93524 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93526 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93527 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93528 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 0
2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93529 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 0
2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 0
2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2007 NF PE RVU:** NA **2007 Fac PE RVU** 0
2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93541 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93544 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93545 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT** **Global:** XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

Global: 000 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 58

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Survey for January 2018

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

93562 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output**

Global: 000 **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 48

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Survey for January 2018

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 217

2007 Work RVU: **2017 Work RVU:** 1.11
2007 NF PE RVU: **2017 NF PE RVU:** 0.38
2007 Fac PE RVU **2017 Fac PE RVU:** 0.38

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 7

2007 Work RVU: **2017 Work RVU:** 1.13
2007 NF PE RVU: **2017 NF PE RVU:** 0.40
2007 Fac PE RVU **2017 Fac PE RVU:** 0.40

RUC Recommendation: 2.10 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 124

2007 Work RVU: **2017 Work RVU:** 0.86
2007 NF PE RVU: **2017 NF PE RVU:** 0.30
2007 Fac PE RVU **2017 Fac PE RVU:** 0.30

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 527

2007 Work RVU: **2017 Work RVU:** 0.86
2007 NF PE RVU: **2017 NF PE RVU:** 3.53
2007 Fac PE RVU **2017 Fac PE RVU:** 0.30

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 37,925

2007 Work RVU: **2017 Work RVU:** 0.97
2007 NF PE RVU: **2017 NF PE RVU:** 2.68
2007 Fac PE RVU **2017 Fac PE RVU:** 0.34

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2016 Medicare Utilization:** 1,938

2007 Work RVU: **2017 Work RVU:** 0.88
2007 NF PE RVU: **2017 NF PE RVU:** 3.03
2007 Fac PE RVU **2017 Fac PE RVU:** 0.31

RUC Recommendation: 0.98 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2016 **2016 Medicare Utilization:** 59,205

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93572 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2016 Medicare Utilization:** 9,497

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** NA
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intracardiac 3D Mapping add-on **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 24 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2016 Medicare Utilization:** 58,410

2007 Work RVU: 6.99 **2017 Work RVU:** 6.99
2007 NF PE RVU: NA **2017 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2017 Fac PE RVU:**2.98

RUC Recommendation: 5.23 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 11,378

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: 11.57 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2016 Medicare Utilization:** 28,694

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: NA **2017 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B. **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 16.23 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 6.96 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 17.65 **2017 Work RVU:**
2007 NF PE RVU: NA **2017 NF PE RVU:**
2007 Fac PE RVU 7.58 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2016 Medicare Utilization:** 30,971

2007 Work RVU: **2017 Work RVU:** 14.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 6.20

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2016 Medicare Utilization:** 6,483

2007 Work RVU: **2017 Work RVU:** 19.75
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 8.30

RUC Recommendation: 20.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2016 Medicare Utilization:** 18,816

2007 Work RVU: **2017 Work RVU:** 7.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.17

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2016 Medicare Utilization:** 35,005

2007 Work RVU: **2017 Work RVU:** 19.77
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 8.39

RUC Recommendation: 20.02 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2016 Medicare Utilization:** 14,551

2007 Work RVU: **2017 Work RVU:** 7.50
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 3.14

RUC Recommendation: 10.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:** 40,069

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93668 **Peripheral arterial disease (PAD) rehabilitation, per session**

Global: XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - NPRM for 2018 **Complete?** No

Most Recent RUC Meeting: **Tab** 29 **Specialty Developing Recommendation:** **First Identified:** July 2017 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.40 **2017 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Review PE **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93701 **Bioimpedance-derived physiologic cardiovascular analysis** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2016 Medicare Utilization:** 39,276 **2007 Work RVU:** 0.17 **2007 NF PE RVU:** 0.91 **2007 Fac PE RVU** NA **2017 Work RVU:** 0.00 **2017 NF PE RVU:** 0.68 **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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93731 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:** **2007 Work RVU:** 0.45 **2007 NF PE RVU:** 0.70 **2007 Fac PE RVU** NA **2017 Work RVU:** **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

93732 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:** **2007 Work RVU:** 0.92 **2007 NF PE RVU:** 0.94 **2007 Fac PE RVU** NA **2017 Work RVU:** **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

93733 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:** **2007 Work RVU:** 0.17 **2007 NF PE RVU:** 0.83 **2007 Fac PE RVU** NA **2017 Work RVU:** **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93743 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.03 **2017 Work RVU:**
2007 NF PE RVU: 1.15 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2016 Medicare Utilization:**

2007 Work RVU: 1.18 **2017 Work RVU:**
2007 NF PE RVU: 1.19 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93792 **Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.00 PE Only **Referred to CPT** September 2016 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93793 **Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU** **2017 Work RVU:** **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: 0.18 **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93875 **Deleted from CPT**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.22 **2007 NF PE RVU:** 2.38 **2007 Fac PE RVU** NA **2017 Work RVU:** **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

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93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 2,410,603

2007 Work RVU: 0.60 **2007 NF PE RVU:** 5.67 **2007 Fac PE RVU** NA **2017 Work RVU:** 0.80 **2017 NF PE RVU:** 4.84 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.80 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

Status Report: CMS Requests and Relativity Assessment Issues

93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2016 Medicare Utilization:** 39,558

2007 Work RVU: 0.40 **2017 Work RVU:** 0.50
2007 NF PE RVU: 3.63 **2017 NF PE RVU:** 3.07
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 94,609

2007 Work RVU: 0.94 **2017 Work RVU:** 0.91
2007 NF PE RVU: 6.77 **2017 NF PE RVU:** 6.82
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 12,506

2007 Work RVU: 0.62 **2017 Work RVU:** 0.50
2007 NF PE RVU: 4.36 **2017 NF PE RVU:** 3.69
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price.

Referred to CPT

Result: Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2016 Medicare Utilization:** 664,275

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2017 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.25

Referred to CPT February 2010

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2016 Medicare Utilization:** 471,748

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2017 NF PE RVU:** 3.38
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2016 Medicare Utilization:** 79,203

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2017 NF PE RVU:** 4.29
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2016 Medicare Utilization:** 593,926

2007 Work RVU: 0.58 **2017 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2017 NF PE RVU:** 6.45
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2016 Medicare Utilization:** 241,730

2007 Work RVU: 0.39 **2017 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2017 NF PE RVU:** 3.73
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2016 Medicare Utilization:** 23,785

2007 Work RVU: 0.46 **2017 Work RVU:** 0.80
2007 NF PE RVU: 5.54 **2017 NF PE RVU:** 4.99
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**
Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2016 Medicare Utilization:** 44,960

2007 Work RVU: 0.31 **2017 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2017 NF PE RVU:** 3.08
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**
Global: XXX **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2016 Medicare Utilization:** 91,000

2007 Work RVU: 0.35 **2017 Work RVU:**
2007 NF PE RVU: 2.83 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**
Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2016 Medicare Utilization:** 1,642,665

2007 Work RVU: 0.68 **2017 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2017 NF PE RVU:** 4.80
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2016 Medicare Utilization:** 1,734,259

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2017 NF PE RVU:** 2.91
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2016 Medicare Utilization:** 201,458

2007 Work RVU: 1.80 **2017 Work RVU:** 1.16
2007 NF PE RVU: 7.78 **2017 NF PE RVU:** 6.70
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2016 Medicare Utilization:** 147,831

2007 Work RVU: 1.21 **2017 Work RVU:** 0.80
2007 NF PE RVU: 4.33 **2017 NF PE RVU:** 3.77
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2016 Medicare Utilization:** 293,877

2007 Work RVU: 0.65 **2017 Work RVU:** 0.80
2007 NF PE RVU: 4.85 **2017 NF PE RVU:** 4.49
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** October 2013 **2016 Medicare Utilization:** 65,740

2007 Work RVU: 0.44 **2017 Work RVU:** 0.50
2007 NF PE RVU: 3.46 **2017 NF PE RVU:** 2.82
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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93982 **Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2016 Medicare Utilization:** 51

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 0.91
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**

Global: XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 40 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2008 **2016 Medicare Utilization:** 112,405

2007 Work RVU: 0.25 **2017 Work RVU:** 0.50
2007 NF PE RVU: 4.28 **2017 NF PE RVU:** 3.91
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2016 Medicare Utilization:** 1,265,061

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2017 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2016 Medicare Utilization:** 276

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2017 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2016 Medicare Utilization:** 158

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2017 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2016 Medicare Utilization:** 7,740

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2017 NF PE RVU:** 0.18
2007 Fac PE RVU 0.16 **2017 Fac PE RVU:**0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 30 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2010 **2016 Medicare Utilization:** 1,204,768

2007 Work RVU: 0.31 **2017 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2017 NF PE RVU:** 1.43
2007 Fac PE RVU 1.13 **2017 Fac PE RVU:**NA

RUC Recommendation: 0.31 and CPT Assistant article published

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

94200 **Maximum breathing capacity, maximal voluntary ventilation** **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 86,347

2007 Work RVU: 0.11 **2017 Work RVU:** 0.11
2007 NF PE RVU: 0.45 **2017 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

94240 **Deleted from CPT** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 0.70 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.13 **2017 Work RVU:**
2007 NF PE RVU: 0.63 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**
Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 0.73 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**
Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 0.77 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**
Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 0.69 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94400 **Breathing response to CO2 (CO2 response curve)**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 1,428

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2017 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2016 Medicare Utilization:** 125

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2017 NF PE RVU:** 1.53
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94617 **Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry**

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.70 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94618 **Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed**

Global: | **Issue:** Pulmonary Diagnostic Tests | **Screen:** CMS High Expenditure Procedural Codes2 | **Complete?** Yes

Most Recent RUC Meeting: October 2016 | **Tab** 05 | **Specialty Developing Recommendation:** ATS, CHEST | **First Identified:** February 2016 | **2016 Medicare Utilization:**

2007 Work RVU: | **2017 Work RVU:**
2007 NF PE RVU: | **2017 NF PE RVU:**
2007 Fac PE RVU | **2017 Fac PE RVU:**

RUC Recommendation: 0.48

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**

Global: XXX | **Issue:** Pulmonary Diagnostic Tests | **Screen:** CMS High Expenditure Procedural Codes2 | **Complete?** Yes

Most Recent RUC Meeting: October 2016 | **Tab** 05 | **Specialty Developing Recommendation:** ATS, CHEST | **First Identified:** July 2015 | **2016 Medicare Utilization:** 263,010

2007 Work RVU: 0.64 | **2017 Work RVU:** 0.64
2007 NF PE RVU: 2.06 | **2017 NF PE RVU:** 0.91
2007 Fac PE RVU NA | **2017 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

94621 **Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings**

Global: XXX | **Issue:** Pulmonary Diagnostic Tests | **Screen:** CMS High Expenditure Procedural Codes2 | **Complete?** Yes

Most Recent RUC Meeting: October 2016 | **Tab** 05 | **Specialty Developing Recommendation:** ATS, CHEST | **First Identified:** January 2016 | **2016 Medicare Utilization:** 18,624

2007 Work RVU: 1.42 | **2017 Work RVU:** 1.42
2007 NF PE RVU: 2.45 | **2017 NF PE RVU:** 3.10
2007 Fac PE RVU NA | **2017 Fac PE RVU:** NA

RUC Recommendation: 1.42

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 638,283

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2017 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 18,819

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2017 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2016 Medicare Utilization:** 11,559

2007 Work RVU: 0.20 **2017 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2017 NF PE RVU:** 1.31
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 1.04 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.26 **2017 Work RVU:**
2007 NF PE RVU: 2.43 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:** 635,633

2007 Work RVU: **2017 Work RVU:** 0.26
2007 NF PE RVU: **2017 NF PE RVU:** 1.21
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:** 365,511

2007 Work RVU: **2017 Work RVU:** 0.26
2007 NF PE RVU: **2017 NF PE RVU:** 0.91
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94728 **Airway resistance by impulse oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:** 9,367

2007 Work RVU: **2017 Work RVU:** 0.26
2007 NF PE RVU: **2017 NF PE RVU:** 0.84
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2016 Medicare Utilization:** 1,065,325

2007 Work RVU: **2017 Work RVU:** 0.19
2007 NF PE RVU: **2017 NF PE RVU:** 1.33
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.19 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**
Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2016 Medicare Utilization:** 58,900

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.05 **2017 NF PE RVU:** 0.08
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**
Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2016 Medicare Utilization:** 12,383

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2017 NF PE RVU:** 0.12
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**
Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** October 2008 **2016 Medicare Utilization:** 276,102

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2017 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 57 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2016 Medicare Utilization:** 4,789

2007 Work RVU: 0.15 **2017 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2017 NF PE RVU:** NA
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.05

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: PE Only

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 10,656,517

2007 Work RVU: 0.00 **2017 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2017 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.01

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.15 **2017 Work RVU:**
2007 NF PE RVU: 0.31 **2017 NF PE RVU:**
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.15 **2007 NF PE RVU:** 0.16 **2007 Fac PE RVU** 0.06
2017 Work RVU: **2017 NF PE RVU:** **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 28,058

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**
2017 Work RVU: 0.07 **2017 NF PE RVU:** 0.14 **2017 Fac PE RVU:** 0.02

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 93,254

2007 Work RVU: **2007 NF PE RVU:** **2007 Fac PE RVU**
2017 Work RVU: 0.14 **2017 NF PE RVU:** 0.43 **2017 Fac PE RVU:** 0.05

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2016 Medicare Utilization:** 1,762,448

2007 Work RVU: 0.00 **2017 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.01

RUC Recommendation: New PE Inputs. **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 293,609

2007 Work RVU: 0.00 **2017 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2017 NF PE RVU:** 0.11
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2016 Medicare Utilization:** 1,126,249

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2017 NF PE RVU:** 0.24
2007 Fac PE RVU 0.29 **2017 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2016 Medicare Utilization:** 2,620,383

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 173,369

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.30
2007 Fac PE RVU 0.02 **2017 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2016 Medicare Utilization:** 17,405

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2017 NF PE RVU:** 1.88
2007 Fac PE RVU 0.03 **2017 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2016 Medicare Utilization:** 7,182,623

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.30
2007 Fac PE RVU 0.02 **2017 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95249 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**

Global: **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES, ACP **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: PE Only. Referral to CPT Assistant **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:**

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2016 Medicare Utilization:** 38,062

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2017 NF PE RVU:** 4.41
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** October 2015 & February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES **First Identified:** April 2013 **2016 Medicare Utilization:** 47,515

2007 Work RVU: 0.85 **2017 Work RVU:** 0.85
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.34
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:**0.34

RUC Recommendation: 0.70 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 15,785

2007 Work RVU: **2017 Work RVU:** 1.05
2007 NF PE RVU: **2017 NF PE RVU:** 3.93
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.05 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 817

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.52
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2016 Medicare Utilization:** 467

2007 Work RVU: **2017 Work RVU:** 0.90
2007 NF PE RVU: **2017 NF PE RVU:** 3.03
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 3,786

2007 Work RVU: 1.88 **2017 Work RVU:** 1.20
2007 NF PE RVU: 14.70 **2017 NF PE RVU:** 10.77
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 49,852

2007 Work RVU: 1.66 **2017 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2017 NF PE RVU:** 3.48
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.28 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 4,684

2007 Work RVU: 1.66 **2017 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2017 NF PE RVU:** 11.73
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 501

2007 Work RVU: 2.65 **2017 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2017 NF PE RVU:** 16.18
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2016 Medicare Utilization:** 303,950

2007 Work RVU: 3.52 **2017 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2017 NF PE RVU:** 14.89
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2016 Medicare Utilization:** 371,465

2007 Work RVU: 3.79 **2017 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2017 NF PE RVU:** 15.66
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 26,904

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 4.49 **2017 NF PE RVU:** 7.99
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95813 **Electroencephalogram (EEG) extended monitoring; greater than 1 hour**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 27,467

2007 Work RVU: 1.73 **2017 Work RVU:** 1.63
2007 NF PE RVU: 5.40 **2017 NF PE RVU:** 9.78
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95816 **Electroencephalogram (EEG); including recording awake and drowsy**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:** 288,236

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 4.10 **2017 NF PE RVU:** 9.04
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95819 **Electroencephalogram (EEG); including recording awake and asleep**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** September 2011 **2016 Medicare Utilization:** 236,046

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2017 NF PE RVU:** 10.56
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2016 Medicare Utilization:** 28,502

2007 Work RVU: 1.08 **2017 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2017 NF PE RVU:** 9.43
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2016 Medicare Utilization:** 85,028

2007 Work RVU: 0.28 **2017 Work RVU:** 0.28
2007 NF PE RVU: 0.44 **2017 NF PE RVU:** 0.57
2007 Fac PE RVU 0.12 **2017 Fac PE RVU:**0.13

RUC Recommendation: Review action plan January 2018. Review utilization October 2018 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2016 Medicare Utilization:** 3,608

2007 Work RVU: 0.96 **2017 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2017 NF PE RVU:** 2.45
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 42,231

2007 Work RVU: 1.54 **2017 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2017 NF PE RVU:** 3.28
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 284

2007 Work RVU: 1.87 **2017 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2017 NF PE RVU:** 4.21
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 3,626

2007 Work RVU: 1.99 **2017 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2017 NF PE RVU:** 4.84
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 1,263

2007 Work RVU: 0.79 **2017 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2017 NF PE RVU:** 1.90
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 2,445

2007 Work RVU: 1.18 **2017 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2017 NF PE RVU:** 2.55
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2016 Medicare Utilization:** 567

2007 Work RVU: 0.37 **2017 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2017 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2016 Medicare Utilization:** 43,765

2007 Work RVU: 0.37 **2017 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2017 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 139,208

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 1.29
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 938,383

2007 Work RVU: **2017 Work RVU:** 0.86
2007 NF PE RVU: **2017 NF PE RVU:** 1.68
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 13,475

2007 Work RVU: **2017 Work RVU:** 0.71
2007 NF PE RVU: **2017 NF PE RVU:** 1.53
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

958X3

Global: **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.95 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:**

958X4

Global: **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.19 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:**

958X5

Global: **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.25 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:**

958X6

Global: **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.00 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:**

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.42 **2017 Work RVU:**
2007 NF PE RVU: 1.18 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.60 **2017 Work RVU:**
2007 NF PE RVU: 1.15 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.34 **2017 Work RVU:**
2007 NF PE RVU: 1.03 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 9,800

2007 Work RVU: **2017 Work RVU:** 1.00
2007 NF PE RVU: **2017 NF PE RVU:** 1.70
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 68,909

2007 Work RVU: **2017 Work RVU:** 1.25
2007 NF PE RVU: **2017 NF PE RVU:** 2.23
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 141,222

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 2.65
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 164,284

2007 Work RVU: **2017 Work RVU:** 2.00
2007 NF PE RVU: **2017 NF PE RVU:** 3.48
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 171,442

2007 Work RVU: **2017 Work RVU:** 2.50
2007 NF PE RVU: **2017 NF PE RVU:** 4.03
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 80,779

2007 Work RVU: **2017 Work RVU:** 3.00
2007 NF PE RVU: **2017 NF PE RVU:** 4.19
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2016 Medicare Utilization:** 88,797

2007 Work RVU: **2017 Work RVU:** 3.56
2007 NF PE RVU: **2017 NF PE RVU:** 4.69
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** October 2009 **2016 Medicare Utilization:** 42,771

2007 Work RVU: 0.90 **2017 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2017 NF PE RVU:** 1.46
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2016 Medicare Utilization:** 3,812

2007 Work RVU: 0.96 **2017 Work RVU:** 0.96
2007 NF PE RVU: 1.00 **2017 NF PE RVU:** 1.82
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.96 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2016 Medicare Utilization:** 119,045

2007 Work RVU: 0.90 **2017 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2017 NF PE RVU:** 3.03
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2016 Medicare Utilization:** 19,765

2007 Work RVU: **2017 Work RVU:** 1.73
2007 NF PE RVU: **2017 NF PE RVU:** 2.47
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.73 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2016 Medicare Utilization:** 10,005

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2017 NF PE RVU:** 3.33
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2016 Medicare Utilization:** 10,414

2007 Work RVU: 0.54 **2017 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2017 NF PE RVU:** 3.21
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2016 Medicare Utilization:** 331

2007 Work RVU: 1.50 **2017 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2017 NF PE RVU:** 4.45
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2016 Medicare Utilization:** 1,517

2007 Work RVU: 1.50 **2017 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2017 NF PE RVU:** 4.64
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report**

Global: XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2016 Medicare Utilization:** 86,626

2007 Work RVU: 0.35 **2017 Work RVU:** 0.35
2007 NF PE RVU: 2.34 **2017 NF PE RVU:** 3.28
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.51 **2017 Work RVU:**
2007 NF PE RVU: 0.55 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.55 **2017 Work RVU:**
2007 NF PE RVU: 0.49 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2016 Medicare Utilization:** 77,239

2007 Work RVU: **2017 Work RVU:** 0.86
2007 NF PE RVU: **2017 NF PE RVU:** 8.75
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2016 Medicare Utilization:** 32,113

2007 Work RVU: **2017 Work RVU:** 2.25
2007 NF PE RVU: **2017 NF PE RVU:** 11.87
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 2.25 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:** 15,946

2007 Work RVU: **2017 Work RVU:** 0.60
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**0.28

RUC Recommendation: 0.60 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:**0.00

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2016 Medicare Utilization:** 31,940

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Carrier Price **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2016 Medicare Utilization:** 827

2007 Work RVU: 1.51 **2017 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2017 NF PE RVU:** 7.81
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.51 and new PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95951 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**

Global: XXX **Issue:** Long Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Medicare Utilization:** 145,783

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** September 2017 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2016 Medicare Utilization:** 23,068

2007 Work RVU: 3.30 **2017 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2017 NF PE RVU:** 8.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 3.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2016 Medicare Utilization:** 1,230

2007 Work RVU: 2.45 **2017 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2017 NF PE RVU:** 10.16
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2016 Medicare Utilization:** 4,781

2007 Work RVU: 3.08 **2017 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2017 NF PE RVU:** 42.06
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 3.61. CPT Assistant article published

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: PE Only

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)** **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 61,975

2007 Work RVU: 1.98 **2017 Work RVU:** 1.98
2007 NF PE RVU: 3.37 **2017 NF PE RVU:** 6.52
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95970 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** February 2010 **2016 Medicare Utilization:** 34,796

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2017 NF PE RVU:** 1.44
2007 Fac PE RVU 0.14 **2017 Fac PE RVU:**0.20

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95971 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** October 2009 **2016 Medicare Utilization:** 19,079

2007 Work RVU: 0.78 **2017 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2017 NF PE RVU:** 0.58
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.31

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95972 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** February 2010 **2016 Medicare Utilization:** 54,327

2007 Work RVU: 1.50 **2017 Work RVU:** 0.80
2007 NF PE RVU: 1.21 **2017 NF PE RVU:** 0.77
2007 Fac PE RVU 0.48 **2017 Fac PE RVU:**0.31

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2016 Medicare Utilization:**

2007 Work RVU: 0.92 **2017 Work RVU:**
2007 NF PE RVU: 0.61 **2017 NF PE RVU:**
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2016 Medicare Utilization:** 13,063

2007 Work RVU: 3.00 **2017 Work RVU:** 3.00
2007 NF PE RVU: 1.65 **2017 NF PE RVU:** 2.60
2007 Fac PE RVU 1.19 **2017 Fac PE RVU:**1.39

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Code Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2016 Medicare Utilization:** 214

2007 Work RVU: 1.70 **2017 Work RVU:** 1.70
2007 NF PE RVU: 0.86 **2017 NF PE RVU:** 1.32
2007 Fac PE RVU 0.67 **2017 Fac PE RVU:**0.80

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Code Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2016 Medicare Utilization:** 34,822

2007 Work RVU: 3.50 **2017 Work RVU:** 3.50
2007 NF PE RVU: 1.91 **2017 NF PE RVU:** 3.22
2007 Fac PE RVU 1.24 **2017 Fac PE RVU:**1.63

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Code Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2016 Medicare Utilization:** 5,651

2007 Work RVU: 1.64 **2017 Work RVU:** 1.64
2007 NF PE RVU: 0.84 **2017 NF PE RVU:** 1.28
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**0.77

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Code Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2016 Medicare Utilization:** 461

2007 Work RVU: **2017 Work RVU:** 0.80
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:**0.35

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2016 Medicare Utilization:** 689

2007 Work RVU: **2017 Work RVU:** 0.30
2007 NF PE RVU: **2017 NF PE RVU:** 0.57
2007 Fac PE RVU **2017 Fac PE RVU:**0.17

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2016 Medicare Utilization:** 1,188

2007 Work RVU: **2017 Work RVU:** 0.65
2007 NF PE RVU: **2017 NF PE RVU:** 0.76
2007 Fac PE RVU **2017 Fac PE RVU:** 0.30

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2016 Medicare Utilization:** 3,173

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2017 NF PE RVU:** 2.53
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2016 Medicare Utilization:** 12,646

2007 Work RVU: 0.77 **2017 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2017 NF PE RVU:** 2.54
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.30

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), 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**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 213,472

2007 Work RVU: 1.86 **2017 Work RVU:** 1.86
2007 NF PE RVU: 0.58 **2017 NF PE RVU:** 0.32
2007 Fac PE RVU 0.56 **2017 Fac PE RVU:** 0.30

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 44,976

2007 Work RVU: 0.50 **2017 Work RVU:** 0.50
2007 NF PE RVU: 0.80 **2017 NF PE RVU:** 1.22
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:** 0.14

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2016 Medicare Utilization:** 168,038

2007 Work RVU: 0.51 **2017 Work RVU:** 0.51
2007 NF PE RVU: 0.49 **2017 NF PE RVU:** 0.23
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:** 0.20

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2016 Medicare Utilization:** 521

2007 Work RVU: 0.00 **2017 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2017 NF PE RVU:** 1.22
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.18 **2017 NF PE RVU:** 0.26
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2016 Medicare Utilization:** 892

2007 Work RVU: 2.60 **2017 Work RVU:** 2.60
2007 NF PE RVU: 0.96 **2017 NF PE RVU:** 0.97
2007 Fac PE RVU 0.92 **2017 Fac PE RVU:**0.80

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 153,102

2007 Work RVU: 1.86 **2007 NF PE RVU:** 0.76 **2007 Fac PE RVU** 0.59

2017 Work RVU: 1.86 **2017 NF PE RVU:** 0.65 **2017 Fac PE RVU:** 0.49

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 673,962

2007 Work RVU: 1.86 **2007 NF PE RVU:** 1.25 **2007 Fac PE RVU** 0.56

2017 Work RVU: 1.86 **2017 NF PE RVU:** 0.82 **2017 Fac PE RVU:** 0.29

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2016 Medicare Utilization:** 180,512

2007 Work RVU: 0.55 **2007 NF PE RVU:** 1.15 **2007 Fac PE RVU** 0.17

2017 Work RVU: 0.55 **2017 NF PE RVU:** 1.67 **2017 Fac PE RVU:** 0.10

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2016 Medicare Utilization:** 28,306

2007 Work RVU: 0.51 **2017 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2017 NF PE RVU:** 0.81
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:** 0.19

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96125 **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2016 Medicare Utilization:** 2,427

2007 Work RVU: **2017 Work RVU:** 1.70
2007 NF PE RVU: **2017 NF PE RVU:** 1.51
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 1.70 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2016 Medicare Utilization:** 20,323

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.15
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96154 **Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)**
Global: XXX **Issue:** **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2016 Medicare Utilization:** 17,723
2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.15 **2017 NF PE RVU:** 0.08
2007 Fac PE RVU 0.14 **2017 Fac PE RVU:**0.07

RUC Recommendation: Survey for April 2018 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour**
Global: XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2016 Medicare Utilization:** 238,600
2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 1.43
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)**
Global: ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2016 Medicare Utilization:** 531,295
2007 Work RVU: **2017 Work RVU:** 0.09
2007 NF PE RVU: **2017 NF PE RVU:** 0.33
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.09 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour**
Global: XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2016 Medicare Utilization:** 1,274,496
2007 Work RVU: **2017 Work RVU:** 0.21
2007 NF PE RVU: **2017 NF PE RVU:** 1.70
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2016 Medicare Utilization:** 630,338

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.34
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2016 Medicare Utilization:** 1,664,293

2007 Work RVU: **2017 Work RVU:** 0.19
2007 NF PE RVU: **2017 NF PE RVU:** 0.66
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2016 Medicare Utilization:** 143,373

2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 0.40
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2016 Medicare Utilization:** 9,439,124

2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 0.54
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2016 Medicare Utilization:** 275,891

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 1.40
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2016 Medicare Utilization:** 1,437,982

2007 Work RVU: **2017 Work RVU:** 0.10
2007 NF PE RVU: **2017 NF PE RVU:** 0.52
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 0.10 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96377 **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

963X0

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

963X1

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

963X2

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X3

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X4

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

963X5

Global:

Issue: Psychological and Neuro-psychological Testing

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab 08

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: June 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 2.50

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

963X6

Global:

Issue: Psychological and Neuro-psychological Testing

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab 08

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: June 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 1.90

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

963X7

Global:

Issue: Psychological and Neuro-psychological Testing

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab 20

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: June 2017

2016 Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2017 Work RVU:

2017 NF PE RVU:

2017 Fac PE RVU:

RUC Recommendation: 0.55

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

963X8

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

963X9

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh **First Identified:** July 2015 **2016 Medicare Utilization:** 784,849

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 1.34 **2017 NF PE RVU:** 1.84
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**
Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2016 Medicare Utilization:** 392,612

2007 Work RVU: 0.19 **2017 Work RVU:** 0.19
2007 NF PE RVU: 0.94 **2017 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.19 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**
Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2016 Medicare Utilization:** 4,166

2007 Work RVU: 0.52 **2017 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2017 NF PE RVU:** 1.76
2007 Fac PE RVU 0.24 **2017 Fac PE RVU:**0.31

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96406 **Chemotherapy administration; intralesional, more than 7 lesions**
Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2016 Medicare Utilization:** 406

2007 Work RVU: 0.80 **2017 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2017 NF PE RVU:** 2.53
2007 Fac PE RVU 0.29 **2017 Fac PE RVU:**0.47

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**
Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2016 Medicare Utilization:** 129,929

2007 Work RVU: 0.24 **2017 Work RVU:** 0.24
2007 NF PE RVU: 2.88 **2017 NF PE RVU:** 2.82
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2016 Medicare Utilization:** 194,845

2007 Work RVU: 0.20 **2017 Work RVU:** 0.20
2007 NF PE RVU: 1.58 **2017 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2016 Medicare Utilization:** 1,861,128

2007 Work RVU: 0.28 **2017 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2017 NF PE RVU:** 3.53
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2016 Medicare Utilization:** 963,982

2007 Work RVU: 0.19 **2017 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2017 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.19 and new PE inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2016 Medicare Utilization:** 105,039

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2017 NF PE RVU:** 3.65
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2016 Medicare Utilization:** 433,793

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2017 NF PE RVU:** 1.59
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.21 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2016 Medicare Utilization:** 51

2007 Work RVU: 2.37 **2017 Work RVU:** 2.12
2007 NF PE RVU: 7.48 **2017 NF PE RVU:** 19.41
2007 Fac PE RVU 1.17 **2017 Fac PE RVU:**0.99

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

96567 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Medicare Utilization:** 142,954

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 2.40 **2017 NF PE RVU:** 3.80
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.00 PE Only **Referred to CPT** September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96573 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.48 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

96574 **Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.01 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96910 **Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B**

Global: XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 44 **Specialty Developing Recommendation:** AAD **First Identified:** July 2015 **2016 Medicare Utilization:** 400,126

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 1.24 **2017 NF PE RVU:** 2.00
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2016 Medicare Utilization:** 117,356

2007 Work RVU: 1.15 **2017 Work RVU:** 1.15
2007 NF PE RVU: 2.80 **2017 NF PE RVU:** 3.20
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:** 0.71

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2016 Medicare Utilization:** 31,259

2007 Work RVU: 1.17 **2017 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2017 NF PE RVU:** 3.49
2007 Fac PE RVU 0.57 **2017 Fac PE RVU:** 0.80

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Status Report: CMS Requests and Relativity Assessment Issues

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2016 Medicare Utilization:** 17,628

2007 Work RVU: 2.10 **2017 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2017 NF PE RVU:** 4.50
2007 Fac PE RVU 0.73 **2017 Fac PE RVU:**1.27

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96X10

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96X11

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.51 Interim, resurvey for January 2018 **Referred to CPT** June 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96X12

Global:
Issue: Psychological and Neuro-psychological Testing
Screen: CMS High Expenditure Procedural Codes2
Complete? Yes

Most Recent RUC Meeting: October 2017
Tab 20
Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN
First Identified: June 2017
2016 Medicare Utilization:
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: New PE Inputs
Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

97001 Physical therapy evaluation

Global: XXX
Issue: Physical Medicine and Rehabilitation Workgroup
Screen: CMS High Expenditure Procedural Codes1
Complete? Yes

Most Recent RUC Meeting: October 2015
Tab 17
Specialty Developing Recommendation:
First Identified: September 2011
2016 Medicare Utilization: 2,694,206
2007 Work RVU: 1.20
2007 NF PE RVU: 0.73
2007 Fac PE RVU NA
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: Deleted from CPT
Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

97002 Physical therapy re-evaluation

Global: XXX
Issue: Physical Medicine and Rehabilitation Workgroup
Screen: CMS High Expenditure Procedural Codes1
Complete? Yes

Most Recent RUC Meeting: October 2015
Tab 17
Specialty Developing Recommendation:
First Identified: February 2015
2016 Medicare Utilization: 558,500
2007 Work RVU: 0.60
2007 NF PE RVU: 0.43
2007 Fac PE RVU NA
2017 Work RVU:
2017 NF PE RVU:
2017 Fac PE RVU:

RUC Recommendation: Deleted from CPT
Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97003 **Occupational therapy evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2016 Medicare Utilization:** 203,147

2007 Work RVU: 1.20 **2017 Work RVU:**
2007 NF PE RVU: 0.86 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

97004 **Occupational therapy re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2016 Medicare Utilization:** 31,168

2007 Work RVU: 0.60 **2017 Work RVU:**
2007 NF PE RVU: 0.64 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

97010 **Application of a modality to 1 or more areas; hot or cold packs**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41 **Specialty Developing Recommendation:** No Interest

First Identified: **2016 Medicare Utilization:**

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.06 **2017 NF PE RVU:** 0.10
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: No specialty society interest

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97012 **Application of a modality to 1 or more areas; traction, mechanical**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Medicare Utilization:** 581,250

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.13 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.19 **2017 NF PE RVU:** 0.26
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 577,008

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.20 **2017 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 142,906

2007 Work RVU: 0.06 **2017 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2017 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97022 **Application of a modality to 1 or more areas; whirlpool**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Medicare Utilization:** 180,462

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.24 **2017 NF PE RVU:** 0.49
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2016 Medicare Utilization:** 1,066,415

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.17 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2016 Medicare Utilization:** 79,128

2007 Work RVU: 0.26 **2017 Work RVU:** 0.26
2007 NF PE RVU: 0.31 **2017 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.26 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 7,839

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 0.16 **2017 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2016 Medicare Utilization:** 2,652,050

2007 Work RVU: 0.21 **2017 Work RVU:** 0.21
2007 NF PE RVU: 0.10 **2017 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 53,076,701

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.45
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2016 Medicare Utilization:** 11,287,530

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.32 **2017 NF PE RVU:** 0.49
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2016 Medicare Utilization:** 1,745,754

2007 Work RVU: 0.44 **2017 Work RVU:** 0.44
2007 NF PE RVU: 0.43 **2017 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2016 Medicare Utilization:** 2,010,663

2007 Work RVU: 0.40 **2017 Work RVU:** 0.40
2007 NF PE RVU: 0.25 **2017 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97127 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** September 2011 **2016 Medicare Utilization:** 25,203,043

2007 Work RVU: 0.43 **2017 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2017 NF PE RVU:** 0.41
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.43 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** **Specialty Developing Recommendation:** APTA **First Identified:** April 2011 **2016 Medicare Utilization:** 1,051,451

2007 Work RVU: 0.27 **2017 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2017 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97161 **Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.98
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97162 **Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.98
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97163 **Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.98
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97164 **Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.75
2007 NF PE RVU: **2017 NF PE RVU:** 0.73
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.91
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 **Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.91
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.20
2007 NF PE RVU: **2017 NF PE RVU:** 0.91
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.75
2007 NF PE RVU: **2017 NF PE RVU:** 0.65
2007 Fac PE RVU **2017 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2016 Medicare Utilization:** 10,862,897

2007 Work RVU: 0.44 **2017 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2017 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **2016 Medicare Utilization:** 272,531

2007 Work RVU: 0.44 **2017 Work RVU:** 0.44
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.30
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.16

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 11,050

2007 Work RVU: 0.44 **2017 Work RVU:** 0.44
2007 NF PE RVU: 0.25 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2016 Medicare Utilization:** 1,247,582

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2017 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

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97537 **Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2016 Medicare Utilization:** 6,425

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.27 **2017 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2016 Medicare Utilization:** 37,141

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less**

Global: 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 1,015,635

2007 Work RVU: 0.58 **2017 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2017 NF PE RVU:** 1.60
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:**0.13

RUC Recommendation: 0.54 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2016 Medicare Utilization:** 150,032

2007 Work RVU: 0.80 **2017 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2017 NF PE RVU:** 0.45
2007 Fac PE RVU 0.64 **2017 Fac PE RVU:**0.06

RUC Recommendation: Review action plan. 0.40 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97602 **Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** **2016 Medicare Utilization:**

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0 **2017 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2017 Fac PE RVU:** 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2016 Medicare Utilization:** 47,223

2007 Work RVU: 0.55 **2017 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2017 NF PE RVU:** 0.60
2007 Fac PE RVU 0.20 **2017 Fac PE RVU:** 0.14

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2016 Medicare Utilization:** 14,173

2007 Work RVU: 0.60 **2017 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2017 NF PE RVU:** 0.76
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:** 0.15

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2016 Medicare Utilization:** 2,485

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.11 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2016 Medicare Utilization:** 693

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:** 0.00

RUC Recommendation: 0.46 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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97610 **Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** **First Identified:** **2016 Medicare Utilization:** 3,082

2007 Work RVU: **2017 Work RVU:** 0.35
2007 NF PE RVU: **2017 NF PE RVU:** 3.03
2007 Fac PE RVU **2017 Fac PE RVU:** 0.09

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2016 Medicare Utilization:** 3,528

2007 Work RVU: 0.62 **2017 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.37
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Rmove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2016 Medicare Utilization:** 65,452

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.36 **2017 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97761 **Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2016 Medicare Utilization:** 7,319

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.29 **2017 NF PE RVU:** 0.47
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2016 Medicare Utilization:** 15,768

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.50 **2017 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97763 **Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes**

Global: **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2016 Medicare Utilization:** 218,791

2007 Work RVU: 0.45 **2017 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2017 NF PE RVU:** 0.43
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.37

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2016 Medicare Utilization:** 195,041

2007 Work RVU: 0.37 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.31

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2016 Medicare Utilization:** 73,243

2007 Work RVU: 0.45 **2017 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2017 NF PE RVU:** 0.40
2007 Fac PE RVU 0.14 **2017 Fac PE RVU:**0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2016 Medicare Utilization:** 116,138

2007 Work RVU: 0.65 **2017 Work RVU:** 0.71
2007 NF PE RVU: 0.40 **2017 NF PE RVU:** 0.54
2007 Fac PE RVU 0.23 **2017 Fac PE RVU:**0.27

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2016 Medicare Utilization:** 99,731

2007 Work RVU: 0.87 **2017 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2017 NF PE RVU:** 0.68
2007 Fac PE RVU 0.28 **2017 Fac PE RVU:**0.34

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2016 Medicare Utilization:** 98,820

2007 Work RVU: 1.03 **2017 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2017 NF PE RVU:** 0.79
2007 Fac PE RVU 0.32 **2017 Fac PE RVU:**0.42

RUC Recommendation: 1.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2016 Medicare Utilization:** 63,895

2007 Work RVU: 1.19 **2017 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2017 NF PE RVU:** 0.93
2007 Fac PE RVU 0.35 **2017 Fac PE RVU:**0.52

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2016 Medicare Utilization:** 6,361,508

2007 Work RVU: 0.45 **2017 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2017 NF PE RVU:** 0.32
2007 Fac PE RVU 0.12 **2017 Fac PE RVU:**0.16

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2016 Medicare Utilization:** 13,261,720

2007 Work RVU: 0.65 **2017 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2017 NF PE RVU:** 0.42
2007 Fac PE RVU 0.17 **2017 Fac PE RVU:**0.25

RUC Recommendation: 0.71 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2016 Medicare Utilization:** 1,001,657

2007 Work RVU: 0.87 **2017 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2017 NF PE RVU:** 0.51
2007 Fac PE RVU 0.23 **2017 Fac PE RVU:**0.34

RUC Recommendation: 0.96 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions** **Global:** XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2016 Medicare Utilization:**

2007 Work RVU: 0.40 **2017 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU 0.14 **2017 Fac PE RVU:**0.18

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99143 **Deleted from CPT** **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:** 19

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99144 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:** 502,561

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

99148 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:** 4

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

99149 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:** 5,140

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99150 **Deleted from CPT**

Global: ZZZ **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:** 617

2007 Work RVU: 0.00 **2017 Work RVU:**
2007 NF PE RVU: 0 **2017 NF PE RVU:**
2007 Fac PE RVU 0 **2017 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99151 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.50
2007 NF PE RVU: **2017 NF PE RVU:** 1.63
2007 Fac PE RVU **2017 Fac PE RVU:** 0.12

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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99152 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.25
2007 NF PE RVU: **2017 NF PE RVU:** 1.18
2007 Fac PE RVU **2017 Fac PE RVU:** 0.08

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

99155 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.90
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.56

RUC Recommendation: 1.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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99156 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 1.65
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.35

RUC Recommendation: 1.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:**0.00

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:** 0.00
2007 NF PE RVU: **2017 NF PE RVU:** 0.00
2007 Fac PE RVU **2017 Fac PE RVU:**0.00

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2016 Medicare Utilization:** 486,073

2007 Work RVU: 2.34 **2017 Work RVU:** 2.11
2007 NF PE RVU: 3.08 **2017 NF PE RVU:** 0.78
2007 Fac PE RVU 0.69 **2017 Fac PE RVU:**0.78

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99363 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: 1.65 **2017 Work RVU:** 1.65
2007 NF PE RVU: 1.29 **2017 NF PE RVU:** 1.83
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.63

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99364 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2016 Medicare Utilization:**

2007 Work RVU: 0.63 **2017 Work RVU:** 0.63
2007 NF PE RVU: 0.38 **2017 NF PE RVU:** 0.55
2007 Fac PE RVU 0.15 **2017 Fac PE RVU:**0.24

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99375 **Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2016 Medicare Utilization:**

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 1.35 **2017 NF PE RVU:** 1.12
2007 Fac PE RVU 1.26 **2017 Fac PE RVU:**0.66

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

99378 **Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2016 Medicare Utilization:**

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 1.64 **2017 NF PE RVU:** 1.12
2007 Fac PE RVU 1.56 **2017 Fac PE RVU:**0.66

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2016 Medicare Utilization:** 619,317

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 0.72
2007 Fac PE RVU **2017 Fac PE RVU:**0.58

RUC Recommendation: Review in 2 years **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2016 Medicare Utilization:** 12,666

2007 Work RVU: **2017 Work RVU:** 1.40
2007 NF PE RVU: **2017 NF PE RVU:** 0.54
2007 Fac PE RVU **2017 Fac PE RVU:**0.54

RUC Recommendation: Review in 2 years **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

994X7 **Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored**

Global: XXX **Issue:** Chronic Care Management Services **Screen:** New service, not part of RAW **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 09 **Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS **First Identified:** NA **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: 1.45. Refer to CPT Assistant **Referred to CPT** **Result:** Not part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2016 Medicare Utilization:** 1,018,708

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2017 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2017 Fac PE RVU:** 0.30

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0102 **Prostate cancer screening; digital rectal examination** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2016 Medicare Utilization:** 42,509

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.37 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:** 0.07

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2016 Medicare Utilization:** 2,494

2007 Work RVU: 0.96 **2017 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2017 NF PE RVU:** 3.78
2007 Fac PE RVU 0.53 **2017 Fac PE RVU:** 0.68

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 241,450

2007 Work RVU: 3.69 **2017 Work RVU:** 3.26
2007 NF PE RVU: 6.20 **2017 NF PE RVU:** 5.26
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:** 1.71

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2016 Medicare Utilization:** 140,907

2007 Work RVU: 0.00 **2017 Work RVU:** 0.90
2007 NF PE RVU: 0.77 **2017 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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G0109 **Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2016 Medicare Utilization:** 108,177

2007 Work RVU: 0.00 **2017 Work RVU:** 0.25
2007 NF PE RVU: 0.44 **2017 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2016 Medicare Utilization:** 254,027

2007 Work RVU: 3.69 **2017 Work RVU:** 3.26
2007 NF PE RVU: 6.20 **2017 NF PE RVU:** 5.26
2007 Fac PE RVU 1.57 **2017 Fac PE RVU:**1.71

RUC Recommendation: 3.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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G0124 **Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 52,218

2007 Work RVU: 0.42 **2017 Work RVU:** 0.42
2007 NF PE RVU: 0.21 **2017 NF PE RVU:** 0.48
2007 Fac PE RVU 0.21 **2017 Fac PE RVU:** 0.48

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2016 Medicare Utilization:** 926,989

2007 Work RVU: 0.17 **2017 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2017 NF PE RVU:** 0.47
2007 Fac PE RVU 0.07 **2017 Fac PE RVU:** 0.04

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0166 **External counterpulsation, per treatment session**

Global: XXX **Issue:** External Counterpulsation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 33 **Specialty Developing Recommendation:** ACC **First Identified:** April 2016 **2016 Medicare Utilization:** 140,729

2007 Work RVU: 0.07 **2017 Work RVU:** 0.07
2007 NF PE RVU: 3.81 **2017 NF PE RVU:** 3.80
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE Only) **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: 000 **Issue:** Wound Closure by Adhesive **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 34 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** July 2016 **2016 Medicare Utilization:** 39,195

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 1.84 **2017 NF PE RVU:** 2.39
2007 Fac PE RVU 0.22 **2017 Fac PE RVU:**0.29

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0179 **Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2016 Medicare Utilization:** 1,046,771

2007 Work RVU: 0.45 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2017 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2016 Medicare Utilization:** 1,296,676

2007 Work RVU: 0.67 **2017 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2017 NF PE RVU:** 0.80
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2016 Medicare Utilization:** 411,698

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2017 NF PE RVU:** 1.20
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Result: Remove from screen

G0182 **Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 31,168

2007 Work RVU: 1.73 **2017 Work RVU:** 1.73
2007 NF PE RVU: 1.46 **2017 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Result: Remove from screen

G0202 **Screening mammography, producing direct digital image, bilateral, all views**

Global: XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 5,827,344

2007 Work RVU: 0.70 **2017 Work RVU:** 0.76
2007 NF PE RVU: 2.74 **2017 NF PE RVU:** 3.04
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015

Referred to CPT Asst **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0204 **Diagnostic mammography, producing direct digital image, bilateral, all views** **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 613,883

2007 Work RVU: 0.87 **2017 Work RVU:** 1.00
2007 NF PE RVU: 2.87 **2017 NF PE RVU:** 3.70
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views** **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2016 Medicare Utilization:** 781,426

2007 Work RVU: 0.70 **2017 Work RVU:** 0.81
2007 NF PE RVU: 2.31 **2017 NF PE RVU:** 2.89
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)** **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2016 Medicare Utilization:** 96,082

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2017 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2017 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0238 **Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2016 Medicare Utilization:** 114,436

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2017 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0248 **Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC **First Identified:** January 2016 **2016 Medicare Utilization:** 33,962

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 5.80 **2017 NF PE RVU:** 3.07
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0249 **Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:** 1,330,623

2007 Work RVU: 0.00 **2017 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2017 NF PE RVU:** 3.09
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0250 **Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2016 Medicare Utilization:** 241,486

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2017 NF PE RVU:** 0.07
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2016 Medicare Utilization:** 146,510

2007 Work RVU: 0.61 **2017 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2017 NF PE RVU:** 0.80
2007 Fac PE RVU 0.23 **2017 Fac PE RVU:**0.27

RUC Recommendation: 0.61

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2016 Medicare Utilization:** 53,030

2007 Work RVU: 0.37 **2017 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2017 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2017 Fac PE RVU:**0.31

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0279 **Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)**

Global: ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 352,711

2007 Work RVU: **2017 Work RVU:** 0.60
2007 NF PE RVU: **2017 NF PE RVU:** 0.94
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2016 Medicare Utilization:** 7,358,497

2007 Work RVU: 0.18 **2017 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2017 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0364 **Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service**

Global: ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 88,347

2007 Work RVU: 0.16 **2017 Work RVU:** 0.16
2007 NF PE RVU: 0.15 **2017 NF PE RVU:** 0.18
2007 Fac PE RVU 0.06 **2017 Fac PE RVU:**0.08

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0365 **Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 36,307

2007 Work RVU: 0.25 **2017 Work RVU:** 0.25
2007 NF PE RVU: 4.28 **2017 NF PE RVU:** 5.29
2007 Fac PE RVU NA **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening**

Global: XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2016 Medicare Utilization:** 104,038

2007 Work RVU: 0.58 **2017 Work RVU:**
2007 NF PE RVU: 1.81 **2017 NF PE RVU:**
2007 Fac PE RVU NA **2017 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

G0396 **Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 29,806

2007 Work RVU: **2017 Work RVU:** 0.65
2007 NF PE RVU: **2017 NF PE RVU:** 0.31
2007 Fac PE RVU **2017 Fac PE RVU:**0.25

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0402 **Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment**

Global: XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 448,331

2007 Work RVU: **2017 Work RVU:** 2.43
2007 NF PE RVU: **2017 NF PE RVU:** 2.12
2007 Fac PE RVU **2017 Fac PE RVU:**1.02

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0403 **Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 121,384

2007 Work RVU: **2017 Work RVU:** 0.17
2007 NF PE RVU: **2017 NF PE RVU:** 0.29
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method**

Global: XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2016 Medicare Utilization:** 120,949

2007 Work RVU: **2017 Work RVU:** 3.60
2007 NF PE RVU: **2017 NF PE RVU:** 9.97
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: 4.00

Referred to CPT **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0436 **Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2016 Medicare Utilization:** 174,933

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: Deleted

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0438 **Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2016 Medicare Utilization:** 1,192,568

2007 Work RVU: **2017 Work RVU:** 2.43
2007 NF PE RVU: **2017 NF PE RVU:** 2.26
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0439 **Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2016 Medicare Utilization:** 5,476,649

2007 Work RVU: **2017 Work RVU:** 1.50
2007 NF PE RVU: **2017 NF PE RVU:** 1.68
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0442 **Annual alcohol misuse screening, 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 388,310

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.32
2007 Fac PE RVU **2017 Fac PE RVU:** 0.08

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0444 **Annual depression screening, 15 minutes**

Global: XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 905,248

2007 Work RVU: **2017 Work RVU:** 0.18
2007 NF PE RVU: **2017 NF PE RVU:** 0.32
2007 Fac PE RVU **2017 Fac PE RVU:** 0.08

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0446 **Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 143,493

2007 Work RVU: **2017 Work RVU:** 0.45
2007 NF PE RVU: **2017 NF PE RVU:** 0.25
2007 Fac PE RVU **2017 Fac PE RVU:** 0.19

RUC Recommendation: Review action plan

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0447 **Face-to-face behavioral counseling for obesity, 15 minutes** **Global:** XXX **Issue:** Behavioral Counseling for Obesity **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2016 Medicare Utilization:** 217,348

2007 Work RVU: **2017 Work RVU:** 0.45
2007 NF PE RVU: **2017 NF PE RVU:** 0.25
2007 Fac PE RVU **2017 Fac PE RVU:** 0.19

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0453 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)** **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2016 Medicare Utilization:** 402,841

2007 Work RVU: **2017 Work RVU:** 0.60
2007 NF PE RVU: **2017 NF PE RVU:** NA
2007 Fac PE RVU **2017 Fac PE RVU:** 0.28

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters** **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted. **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2016 Medicare Utilization:**

2007 Work RVU: **2017 Work RVU:**
2007 NF PE RVU: **2017 NF PE RVU:**
2007 Fac PE RVU **2017 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2017 **2016 Medicare Utilization:** 1,398,086

2007 Work RVU: **2017 Work RVU:** 0.39
2007 NF PE RVU: **2017 NF PE RVU:** 1.73
2007 Fac PE RVU **2017 Fac PE RVU:**NA

RUC Recommendation: Review action plan

Referred to CPT **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

20926 Tissue grafts, other (eg, paratenon, fat, dermis)

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Fastest Growing / Site of Service Anomaly	October 2017	AAOS, ASPS, AANS, CNS	May 2018 / October 2009

Background: At the April 2009 RUC meeting the RUC recommended that this service be surveyed and reviewed in October 2009. At the October 2009 RUC meeting the specialty society indicated that 20926 is most frequently billed with 27447 Arthroplasty, knee… and 27130 Arthroplasty, acetabular…The specialty indicated that 20926 is not intended to be used with total knee and total hip arthroplasty codes unless an autologous tissue graft from a separate incisional site is necessary. Contrary to guidance published in CPT Assistant and AAOS coding articles, 20926 is being reported when utilizing an allographic substance for hemostasis. Therefore the specialty requested and the RUC agreed that code 20926 be referred to the CPT Editorial Panel for revision of the descriptor to assure that 20926 is reported correctly. At the October 2009 CPT meeting, the specialty requested that the Panel add a crossreference under 20926 to indicate that this Category III code (injection of platelet rich plasma) may be reported instead. **Specialties will have to present this issue to the Five-Year Review Identification Workgroup to ensure that this revision adequately addresses identified concerns**. In October 2017, AMA Staff reviewed services with anomalous sites of service when compared to Medicare utilization data. One service was identified, CPT code 20926, in which the Medicare data from 2013-2016e indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period. The specialty societies submitted an action plan and indicated that they believe the site of service issue is due to miscoding. The CPT manual includes a parenthetical that was added in 2011 that states (For injection(s) of platelet rich plasma, use 0232T) which resulted in some decrease in utilization for a few years, but now the utilization is creeping up again. The specialty societies believe the typical patient related to this code would be treated in a facility setting and that the site of service anomaly, for both the outpatient and the office setting is the result of miscoding. The specialty societies propose to address this miscoding by developing a CPT assistant article and possible introductory language to emphasize correct coding. The Workgroup recommends that CPT code 20926 be referred to the CPT Editorial Panel for the May 2018 CPT Editorial meeting to add/revise the introductory language and referred to CPT Assistant for education on when to report this service.

27X69

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	October 2017	ACR	February 2018

Background: In June 2017, the CPT Editorial deleted of injection of contrast for knee arthrography code 27370 with new code to report injection procedure for knee arthrography or enhanced CT/MRI knee arthrography. At the October 2017 RUC meeting, code 27X69 Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography was discussed. In an effort to support accurate reporting for codes 20610, 20611, it was suggested that the parenthetical note currently placed under new code 27X69 also be placed after the deletion note for code 27370.
(For arthrocentesis of the knee or injection of any material other than contrast for subsequent arthrography, see 20610, 20611).

33015 Tube pericardiostomy

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Negative IWPUT	October 2017	ACC	February 2018

Background: A RUC member requested that the Relativity Assessment Workgroup review services with low or negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 23 services identified. The RUC recommended that all these codes be placed on the level of interest for action plans to review at the October 2017 meeting. In October 2017 the RUC recommended that this service be referred to CPT for deletion. If additional specialty soiceites do not agree to submit a coding change application for deletion then this service should be surveyed.

Code	Descriptor	Screen	RUC Meeting	Specialty Society:	CPT Meeting
78492	**Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress**	High Volume Growth4	January 2017	ACC, ACR, ACNM, SNMMI	February 2018

Background: This service was identifed by the High Volume Growth screen, with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. The Relativity Assessment Workgroup requested action plans for these services for the January 2017 meeting. In January 2017, the RUC recommended to refer this codde to CPT Editorial Panel to undergo substantive descriptor changes to reflect newer technology aspects such as wall motion, ejection fraction, flow reserve, and technology updates for hardware and software.

Code	Descriptor	Screen	RUC Meeting	Specialty Society:	CPT Meeting
92225	**Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**	Negative IWPUT	October 2017	AAO	February 2018

Background: A RUC member requested that the Relativity Assessment Workgroup review services with low or negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 23 services identified. The RUC recommended that all these codes be placed on the level of interest for action plans to review at the October 2017 meeting. In October 2017, the specialty society indicated that there needs to be modification of the descriptor of 92225 and 92226 to better specify what portion of the eye is being subjected to an examination well beyond the normal comprehensive eye exam. The typical uses are for evaluation of retinal disease and for examination of the optic nerve and the work between the two portions of the eye would be different. With glaucoma now being 10 percent of the volume for this service, there should be two codes to differentiate the two anatomic sites. Maintenance of the current terminology of initial and subsequent, however, does not seem suitable or necessary. Even now the current RUC valuations are minimally different and thus not really needed and the specialty society propose to delete CPT 92226. The RUC refers this issue to the CPT Editorial Panel.

Code	Descriptor	Screen	RUC Meeting	Specialty Society:	CPT Meeting
92548	**Computerized dynamic posturography**	CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey	October 2017	AAA, AAN, ASHA	September 2018 / February 2014

Background: In 2014 the RUC referred this code to the CPT Editorial Panel for development of coding change proposals to condense pairs into a single code and create new coding structures. Type A code - code pair is reported together greater than 95% in a bi-directional relationship. This change was editorial. In 2017, a RUC member requested that the Relativity Assessment Workgroup review services with low or negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 23 services identified. The RUC recommended that all these codes be placed on the level of interest for action plans to review at the October 2017 meeting. In October 2017, the specialties indicated that CPT code 92548 has not been reviewed since 1997. The code descriptor for this code is vague and current utilization may not be reflective of intended use. Practice expense includes specialized computerized equipment and audiologists are included in clinical work. Neurology and audiology agree that the code descriptor and practice expense must be updated. The specialties also believe that utilization may vary for this code with providers performing this service in different ways using different (or no) equipment. Neurology and audiology plan to review current utilization among their respective provider groups to better inform the code revision/development process. The RUC refers code 92548 to the CPT Editorial Panel for revision.

Code	Descriptor	Screen	RUC Meeting	Specialty Society:	CPT Meeting
92626	**Evaluation of auditory rehabilitation status; first hour**	CMS Request - Audiology Services / High Volume Growth2	October 2017	AAA, ASHA	May 2018

Background: In October 2016, this service was identified through the High Volume Growth screen the RUC recommended that this service be reffered to CPT Assistant to address specifically how to be used for the typical Medicare recipient. The RAW reviewed again after 3 years of data were available. In October 2017, the RUC recommended that this service be referred to the CPT May 2018 meeting. The audiology specialty societies would like to further review utilization and revise the code descriptor/create additional codes to clarify the clinical work associated with the provision of this service.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
20926	**Tissue grafts, other (eg, paratenon, fat, dermis)**	CMS Fastest Growing / Site of Service Anomaly	October 2017	Refer to CPT and CPT Assistant	AAOS, ASPS, AANS, CNS	

Background: At the October 2009 CPT meeting, the specialty requested that the Panel add a crossreference under 20926 to indicate that this Category III code (injection of platelet rich plasma) may be reported instead. Feb 2010, the Workgroup recommended to review claims data after 2 years at the October 2012 RUC meeting. In October 2012, the Workgroup recommended to remove this code from re-review, as the category III code was created to report injection of platelet rich plasma and volume is dropping. In October 2017, AMA Staff reviewed services with anomalous sites of service when compared to Medicare utilization data. One service was identified, CPT code 20926, in which the Medicare data from 2013-2016e indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period. The specialty societies submitted an action plan and indicated that they believe the site of service issue is due to miscoding. The CPT manual includes a parenthetical that was added in 2011 that states (For injection(s) of platelet rich plasma, use 0232T) which resulted in some decrease in utilization for a few years, but now the utilization is creeping up again. The specialty societies believe the typical patient related to this code would be treated in a facility setting and that the site of service anomaly, for both the outpatient and the office setting is the result of miscoding. The specialty societies propose to address this miscoding by developing a CPT assistant article and possible introductory language to emphasize correct coding. The Workgroup recommends that CPT code 20926 be referred to the CPT Editorial Panel for the May 2018 CPT Editorial meeting to add/revise the introductory language and referred to CPT Assistant for education on when to report this service.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
21820	**Closed treatment of sternum fracture**	CMS Request - Final Rule for 2014 / Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: Added as part of 21800 family for Final Rule issue. In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23540	**Closed treatment of acromioclavicular dislocation; without manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23625	**Closed treatment of greater humeral tuberosity fracture; with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23650	**Closed treatment of shoulder dislocation, with manipulation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23655	**Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23665	**Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
24505	**Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
24600	**Treatment of closed elbow dislocation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
24605	**Treatment of closed elbow dislocation; requiring anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
25565	**Closed treatment of radial and ulnar shaft fractures; with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
25605	**Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
25675	**Closed treatment of distal radioulnar dislocation with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26700	**Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26750	**Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26755	**Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26770	**Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27230	**Closed treatment of femoral fracture, proximal end, neck; without manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27232	**Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27240	**Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27252	**Closed treatment of hip dislocation, traumatic; requiring anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27265	**Closed treatment of post hip arthroplasty dislocation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27266	**Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27502	**Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27510	**Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27550	**Closed treatment of knee dislocation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27552	**Closed treatment of knee dislocation; requiring anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27752	**Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27762	**Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27810	**Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27818	**Closed treatment of trimalleolar ankle fracture; with manipulation**	Site of Service Anomaly (99238-Only) / Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27825	**Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27840	**Closed treatment of ankle dislocation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
28660	**Closed treatment of interphalangeal joint dislocation; without anesthesia**	Emergent Procedures	April 2016	PE Clinical staff pre-time revised	AAOS, ACEP, and orthopaedic subspecialties	Dec 2017

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends no clinical staff pre-service time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
36511	**Therapeutic apheresis; for white blood cells**	CMS Request - Final Rule for 2016	January 2017	2.00. Refer to CPT Assistant.	CAP, RPA	

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
36512	**Therapeutic apheresis; for red blood cells**	CMS Request - Final Rule for 2016	January 2017	2.00. Refer to CPT Assistant.	CAP, RPA	

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
36513	**Therapeutic apheresis; for platelets**	CMS Request - Final Rule for 2016	January 2017	2.00. Refer to CPT Assistant.	CAP, RPA	

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, the PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
36514	**Therapeutic apheresis; for plasma pheresis**	CMS Request - Final Rule for 2016	January 2017	1.81. Refer to CPT Assistant	CAP, RPA	

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, The PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
36515	**Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**	CMS Request - Final Rule for 2016	January 2017	Deleted from CPT	CAP, RPA	

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
36522	**Photopheresis, extracorporeal**	CMS Request - Final Rule for 2016	January 2017	1.75. Refer to CPT Assistant	CAP, RPA	

Background: In September 2016, the CPT Editorial Panel deleted 36515 and revised 36516 to included immunoabsorption. CPT codes 36511-36514 and 36522 were added as part of this family of services. In January 2017, The PE Subcommittee discussed the direct practice expense inputs proposed by the specialty societies and determined that there was duplication between the clinical staff tasks of the pre-service period and the pre-service portion of the service period. The Subcommittee reduced the pre-service time from 18 to 8 minutes. The Subcommittee discussed the significant time needed for the staff to Assist physician in performing procedure in the service period and agreed with the specialties that this service is one-on-one with the patient and the RN/LPN (L042A) is not able to multitask during this time. The Subcommittee discussed the significant time needed to prepare the room, equipment, and supplies. The specialties explained that the clinical staff time hadn't been accurately accounted for when it was last reviewed in 2004. The PE Subcommittee also discussed that much of the time requested in the post-service time was duplicative of the monitoring time and removed most of that time while maintaining the specialty recommended 10 minutes for monitoring in the service period. Additionally the PE Subcommittee reduced the time for Clean room/equipment by physician staff; remove disposables from machine from 7 in 36514 and 36516 and 5 in 36522 to the standard 3. The Subcommittee discussed the possibility that some of the supply items are separately reportable. The Subcommittee found that albumin saline (SH004) which is 5% albumin is separately reportable and new supply item calcium gluconate is separately reportable with J code J0610 per 10 ml for the drug along with CPT code 96365 to mix the bag. The Subcommittee deleted the two supply items and recommends that the specialty societies prepare a CPT assistant article regarding how to report separately for these supplies. The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee. The specialty societies plan to submit an article by December 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
95249	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**	High Volume Growth2	April 2017	PE Only. Referral to CPT Assistant	AACE, ES, ACP	

Background: In February 2017 the CPT Editorial Panel revised 95250 & 95251 and created a new code to diferentiate between physician owned and patient owned equipment. In April 2017, The RUC recommends referral to the CPT Editorial Panel to add introductory language indicating that when data are collected outside the provider office, as when the patient uses a phone app, code 9525X cannot be billed. The RUC recommends referral to the CPT Editorial Panel to add introductory language indicating that 9525X is to be billed only once during the entire period that the patient owns the data receiver. The code cannot be billed for any subsequent use of the CGM device by the patient or physician. Code 9525X cannot be billed when the patient receives a new sensor or transmitter. Additionally, the RUC recommends that the specialty work with the AMA to develop a CPT Assistant article to clarify appropriate use of the new CPT code 9525X, specifically that the code should only be reported when instructing the patient on use of a new data receiver and cannot be reported when data is collected outside of the provider office. In June 2017, the CPT Editorial Panel 1) Revised the parenthetical note following code 9525X to instruct that 9525X should not be reported more than once for the duration that the patient owns the data receiver; 2) Added guidelines that state when data are collected outside the provider office, as when the patient uses a phone app, code 9525X may not be reported; and 3) Indicated that instruction be provided immediately when the equipment is owned by the patient and that a list of codes be reported until the code is reported.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
958X3		High Volume Growth2 / CMS Request - Final Rule for 2016	October 2017	0.95 and Refer to CPT Assistant	AAN, AANS/CNS, ACNS	

Background: In June 2017, the CPT Editorial Panel revised codes 95970, 95971, and 95972, deleted codes 95974, 95975, 95978, and 95979 and creaed four new codes for analysis and programming of implanted cranial nerve neurostimulator pulse generator, analysis, and programming of brain neurostimulator pulse generator systems and analysis of stored neurophysiology recording data. Introductory guidelines were also revised extensively. In October 2017, the RUC noted code 95X83 is defined as simple programming of cranial nerve neurostimulator (adjustment of 1-3 parameters) versus deleted code 95974 which was time based and defined as the first hour of programming and 95X84 is defined as complex programming of cranial nerve neurostimulator (adjustment of more than 3 parameters) versus deleted code 95975, which was a time-based add-on code defined as each additional 30 minutes of programming. The RUC recommends that the specialty societies develop a CPT Assistant article to direct providers on when to report simple versus complex cranial nerve neurostimulator services.

958X4

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
High Volume Growth2 / CMS Request - Final Rule for 2016	October 2017	1.19 and Refer to CPT Assistant	AAN, AANS/CNS, ACNS	

Background: In June 2017, the CPT Editorial Panel revised codes 95970, 95971, and 95972, deleted codes 95974, 95975, 95978, and 95979 and creaed four new codes for analysis and programming of implanted cranial nerve neurostimulator pulse generator, analysis, and programming of brain neurostimulator pulse generator systems and analysis of stored neurophysiology recording data. Introductory guidelines were also revised extensively. In October 2017, the RUC noted code 95X83 is defined as simple programming of cranial nerve neurostimulator (adjustment of 1-3 parameters) versus deleted code 95974 which was time based and defined as the first hour of programming and 95X84 is defined as complex programming of cranial nerve neurostimulator (adjustment of more than 3 parameters) versus deleted code 95975, which was a time-based add-on code defined as each additional 30 minutes of programming. The RUC recommends that the specialty societies develop a CPT Assistant article to direct providers on when to report simple versus complex cranial nerve neurostimulator services.

958X5

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
High Volume Growth2 / CMS Request - Final Rule for 2016	October 2017	1.25 and Refer to CPT Assistant	AAN, AANS/CNS, ACNS	

Background: In June 2017, the CPT Editorial Panel revised codes 95970, 95971, and 95972, deleted codes 95974, 95975, 95978, and 95979 and creaed four new codes for analysis and programming of implanted cranial nerve neurostimulator pulse generator, analysis, and programming of brain neurostimulator pulse generator systems and analysis of stored neurophysiology recording data. Introductory guidelines were also revised extensively. In October 2017 the RUC noted 95X85 is defined as the first 15 minutes of programming for brain neurostimulator versus deleted code 95978, which was defined as the first hour of programming and 95X86 is defined an add-on service for each additional 15 minutes of brain neurostimulator programming versus the deleted code 95979 which was defined as each additional 30 minutes. The specialty societies indicated that programming for brain neurostimulators is always complex therefore it is unnecessary for a simple versus complex coding structure. The RUC noted the CPT coding conventions when reporting timed codes and recommends that the specialty societies develop a CPT Assistant article to direct providers on how to correctly report the brain neurostimulator services.

958X6

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
High Volume Growth2 / CMS Request - Final Rule for 2016	October 2017	1.00 and Refer to CPT Assistant	AAN, AANS/CNS, ACNS	

Background: In June 2017, the CPT Editorial Panel revised codes 95970, 95971, and 95972, deleted codes 95974, 95975, 95978, and 95979 and creaed four new codes for analysis and programming of implanted cranial nerve neurostimulator pulse generator, analysis, and programming of brain neurostimulator pulse generator systems and analysis of stored neurophysiology recording data. Introductory guidelines were also revised extensively. In October 2017 the RUC noted 95X85 is defined as the first 15 minutes of programming for brain neurostimulator versus deleted code 95978, which was defined as the first hour of programming and 95X86 is defined an add-on service for each additional 15 minutes of brain neurostimulator programming versus the deleted code 95979 which was defined as each additional 30 minutes. The specialty societies indicated that programming for brain neurostimulators is always complex therefore it is unnecessary for a simple versus complex coding structure. The RUC noted the CPT coding conventions when reporting timed codes and recommends that the specialty societies develop a CPT Assistant article to direct providers on how to correctly report the brain neurostimulator services.

Code	Descriptor	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
994X7	**Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored**	New service, not part of RAW	April 2017	1.45. Refer to CPT Assistant	AAFP, AAN, ACP, AGS	

Background: In April 2017, when the RUC discussed the practice expenses associated with this service, CMS questioned why the clinical labor staff time is half that of the physician time. The specialty societies indicated that since this code would be reported instead of office visits, the clinical staff services would include patient maintenance activities such as answering questions, refilling prescriptions and calling home care agencies. CMS was concerned that the description of clinical labor staff work may overlap with the physician work. The specialty societies indicated that there will be some overlap, but the total cumulative time of the physician versus the clinical staff would be the distinction to determine whether to report this service or clinical staff service 99490. The PE Subcommittee was concerned that it would be difficult to track when the work of the physician becomes greater than the work of the clinical staff in order to determine which code to report and noted that correct reporting of this service will require both the physician and the clinical staff to carefully track their work time. The RUC recommends that the specialty work with the AMA to develop a CPT Assistant article to clarify the proper reporting of code 994X7 versus 99490.

New Technology/New Services List

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	October 2021		☐
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018		☐
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018		☐
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019		☐
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	20188 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29583	Application of multi-layer compression system; upper arm and forearm	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	October 2021		☐
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
332X5		Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐
332X6		Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	October 2020		☐
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	Survey for April 2018	☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		☐
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	October 2019		☐
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
37192	Repositioning 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	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018		☐
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38221	Diagnostic bone marrow; biopsy(ies),	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018		☐
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018).	☐
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2018		☐
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018		☐
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		☐
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		☐
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	October 2021		☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020		☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020		☐
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (September 2019).	☑
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019		☐
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	☐
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Review in 3 years (October 2020)	☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	☑
77X49		Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77X50		Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77X51		Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77X52		Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

| | | | | | | | parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be | |

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published.	

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81235	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)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	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)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✔

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-2a/b (T145M) Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (I843S) Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-4a/b (R143Q) Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-5a/b (K505E) Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-6a/b (R489Q) Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-9a/b (V837M) Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-15a/b (S682Y) IL28B (interleukin 28B [interferon, lambda 3]) (eg, drug response), rs12979860 variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB							

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), V174A variant SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), exon 7 deletion SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), evaluation to detect abnormal (eg, expanded) alleles APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ATXN1 (ataxin 1) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN2 (ataxin 2) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease), evaluation to detect abnormal (eg, expanded) alleles ATXN7 (ataxin 7) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia), evaluation to detect	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✔

| | abnormal (eg, expanded) alleles ATXN10 (ataxin 10) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CNBP (CCHC-type zinc finger, nucleic acid binding protein) (eg, myotonic dystrophy type 2), evaluation to detect abnormal (eg, expanded) alleles CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), evaluation to detect abnormal (eg, expanded) alleles CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation analysis, qualitative, and quantitative, if performed ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), | | | | | | | |

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, icthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed FXN (frataxin) (eg, Friedreich ataxia), evaluation to detect abnormal (expanded) alleles GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally expressed transcript							

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	[non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE) HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, expanded) alleles IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81402) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg,							

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	m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PABPN1 (poly[A] binding protein, nuclear 1) (eg, oculopharyngeal muscular dystrophy), evaluation to detect abnormal (eg, expanded) alleles PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PPP2R2B (protein phosphatase 2, regulatory subunit B, beta) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9 (septin 9) (eg, colon cancer), methylation analysis SMN1/SMN2 (survival of motor neuron 1, telomeric/survival of motor neuron 2, centromeric)							

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	(eg, spinal muscular atrophy), dosage analysis (eg, carrier testing) (For duplication/deletion analysis of SMN1/SMN2, use 81401) SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed TBP (TATA box binding protein) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), tandem repeat variant VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

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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 of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis Human erythrocyte antigen gene analyses (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M) JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg,							

myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)

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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) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), characterization of alleles (eg, expanded size and methylation status) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

| | gene sequence CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) FXN (frataxin) (eg, Friedreich ataxia), full gene sequence GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha | | | | | | | |

| | globin 2) (eg, alpha thalassemia), duplication/deletion analysis (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HBB (hemoglobin, beta, Beta-Globin) (eg, thalassemia), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence | | | | | | | |

| | NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer), targeted sequence analysis (eg, exons 9 and 20) PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), | | | | | | | |

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	common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial							

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	respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence							

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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, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation							

| | initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, thalassemia), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene | | | | | | | |

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8,							

| | 23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined | | | | | | | |

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2							

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	suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram							

| | syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence | | | | | | | |

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome),	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the cytogenomic microarray analysis for neoplasia) (Do not report 88271 when							

| | performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain containing [S. cerevisiae]) (eg, Charcot-Marie- | | | | | | | |

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	Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD							

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	(isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KAL1 (Kallmann syndrome 1 sequence) (eg, Kallmann syndrome), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNH2 full gene sequence in conjunction with 81280) KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNQ1 full gene sequence with 81280) KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg,							

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	3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl							

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	CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar							

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen							

| | storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence | | | | | | | |

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B							

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✔

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	October 2019		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018		☐
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	October 2019		☐
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	☐
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	October 2020	Review in 3 years (October 2020)	☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐

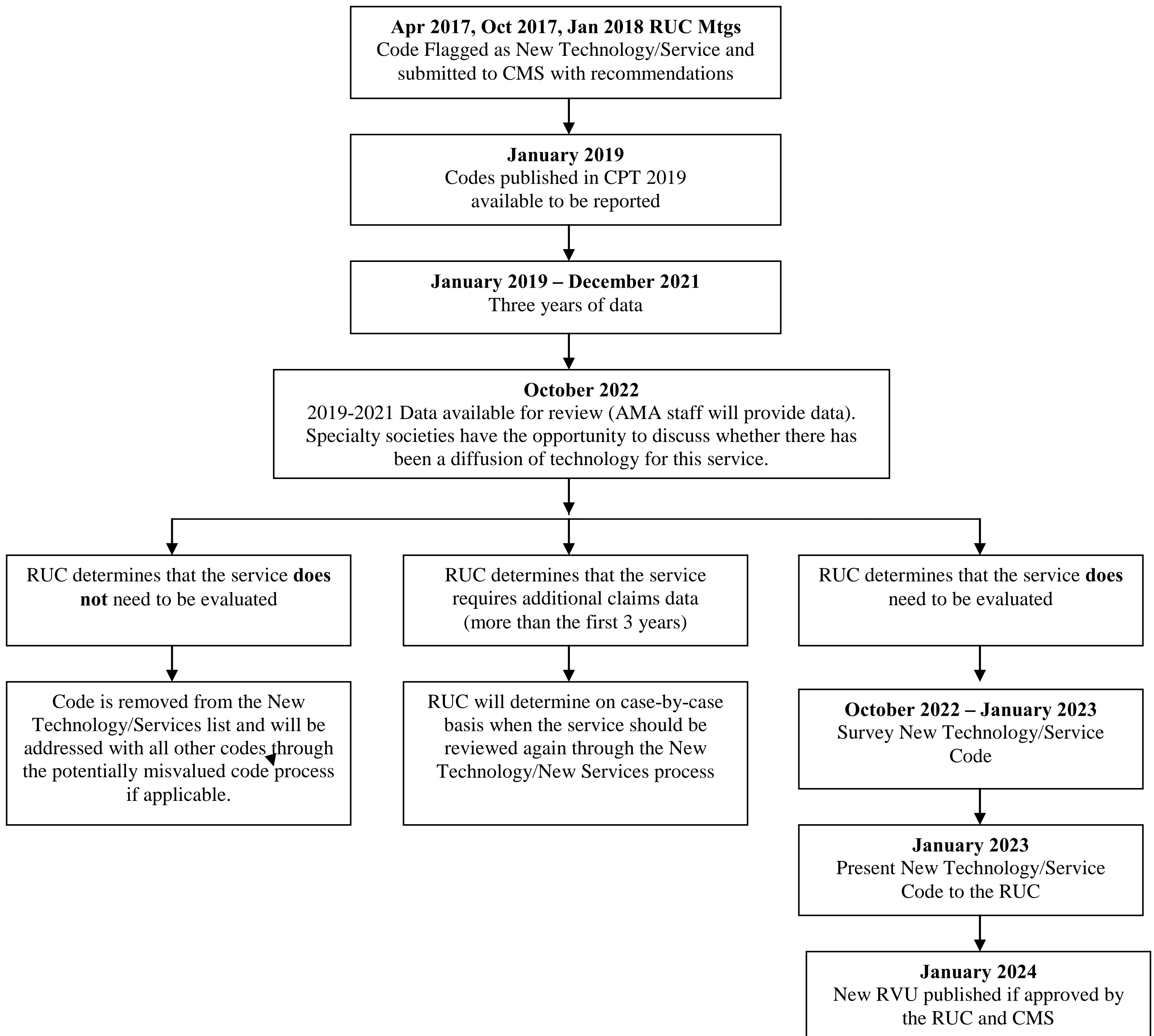
CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	8	CPT 2013	October 2017	Survey for April 2018	☐
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for April 2018	☐
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	October 2019	Review in 2 years (October 2019)	☐
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	October 2019	Review in 2 years (October 2019)	☐
994X7		Apr 2017	Chronic Care Management Services	09	CPT 2019	October 2022		☐

CPT Code	2018 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018).	☐

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Revised May 2017

Society	Acronym
Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Disability Evaluating Physicians	AADEP
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA

American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Ashma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Occupational and Environmental Medicine	ACOEM

American College of Phlebology	ACPh
American College of Physicians	ACP
American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Congress of Obstetricians and Gynecologists	ACOG
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA

American Psychiatric Association	APA
American Psychological Association	APA
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Blood and Marrow Transplantation	ASBMT
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society of Abdominal Surgeons	ASAS
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Dermatopathology	ASDP
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of General Surgeons	ASGS

American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Maxillofacial Surgeons	ASMS
American Society of Neuroimaging	ASN
American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Contact Lens Association of Ophthalmologists	CLAO
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Society for the Advancement of Spine Surgery	ISASS
National Association of Social Workers	NASW

North American Spine Society	NASS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Endocrine Society	ES
The Society for Cardiovascular Angiography and Interventions	SCAI
The Spine Intervention Society	SIS
The Triological Society	TTS

October 25, 2017

Seema Verma
Administrator
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Verma:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the October 2017 meeting, the following issue was reviewed by the HCPAC:

- Psychological and Neuropsychological Testing (96105, 96125, 96130, 96131, 96136 –96138, 96139, 96146)

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2019 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Samantha Ashley (ph: 312-464-4720; email: samantha.ashley@ama-aassn.org) at the AMA for clarification regarding these recommendations.

Sincerely,

Michael D. Bishop, MD
HCPAC Chair

Dee Adams Nikjeh, PhD, CCC-SLP
HCPAC Co-Chair

cc: HCPAC Participants
Edith Hambrick, MD
Ryan Howe
Karen Nakano, MD
Marge Watchorn
Michael Soracoe

RUC Health Care Professionals Advisory Committee (HCPAC) Summary of Recommendations
CMS High Expenditure Procedural Codes

October 2017

Psychological and Neuropsychological Testing

In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010-day and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that the entire family of services be reviewed. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120. In January 2017, organizations representing psychiatry, psychology, neurology, pediatrics and speech-language pathology conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions were required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre- and post- work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. In June 2017, the CPT Editorial Panel revised 96116, added 13 codes to provide better definition and description to psychological and neuropsychological testing, and deleted codes 96101-96103, 96111, 96118, 96119, 96120.

Assessment of Aphasia and Cognitive Performance Testing

96105 ***Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour***
The HCPAC reviewed the survey responses from 130 speech language pathologists and determined that it was appropriate to maintain the current work RVU of 1.75. The HCPAC agreed with the specialty society's expert panel that the median survey time and work RVU were not appropriate because the service has not changed significantly since it was last surveyed in 2009. In addition, CPT code 96105 is a per hour code, which is reflected in the survey 25th percentile. Medicare data shows that this code is a low-volume procedure and typically only billed once per date of service. The HCPAC recommends 4 minutes pre-service time, 60 minutes intra-service time, and 10 minutes of immediate post-service time. The specialty recommended an increase from 5 to 10 minutes of immediate post-service time. The specialty society indicated and the HCPAC agreed

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that the increase from 5 minutes post-service time to 10 minutes of post-service time is due to the complexity of communicating information and instructions to patients with a communication disorder and their caregivers. This will also ensure consistency with the rest of the family.

The RUC HCPAC Review Board recommends the current work RVU of 1.75, which is comparable in time and intensity to CPT code 92640 *Diagnostic analysis with programming of auditory brainstem implant, per hour* (work RVU = 1.76, total time = 69 minutes). For additional support, the HCPAC compared the survey code to key reference service CPT code 92607 *Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour* (work RVU = 1.85, intra-service time = 60) and MPC code 92540 *Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording* (work RVU = 1.50, intra-service time = 60) and noted that the survey code is appropriately bracketed by these two services. **The RUC HCPAC Review Board recommends a work RVU of 1.75 for CPT code 96105.**

96125 ***Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report***
The HCPAC reviewed the survey responses from 137 speech language pathologists and determined that it was appropriate to maintain the current work RVU of 1.70. The HCPAC agreed with the specialty society's expert panel that the survey times were not appropriate because the service has not changed significantly since it was last surveyed in 2009. In addition the survey median intra-service time of 60 minutes supported CPT code 96125 as a per hour code. Medicare data shows that this code is typically only billed once per date of service. The HCPAC recommends 4 minutes pre-service time, 60 minutes intra-service time, and 10 minutes of immediate post-service time. The specialty recommended an increase from zero immediate post-time to 10 minutes of immediate post-service time. The specialty society indicated and the HCPAC agreed that the increase from zero post-service time to 10 minutes of post-service time is due to the complexity of communicating information and instructions to cognitively-impaired patients and their caregivers. This is also consistent with CPT code 96105 and will ensure consistency with the rest of the family.

The RUC HCPAC Review Board recommends the current work RVU of 1.70, which is comparable in time to CPT code 92640 *Diagnostic analysis with programming of auditory brainstem implant, per hour* (work RVU = 1.76, intra-service time = 60 minutes), but is less intense to perform and should be valued slightly lower. For additional support, the HCPAC compared the survey code to CPT code 92607 *Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour* (work RVU = 1.85, intra-service time = 60) and MPC code 92540 *Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording* (work RVU = 1.50, intra-service time = 60) and noted that the survey code is appropriately bracketed by these two services. **The RUC HCPAC Review Board recommends a work RVU of 1.70 for CPT code 96125.**

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Testing Evaluation Services

96130 ***Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour***

The HCPAC reviewed the survey responses from 68 psychologists and determined that the survey respondents overestimated the provider time for this service. Based on initial comments from the HCPAC, the specialty societies modified the pre- and post-service times to be consistent with this family of services and other similar services. The HCPAC confirmed that this service will not be reported with an Evaluation and Management (E/M) service. The HCPAC also confirmed that neuropsychological testing evaluation service, CPT code 96132 and psychological testing evaluation service, CPT code 96130 are distinct and separate services and will not be reported together on the same day. A representative of CMS raised concerns about the assumptions used for budget neutrality. The HCPAC assured CMS that the Relativity Assessment Workgroup (RAW) will reexamine the services in one year if the actual figures are more then ten percent different then the assumptions. The HCPAC recommends 5 minutes of pre-service, 60 minutes of intra-service and 5 minutes of post-service time for CPT code 96130. Using magnitude estimation the HCPAC determined that a work RVU of 2.50, crosswalked to CPT code 90847 *Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes* (work RVU = 2.50 and 5 minutes pre-service, 50 minutes intra-service and 21 minutes post-service time) was appropriate. Additionally, a work RVU of 2.50 was recommended for codes 96112 and 96132, which require the same provider time and work to perform. For additional support the HCPAC referenced similar services 90846 *Family psychotherapy (without the patient present), 50 minutes* (work RVU = 2.40 and 50 minutes intra-service time) and 95954 *Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase* (eg, thiopental activation test) (work RVU = 2.45 and 5 minutes pre-service, 60 minutes intra-service and 5 minutes post-service time). **The HCPAC recommends a work RVU of 2.50 for CPT code 96130.**

96131 ***Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)***

The HCPAC reviewed the survey responses from 65 psychologists and determined that the survey respondents overestimated the provider work and time for this service. The HCPAC recommends 60 minutes of intra-service time. Using magnitude estimation the HCPAC determined that a work RVU of 1.90, crosswalked to CPT code 90836 *Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)* (work RVU = 1.90 and 48 minutes total time) was appropriate. Additionally, a work RVU of 1.90 was recommended for code 96133, which require the same provider time and work to perform. For additional support the HCPAC referenced similar services 88323 *Consultation and report on referred material requiring preparation of slides* (work RVU = 1.83 and 60 minutes intra-service time), 95864 *Needle electromyography; 4 extremities with or without related paraspinal areas* (work RVU = 1.99 and 50 minutes intra-service time) and 92640 *Diagnostic analysis with programming of auditory brainstem implant, per hour* (work RVU = 1.76 and 60 minutes intra-service time). **The HCPAC recommends a work RVU of 1.90 for CPT code 96131.**

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Test Administration and Scoring

96136 ***Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes***
The HCPAC reviewed the survey responses from 147 psychologists and determined that the survey respondents overestimated the provider time for this service. Based on initial comments from the HCPAC, the specialty societies modified the pre- and post-service times to be consistent with this family of services and other similar services. The specialty society noted and the HCPAC agreed that the provider time and intensity of 96136, essentially a data gathering code, should be less than the time and intensity of the psychological/neuropsychological evaluation services (96130 and 96132). In addition to the difference in work of the codes, 96136 is a 30 minute code while 96130 and 96132 are 60 minute codes.

A representative of CMS raised concerns that this work was previously billed using 96102 which had 15 minutes of provider time for each hour of technician work and the recommendation for 96136 is 30 minutes of provider work at only 0.05 RVUs more. The specialty societies clarified that previously this procedure was typically billed as 96101 (work RVU = 1.86), which included both data gathering and evaluation services. In the revised codes, 96130 will be used for the evaluation service and 96136 will be used for the data gathering service. The HCPAC recommends 3 minutes of pre-service, 30 minutes of intra-service and 3 minutes of post-service time for CPT code 96136. Using magnitude estimation the HCPAC determined that a work RVU of 0.55, crosswalked to CPT code 97605 *Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters* (work RVU = 0.55 and 3 minutes pre-service, 20 minutes intra-service and 5 minutes post-service time) was appropriate. The specialty acknowledged that the crosswalk code times for 97605 do not completely align with the recommended times for 96136 and it remains the most appropriate crosswalk give the limited pool of codes. For additional support the HCPAC referenced CPT codes 88312 *Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)* (work RVU = 0.54 and 24 minutes intra-service time), and 88104 *Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation* (work RVU = 0.56 and 24 minutes intra-service time). **The HCPAC recommends a work RVU of 0.55 for CPT code 96136.**

96137 ***Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (List separately in addition to code for primary procedure)***
The HCPAC reviewed the survey responses from 148 psychologists and determined that the survey respondents overestimated the provider work and time for this service. The specialty society noted and the HCPAC agreed that the provider time and intensity of 96137, essentially a data gathering code, should be less than the time and intensity of the psychological/neuropsychological evaluation services add-on codes (96131 and 96133). In addition to the difference in work of the codes, 96137 is a 30-minute code while 96131 and 96133 are 60-minute codes and 96137 should be valued less than its base code, 96136. The HCPAC recommends 30 minutes of intra-service time. Using magnitude estimation the HCPAC determined that a work RVU of 0.46, crosswalked to CPT code 96152 *Health and behavior intervention, each 15 minutes, face-to-face;*

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individual (work RVU = 0.46 and 24 minutes total time) was appropriate. The specialty society acknowledged that this crosswalk is not a ZZZ code, noting that there were limited codes available for comparison. For additional support the HCPAC referenced CPT code 93016 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report* (work RVU = 0.45 and 19 minutes total time). **The HCPAC recommends a work RVU of 0.46 for CPT code 96137.**

Practice Expense
CPT code 96125 includes an equipment item SK050, *neurobehavioral status forms, average*, that is an average of a variety of neurobehavioral tests. The PE Subcommittee requested that the specialty societies that utilize this supply item work together to determine the 3 most typical tests and submit paid invoices to CMS to facilitate updated pricing. CPT codes 96130 and 96131 require no direct practice expense inputs.

96136 ***Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes***
96137 ***Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (List separately in addition to code for primary procedure)***
CPT codes 96136 and 96137 require no clinical staff time. The PE Subcommittee removed all supplies and equipment related to printing. The PE Subcommittee determined that equipment item ED021, *computer, desktop, w-monitor* is an indirect expense for this service. 0.165 of each of three supply items: WAIS-IV Record Forms, WAIS-IV Response Booklet #1 and WAIS-IV Response Booklet #2 is allocated for each code. This is because the service typically requires 3 hours. Each code is 30 minutes, so the typical billing would be one unit of the base code (96136) and 5 units of the add-on code (96137) to equal the typical three hours. One supply item is needed each time the service is performed so in the typical billing scenario 1 item of each of the three supplies will be allocated.

96138 ***Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes***
96139 ***Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)***
CPT codes 96138 and 96139 are practice expense only codes to be used when a technician rather than a provider performs the service. The PE Subcommittee removed all supplies and equipment related to printing. The PE Subcommittee determined that equipment item ED021, *computer, desktop, w-monitor* is an indirect expense for this service. 0.165 of each of three supply items: WAIS-IV Record Forms, WAIS-IV Response Booklet #1 and WAIS-IV Response Booklet #2 is allocated for each code. This is because the service typically requires 3 hours. Each code is 30 minutes, so the typical billing would be one unit of the base code (96138) and 5 units of the add-on code (96139) to equal the typical three hours. One supply item is needed each time the service is performed so in the typical billing scenario 1 item of each of the three supplies will be allocated.

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96146 ***Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only***

CPT code 96146 is a practice expense only code to be used when the service is automated. The specialty had recommended a new supply item, CANTAB Mobile (per single automated assessment), however the PE Subcommittee determined that since it is a software license it is more appropriately classified as equipment. The time that the item is in use is not directly related to the clinical activity time and is typically in use for 10 minutes while the patient takes the test. The specialty had recommended an iPad as a new equipment item; however it was removed as it is commercially available for less than $500.

The HCPAC recommends the direct practice expense inputs as reviewed and modified by the Practice Expense Subcommittee.

Work Neutrality

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

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Medicine
Neurology and Neuromuscular Procedures Functional Brain Mapping

96020 *Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report*

(For functional magnetic resonance imaging [fMRI], brain, use 70555)

(Do not report 96020 in conjunction with ~~96101-96103~~, 96116~~-96120~~, 96112, 96113, 96121, 96130, 96131, 96132)

(Do not report 96020 in conjunction with 70554)

(Evaluation and Management services codes should not be reported on the same day as 96020)

Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)

The following codes are used to report the services provided during testing of the central nervous system functions. The central nervous system assessments include, but are not limited to: memory, language, ~~cognitive of the central nervous system. The testing of cognitive processes,~~ visual motor responses, and abstract~~ive~~ reasoning/problem-solving abilities. It is accomplished by the combination of several types of testing procedures. Testing procedures include assessment of aphasia and cognitive performance testing; developmental screening and behavioral assessments and testing; and psychological/neuropsychological testing. ~~It is expected that t~~ The administration of these tests will generate material that will be formulated into a report or an automated result. ~~A minimum of 31 minutes must be provided to report any per hour code. Services 96101, 96116, 96118, and 96125 report time as face-to- face time with the patient and the time spent interpreting and preparing the report.~~

(For development of cognitive skills, see 97532, 97533)

(Do not report ~~9610~~51~~-96125~~ assessment of aphasia and cognitive performance testing services [96105, 96125], developmental/behavioral screening and testing services [96110, 96112, 96113, 96127] and psychological/neuropsychological testing services [96116, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139. 96142, 96146, 96X13 in conjunction with 0364T,0365T, 0366T, 0367T, 0373T, 0374T)

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Definitions

Codes in this family describe a number of services that are defined below:

Cognitive performance testing assesses the patient's ability to complete specific functional tasks applicable to the patient's environment in order to identify or quantify specific cognitive deficits. The results are used to determine impairments and develop therapeutic goals and objectives.

Interactive feedback is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when preformed.

Interpretation and report is performed by a physician or other qualified health care professional. In some circumstances, a result is generated through the use of a computer, tablet, or other device.

Neurobehavioral status exam is a clinical assessment of cognitive functions and behavior, and may include an interview with the patient, other informants, and/or staff, as well as integration of prior history and other sources of clinical data with clinical decision making, further assessment and/or treatment planning and report. Evaluation domains may include acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities.

Neuropsychological testing evaluation services typically include integration of patient data with other sources of clinical data, interpretation, clinical decision making, and treatment planning and report. It may include interactive feedback to the patient, family member(s) or caregiver(s) when performed. Evaluation domains for neuropsychological evaluation may include intellectual function, attention, executive function, language and communication, memory, visual-spatial function, sensorimotor function, emotional and personality features, and adaptive behavior.

Psychological testing evaluation services typically include integration of patient data with other sources of clinical data, interpretation, clinical decision making, and treatment planning and report. It may include interactive feedback to the patient, family members or caregiver(s) when performed. Evaluation domains for psychological evaluation may include emotional and interpersonal functioning, intellectual function, thought processes, personality, and psychopathology.

Standardized instruments are used in the performance of these services. Standardized instruments are validated tests that are administered and scored in a consistent or "standard" manner consistent with their validation.

Testing is administered by a physician, other qualified health care professional, and technician or completed by the patient. The mode of completion can be by a person (eg, paper and pencil) or via automated means.

~~Reporting Instructions~~

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Assessment of aphasia and cognitive performance testing which includes interpretation and report, are described by 96105, 96125.

Developmental screening services are described by 96110. Developmental/behavioral testing services, which include interpretation and report, are described by 96112, 96113.

Neurobehavioral status exam, which includes interpretation and report, is described by 96116, 96121.

Psychological and neuropsychological test evaluation services, which include integration of patient data, interpretation of test results and clinical data, treatment planning and report, and interactive feedback, are described by 96130, 96131, 96132, 96133.

Testing and administration services (96136, 96137) are performed by a physician or other qualified health care professional. For 96136, 96137, do not include time for evaluation services (eg, integration of patient data or interpretation of test results). This time is included with psychological and neuropsychological test evaluation services (96130, 96131, 96132, 96133). Testing and administration services (96138, 96139) are performed by a technician. The tests selected, test administration and method of testing and scoring are the same regardless of whether the testing is performed by a physician, other qualified health care professional, or a technician for 936X7, 96137, 96138, 96139. Single test administration with interpretation and report is described by 96142. Automated testing and result code 96146 describes testing performed by a single automated instrument with an automated result.

Some of these ~~codes~~ services are typically performed together. For example, psychological/neuropsychological testing evaluation services (96130, 96131, 96132, 96133) may be reported with psychological/neuropsychological test administration and scoring services (96136, 96137, 96138, 96139).

A requirement of testing services (96105, 96125, 96112, 96113, 96121, 96130, 96131, 96132, 96133, 96142, 96146) is that there is an interpretation and report when performed by a qualified health care professional, or a result when generated by automation. These services follow standard CPT time definitions (ie, a minimum of 16 minutes for 30-minute codes and 31 minutes for 1-hour codes must be provided to report any per hour code). ~~Services,~~The time reported in 96116, 96130, 96131, 96132, 96133, 96125 ~~report time as~~ is the face-to-face time with the patient and the time spent integrating and interpreting data.

Report the total time at the completion of the entire episode of evaluation.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~**D**96101~~	-	~~Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg,MMPI, Rorschach, WAIS), 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 (96101 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests) (Do not report 96101 for the interpretation and report of 96102, 96103)~~	XXX	N/A (2017 Work RVU = 1.86)
D~~96102~~	-	~~Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face~~	XXX	N/A (2017 Work RVU = 0.50)
~~**D**96103~~	-	~~Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report~~ (96101, 96102, 96103 have been deleted. To report psychological testing evaluation and administration and scoring services, see 96130, 96131, 96132, 96137, 96138, 96139, 96142, 96146)	XXX	N/A (2017 Work RVU = 0.51)
Assessment of Aphasia and Cognitive Performance Testing				
96105(**f**)	K1	*Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour*	XXX	1.75 (No Change) (HCPAC Review)

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96125(**f**)	K2	*Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report* (To report neuropsychological testing evaluation and administration and scoring services, see 96132, 96133, 96136, 96137, 96138, 96139, 96142, 96146) ~~For psychological and neuropsychological testing by a physician or qualified health care professional psychologist, see 96101-96103, 96118)~~	XXX	1.70 (No Change) (HCPAC Review)
Developmental/Behavioral Screening and Testing				
96110(**f**)	K3	*Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument* *(For an emotional/behavioral assessment, use 96127)*	XXX	0.00 (PE Only) (RUC Review)
~~**D**96111~~	-	~~Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report~~ (96111 has been deleted. To report developmental testing, see 96112, 96113)	XXX	N/A (2017 Work RVU = 2.60)
● 96112	K4	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	XXX	2.50 (RUC Review)
✚●96113	K5	each additional 30 minutes (List separately in addition to code for primary procedure)	ZZZ	1.10 (RUC Review)

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96127**(f)**	K6	*Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument* *(For developmental screening, use 96110)*	XXX	0.00 (PE Only) (RUC Review)
Psychological/Neuropsychological Testing **Neurobehavioral Status Exam**				
▲96116	K7	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional ~~per hour of the psychologist's or physician's time~~, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	XXX	1.86 (No Change) (RUC Review)
✚●96121	K8	each additional hour (List separately in addition to code for primary procedure) (Use 96121 in conjunction with 96116)	ZZZ	1.71 (RUC Review)
~~D96118~~	-	~~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~~ ~~*(96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests)*~~ ~~*(Do not report 96118 for the interpretation and report of 96119 or 96120)*~~	XXX	N/A (2017 Work RVU = 1.86)
~~D96119~~	-	~~Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face~~	XXX	N/A (2017 Work RVU = 0.55)

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~~D96120~~	-	~~Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report~~ (96118, 96119, 96120 have been deleted. To report neuropsychological testing evaluation and administration and scoring services, see 96132, 96133, 96136, 96137, 96138, 96139, 96142, 96146)	XXX	N/A (2017 Work RVU = 0.51)
Testing Evaluation Services				
● 96130	K9	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	XXX	2.50 (HCPAC Review)
✚ ● 96131	K10	each additional hour (List separately in addition to code for primary procedure)	ZZZ	1.90 (HCPAC Review)
● 96132	K11	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	XXX	2.50 (RUC Review)
✚ ● 96133	K12	each additional hour (List separately in addition to code for primary procedure)	ZZZ	1.90 (RUC Review)
Test Administration and Scoring				
● 96136	K13	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	XXX	0.55 (HCPAC Review)

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✚ ● 96137	K14	each additional 30 minutes (List separately in addition to code for primary procedure) (96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)	ZZZ	0.46 (HCPAC Review)
● 96138	K15	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	XXX	0.00 (PE Only) (HCPAC Review)
✚ ● 96139	K16	each additional 30 minutes (List separately in addition to code for primary procedure) (96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days) (For 96136, 96137, 96138, 96139, do not include time for evaluation services [eg, integration of patient data or interpretation of test results]. This time is included ~~with~~ in 96130, 96131, 96132, 96133)	ZZZ	0.00 (PE Only) (HCPAC Review)
Single Test Administration with Interpretation and Report				
● 96142	K17	Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed (For multiple tests see 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139)	XXX	0.51 (Interim) (RUC Review)

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Automated Testing and Result				
● 96146	K18	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only (If test is administered by physician, other qualified health care professional, or technician, do not report 96146. To report, see 96127, 96136, 96137, 96138, 96139, 96142)	XXX	0.00 (PE Only) (HCPAC Review)

Category III
Adaptive Behavior Assessments

Behavior identification assessment (0359T) conducted……
Observational behavioral follow-up assessment …..
Codes 0360T and 0361T describe services provided…..
Exposure behavioral follow-up assessment (0362T, 0363T)…….
The typical patients for 0362T and 0363T include…..
Codes 0362T and 0363T include exposing the…..
Codes 0360T, 0361T, 0362T, and 0363T are reported….

(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, ~~96101~~ 96105, 96110, 96116, 96125, 96127, 96150, 96151, 96152, 96153, 96154, 96155 on the same date)

(For psychiatric diagnostic evaluation, see 90791, 90792)

(For speech evaluations, see 92521, 92522, 92523, 92524)

0362T *Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient*

✚*0363T* *each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)*

(Use 0363T in conjunction with 0362T)

(0362T, 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)

(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, ~~96101~~ 96105, 96110, 96116, 96125, 96150, 96151, 96152, 96153, 96154, 96155)

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Adaptive Behavior Treatment

0364T *Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time*

:0365T *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

(Use 0365T in conjunction with 0364T)

(Do not report 0364T, 0365T in conjunction with 90785-90899, 92507, ~~96101-96155~~ 96105, 96110, 96116, 96125, 96127, 96150-96155, 97532)

✚0367T *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

(Use 0367T in conjunction with 0366T)

(Do not report 0366T, 0367T if the group is larger than eight patients)

(Do not report 0366T, 0367T in conjunction with 90785-90899, 92508, ~~96101 -96155 -,~~ 96105, 96110, 96116, 96150-96155, 97150)

Exposure Adaptive Behavior Treatment
With Protocol Modification

0373T *Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient*

:0374T *each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)*

(Use 0374T in conjunction with 0373T)

(0373T, 0374T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)

(Do not report 0373T, 0374T in conjunction with 90785-90899, ~~96101~~, 96105, 96110, 96116, 96150-96155)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Background: Psychological/Neuropsychological Testing Services (Tab 8/20) – October 2017 RUC Meeting

Appreciating the complexity of Tabs 8 and 20, societies assigned to these tabs have prepared brief background material to assist RUC and HCPAC members orient themselves to these tabs.

Overview of Tab

Category	Code #	Meeting	Societies
Assessment of Aphasia and Cognitive Performance Testing	96105, 96125	HCPAC	ASHA
Developmental/Behavioral Screening and Testing	96110, 96127	PE Only	AAP
	96112, +96113	RUC	AAP, AAN, APA
Neurobehavioral Status Exam	96116, +96121	RUC	AAN, APA
Psychological/Neuropsychological Testing			
Testing Evaluation Services	96130, +96131	HCPAC	APA
	96132, +96133	RUC	AAN, APA
Test Administration and Scoring	96136, +96137	HCPAC	APA
	96138, +96139	PE Only	APA
Single Test Administration with Interpretation and Report	96142	RUC	AAN, APA
Automated Testing and Report	96146	PE Only	APA

Change in Reporting Psychological/Neuropsychological Testing Services

The table below provides a comparison of the change in coding for psychological/neuropsychological testing services from the current codes to the new codes surveyed for the October 2017 RUC meeting. Under the new coding structure there are separate codes for professional evaluation services and test administration and scoring. These services are billed under one code in the current coding structure. These changes were made for the coding structure to better reflect how the services are provided in current practice.

Code	How Often Billed	Services Included in the Code				
		Evaluation	Interactive Feedback	Scoring/ Admin Prof.	Scoring/ Admin Tech.	Inter. & Report
Current Coding Scenarios						
96101 (psych)	Per hour	X		X		X
96102 (psych)	Per hour				X	X
96118 (neuropsych)	Per hour	X		X		X
96119 (neuropsych)	Per hour				X	X
New Coding Scenarios						
96130 (psych)	First hour	X	X			X
+96131 (psych)	Each addl hour	X	X			X
96132 (neuropsych)	First hour	X	X			X
+96133 (neuropsych)	Each addl hour	X	X			X
96136	First 30 min.			X		
+96137	Each addl 30 min.			X		
96138	First 30 min.				X	
+96139	Each addl 30 min.				X	

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96105 Tracking Number Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: XXX Current Work RVU: **1.75** RUC Recommended RVU: **1.75**

CPT Descriptor: Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Patient presents post cerebrovascular accident (CVA). A comprehensive language evaluation is required to determine the nature and extent of language deficits and to make recommendations for rehabilitation. This procedure is a comprehensive evaluation of language in addition to and separate from the neurological evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The qualified health care professional reviews the patient's medical record, including records of previous assessment and treatment procedures, and selects the tests for administration.

Description of Intra-Service Work: The qualified health care professional reviews the patient's case history and conducts an interview with the patient (if able to participate) and family/caregiver(s) concerning the communication and related difficulties the patient faces. Information about family/caregivers' efforts to aid communication attempts is explored. The patient is advised about what the testing will entail. The qualified health care provider uses a variety of strategies to assess all aspects of communication, including analysis of interactions and responses in the clinic setting and administration of formal tests (e.g., the Boston Diagnostic Aphasia Examination, the Boston Naming Test, Communicative Abilities in Daily Living, the Minnesota Test for Differential Diagnosis of Aphasia, the Western Aphasia Battery, and the Aphasia Reading Battery). During testing, techniques to facilitate communication are attempted to determine strategies the family/caregiver(s) might be able to attempt to improve communication. The qualified health care provider also assesses stimulability for direct therapeutic interventions. Results from the formal test responses are scored, analyzed, and interpreted. These are incorporated with observations of the patient's communication attempts in the clinical setting, and the effects of facilitation techniques. A comprehensive report of the findings and recommendations for plan of care is written, incorporating the dimensions of communication and related impairments, activity limitations, and the patient's participation in society.

Description of Post-Service Work: The qualified health care provider's evaluation of test and interactive responses and other clinical observations are shared with the patient and family/caregiver(s). Specific instruction is provided to the family/caregiver(s) regarding ways to enhance communication attempts. Prognosis is discussed and the patient's and family/caregivers' questions are answered. Tentative goals are agreed upon for the treatment plan. Final findings and recommendations are communicated to referral sources.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Renee Kinder, MS, CCC-SLP					
Specialty(s):	Speech-language pathology (American Speech-Language-Hearing Association)					
CPT Code:	96105					
Sample Size:	6000	**Resp N:** 130		**Response:** 2.1 %		
Description of Sample:	Random sample of applicable subsets; specifically, speech-language pathologists from established ASHA member sections were randomly selected to participate.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**6.00**	20.00	288.00
Survey RVW:		0.00	2.76	**3.00**	3.30	100.00
Pre-Service Evaluation Time:				**18.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		2.00	60.00	**75.00**	90.00	1500.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 96105	**Recommended Physician Work RVU: 1.75**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92523	XXX	3.00	**RUC Time**

CPT Descriptor Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92607	XXX	1.85	**RUC Time**

CPT Descriptor Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92540	XXX	1.50	**RUC Time**	93,970

CPT Descriptor 1 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,311,552

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

Other Reference CPT Code	Global	Work RVU	Time Source
92640	XXX	1.76	**RUC Time**

CPT Descriptor Diagnostic analysis with programming of auditory brainstem implant, per hour

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 120 **% of respondents:** 92.3 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 2.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 96105**	**Top Key Reference CPT Code: 92523**	**2nd Key Reference CPT Code: 92607**
Median Pre-Service Time	4.00	7.00	10.00
Median Intra-Service Time	60.00	120.00	60.00
Median Immediate Post-service Time	10.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**74.00**	**157.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	44%	44%	8%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	54%	38%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	3%	54%	43%
Physical effort required	7%	83%	10%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	70%	24%

2nd Key Reference Code

	Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	67%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	56%	44%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	33%	33%	33%
Physical effort required	0%	100%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	67%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey:
The psychological and neuropsychological evaluation and testing family of codes was identified on the CMS High Expenditure Procedural Codes screen and was reviewed at the May/June 2017 CPT Editorial Panel meeting. CPT code 96105 is a low volume code, was not captured in this screen, did not undergo CPT revisions, and is only one of two codes in the family that are primarily billed by speech-language pathologists (SLPs). However, it is being reviewed as

part of the family in order to ensure appropriate rank ordering. The family includes codes in the following areas, and proposed times and RVWs are outlined in the table below.

- Assessment of aphasia and Cognitive performance testing (96105, 96125)
- Neurobehavioral status exam (96116, +96121)
- Developmental and behavioral screening and testing services (96112, +96113)
- Psychological and neuropsychological testing (96130, +96131, 96132, +96133, 96136, +96137, 96142)

Survey Sample:
The survey data and recommendations are based upon a random sample of applicable subsets of the ASHA membership. Specifically, the random sample was drawn from established specialty society member sections comprised of speech-language pathologists. The total sample size was 6000 with 130 completed responses.

Expert Panel Recommendations:
A panel of speech-language pathologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

Qualified Healthcare Provider Time:
The expert panel recommends a **pre-service time of 4 minutes, an intra-service time of 60 minutes, and a post-service time of 10 minutes for a total of 74 minutes**. CPT code 96105 is a per hour code. Medicare data shows that this code is typically only billed by the individual provider once per date of service. Additionally, there are Medicare medically unlikely edits (MUEs) in place that allow up to 3 units billed per individual provider, per date of service.

Pre-Service Time
The expert panel reviewed the pre-service time and concluded that the survey median time of 18 minutes should be decreased to account for those times when multiple units are billed on the same date of service. Therefore, **the expert panel recommends the current pre-service time of 4 minutes**.

Intra-Service Time
The expert panel disagreed with the survey respondents regarding the median intra-service time of 75 minutes because CPT code 96105 is a per hour code. As such, **the expert panel recommends maintaining the current intra-service time of 60 minutes**.

Post-Service Time
The expert panel concluded that the median post-service time of 30 minutes should also be reduced and **recommends a post-service time of 10 minutes** to account for multiple units billed**.** Although this is higher than the current post-service time of 5 minutes, the expert panel believes that 10 minutes is appropriate due to the complexity of communicating information and instructions to communicatively-impaired patients and their caregivers.

RVW
Upon review of the survey results, the expert panel did not agree with the median RVW of 3.00 and **recommends maintaining the current RVW of 1.75.**

RVW Rationale
We recognize the recommended work value is much lower than the median survey RVW of 3.00. However, we are convinced that most survey respondents made a common error that led to an overestimation of the RVW for this code. Specifically, when valuing 96105—a timed, per hour code—in relation to the key reference service of 92523—an untimed code—we must assume that respondents did not know that there are 120 minutes of intra-service time associated with 92523. As such, they could not perform the magnitude estimation needed to make an accurate RVW comparison of two codes with very different intra-service times.

We believe that the current RVW of 1.75 is appropriate and accurately reflects current practice, which has not fundamentally changed since the last review of 96105. Additionally, the recommended RVW is supported by the key reference service, MPC codes, and other reference codes as outlined in the following discussion.

To summarize, we recommend an RVW of 1.75 with a pre-service time of 4, an intra-service time of 60, and a post-service time of 10 for a total of 74 minutes.

Comparison to Key Reference Service, 92523

CPT code 92523 describes an evaluation of speech sound production and language comprehension and expression. The typical patient for this code is pediatric, and the evaluation can include standardized and informal testing.

Survey code 96105 describes an assessment of aphasia. Aphasia is an impairment of language, affecting the production and/or comprehension of speech and the ability to read or write due to brain damage, most often secondary to a stroke. CPT code 96105 includes an extensive evaluation of speech and language, but specifically through standardized testing for patients who have suffered brain injury. This typical, brain injured patient, often presenting with multiple comorbidities, is more complex than the typical pediatric patient with a developmental disorder evaluated using 92523.

Of the 120 survey respondents who chose CPT 92523 as the reference service, 52% indicated that 96105 was higher in overall intensity and complexity than the reference code. Patient complexity, combined with the additional work associated with standardized testing, scoring, and interpretation supports the rank order in relation to the reference code, as illustrated below.

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	1.75	0.0240	74	4	60	10	Survey code
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	3.00	0.0181	157	7	120	30	Key reference service HCPAC MPC

Comparison to Other Codes

The following table provides other RUC and HCPAC valued services, including MPC reference codes, to illustrate appropriate rank order and further support the requested values for time and professional work for 96105. The expert panel noted that CPT code 92640 (diagnostic analysis with programming of auditory brainstem implant) provides further support for the recommended value of 96105, with a similar RVW of 1.76 and pre, intra, and post-service times of 4, 60, and 5 minutes, resulting in an IWPUT of 0.0260 as compared to the survey code IWPUT of 0.0240.

Comparison to MPC and additional reference codes (RVW order)

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	1.50	0.0157	85	5	60	20	
92540	Basic vestibular evaluation	1.50	0.0187	77	7	60	10	HCPAC MPC
96105	Assessment of aphasia	1.75	0.0240	74	4	60	10	Survey code
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	1.76	0.0260	69	4	60	5	Similar in time, RVW, and IWPUT
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	1.82	0.0594	40	5	25	10	HCPAC MPC
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	1.85	0.0196	90	10	60	20	2nd key reference service HCPAC MPC

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96105

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Speech-language pathology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. For the national estimate, we used proprietary actuarial data related to commercial billing for 96105, and used the RUC database percentage of utilization to estimate speech-language pathology utilization.

Specialty Speech-language pathology Frequency 3121 Percentage 91.79 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 463 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is 2016 utilization information obtained from the RUC database. We also reviewed facility-based claims from 500 institutions across the country and found that utilization is consistent with the number reflected in the RUC database.

Specialty Speech-Language Pathology Frequency 425 Percentage 91.79 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96105

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96125 Tracking Number Original Specialty Recommended RVU: **1.70**
Presented Recommended RVU: **1.70**
Global Period: XXX Current Work RVU: **1.70** RUC Recommended RVU: **1.70**

CPT Descriptor: Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Patient with diagnosed brain damage is referred for standardized cognitive performance testing.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The qualified health care professional reviews the patient's medical record, including records of previous asssessment and treatment procedures, and selects the tests for administration.

Description of Intra-Service Work: The qualified health care professional reviews the patient's case history and conducts an interview with the patient (if able to participate) and family/caregiver(s) to assess the cognitive demands on relevant social, academic, and/or vocational tasks, and the support competencies of the family/caregiver(s) or others in the patient's daily environment. The patient is advised about what testing will entail. The qualified health care professional completes a face-to-face administration of the appropriate standardized test(s) (e.g., Ross Information Processing Assessment) to assess the patient’s ability to complete specific functional tasks applicable to the patient’s environment in order to identify or quantify specific cognitive deficits in areas such as attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning. The patient's potential for effective compensatory behaviors and associated motivational barriers and facilitators are also examined. Raw and standardized scores are derived, analyzed, and interpreted. A comprehensive report of findings and recommendations for plan of care is written, incorporating the dimensions of cognitive and related impairments, activity limitations, and the patient's participation in society.

Description of Post-Service Work: The qualified health care provider's evaluation of test and interactive responses and other clinical observations are shared with the patient and family/caregiver(s). Specific instruction is provided to the family/caregiver(s) regarding ways to enhance compensatory strategies. Prognosis is discussed and the patient's and family/caregivers' questions are answered. Tentative goals are agreed upon for the treatment plan. Final findings and recommendations are communicated to referral sources.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Renee Kinder, MS, CCC-SLP				
Specialty(s):	American Speech-Language-Hearing Association (Speech-Language Pathology)				
CPT Code:	96125				
Sample Size: 6000	**Resp N:** 137	**Response:** 2.2 %			
Description of Sample:	Random sample of applicable subsets; specifically, speech-language pathologists from established ASHA member sections were randomly selected to participate.				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	3.00	**15.00**	40.00	200.00
Survey RVW:	0.00	2.00	**3.00**	3.50	100.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	50.00	**60.00**	90.00	1500.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96125	**Recommended Physician Work RVU: 1.70**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92523	XXX	3.00	**RUC Time**

CPT Descriptor Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
96150	XXX	0.50	**RUC Time**

CPT Descriptor Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92540	XXX	1.50	**RUC Time**	93,970

CPT Descriptor 1 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,311,552

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

Other Reference CPT Code	Global	Work RVU	Time Source
92640	XXX	1.76	**RUC Time**

CPT Descriptor Diagnostic analysis with programming of auditory brainstem implant, per hour

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 114 **% of respondents:** 83.2 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 9.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 96125	Top Key Reference CPT Code: 92523	2nd Key Reference CPT Code: 96150
Median Pre-Service Time	4.00	7.00	3.00
Median Intra-Service Time	60.00	120.00	15.00
Median Immediate Post-service Time	10.00	30.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**74.00**	**157.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	4%	38%	39%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	45%	46%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	41%	53%
Physical effort required	11%	76%	13%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	61%	34%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	15%	15%	62%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	16%	28%	56%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	31%	61%
Physical effort required	8%	69%	23%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	54%	34%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey:
The psychological and neuropsychological evaluation and testing family of codes was identified on the CMS High Expenditure Procedural Codes screen and was reviewed at the May/June 2017 CPT Editorial Panel meeting. CPT code 96125 is a low volume code, was not captured in this screen, did not undergo CPT revisions, and is only one of two codes in the family that are primarily billed by speech-language pathologists (SLPs). However, it is being reviewed as

part of the family in order to ensure appropriate rank ordering. The family includes codes in the following areas, and proposed times and RVWs are outlined in the table below.

- Assessment of aphasia and Cognitive performance testing (96105, 96125)
- Neurobehavioral status exam (96116, +96121)
- Developmental and behavioral screening and testing services (96112, +96113)
- Psychological and neuropsychological testing (96130, +96131, 96132, +96133, 96136, +96137, 96142)

Survey Sample:

The survey data and recommendations are based upon a random sample of applicable subsets of the ASHA membership. Specifically, the random sample was drawn from established specialty society member sections comprised of speech-language pathologists. The total sample size was 6000 with 137 completed responses.

Expert Panel Recommendations:

An expert panel of speech-language pathologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

Qualified Health Care Provider Time:

The expert panel recommends a **pre-service time of 4 minutes, an intra-service time of 60 minutes, and a post-service time of 10 minutes for a total of 74 minutes**. CPT code 96125 is a per hour code. Medicare data shows that this code is typically only billed once per date of service. Additionally, there are Medicare medically unlikely edits (MUEs) in place that allow up to 2 units billed per individual provider, per date of service.

Pre-Service Time

The expert panel reviewed the pre-service time and concluded that the survey median time of 20 minutes should be decreased to account for multiple units billed. Therefore, **the expert panel recommends a pre-service time of 4 minutes**, which is less than the current pre-service time of 7 minutes. We do not believe the pre-service requires more work or time than the assessment of aphasia (CPT code 96105), for which we are also proposing 4 minutes.

Intra-Service Time

The expert panel **agrees with the median intra-service time of 60 minutes.**

Post-Service Time

The expert panel concluded that the median post-service time of 30 minutes should also be reduced and **recommends a post-service time of 10 minutes** to account for multiple units billed. Although there is currently no post-service time associated with 96125, the panel feels it is important to capture standard post-service activities, such as discussion of results with the patient/caregiver and with the referring physician. This will also ensure consistency with the rest of the family. The expert panel believes that 10 minutes is appropriate due to the complexity of communicating information and instructions to cognitively-impaired patients and their caregivers. This is also consistent with our recommendation for the assessment of aphasia (CPT code 96105).

RVW

Upon review of the survey results, the expert panel did not agree with the median RVW of 3.00 and **recommends maintaining the current RVW of 1.70.**

RVW Rationale

We recognize the recommended work value is much lower than the median survey RVW of 3.00. However, we are convinced that most survey respondents made a common error that led to an overestimation of the RVW for this code, as they did with CPT code 96105 (aphasia assessment). Specifically, when valuing 96125—a timed, per hour code—in relation to the key reference service of 92523—an untimed code—we must assume that respondents did not know that there are 120 minutes of intra-service time associated with 92523. As such, they could not perform the magnitude estimation needed to make an accurate RVW comparison of two codes with very different intra-service times.

We believe that the current RVW of 1.70 is appropriate and accurately reflects current practice, which has not fundamentally changed since the last review of 96125. Additionally, the recommended RVW is supported by the key reference service, MPC codes, and other reference codes, as outlined in the following discussion.

To summarize, we recommend an RVW of 1.70 with a pre-service time of 4, an intra-service time of 60, and a post-service time of 10 for a total of 74 minutes.

Comparison to Key Reference Service, 92523

CPT code 92523 describes an evaluation of speech sound production and language comprehension and expression. The typical patient for this code is pediatric, and the evaluation can include standardized and informal testing.

Survey code 96125 describes standardized testing to assess the patient's ability to complete specific functional tasks applicable to the patient's environment in order to identify or quantify specific cognitive deficits. The results are used to identify strengths and weaknesses in order to develop a therapeutic plan of care. Patients requiring cognitive performance testing often have more than one comorbidity due to brain injury, including underlying psychological, speech and/or language impairments.

Of the 114 survey respondents who chose CPT 92523 as the reference service, 56% indicated that 96125 was higher in overall intensity and complexity than the reference code. Patient complexity, combined with the additional work associated with standardized testing, scoring, and interpretation supports the rank order in relation to the reference code, as illustrated below.

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
96125	Cognitive performance testing	1.70	0.0230	74	4	60	10	Survey code
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	3.00	0.0181	157	7	120	30	Key reference service HCPAC MPC

Comparison to Other Codes

The following table provides other RUC and HCPAC valued services, including the MPC reference codes, to illustrate appropriate rank order and further support the requested values for time and professional work for 96125. The expert panel noted that CPT code 92640 (diagnostic analysis with programming of auditory brainstem implant) provides further support for the recommended value of 96125, with a similar RVW of 1.76 and pre, intra, and post-service times of 4, 60, and 5 minutes, resulting in an IWPUT of 0.0260 as compared to the survey code IWPUT of 0.0230.

Comparison to MPC and additional reference codes (RVW order)

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	0.50	0.0214	23	3	15	5	2nd key reference service
92540	Basic vestibular evaluation	1.50	0.0187	77	7	60	10	HCPAC MPC
96125	Cognitive performance testing	1.70	0.0230	74	4	60	10	Survey code
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	1.76	0.0260	69	4	60	5	Similar in time, RVW, and IWPUT
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	1.82	0.0594	40	5	25	10	HCPAC MPC

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96125

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Speech-language pathology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 9300
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. For the national estimate, we used proprietary actuarial data related to commercial billing for 96125, and used the RUC database percentage of utilization to estimate speech-language pathology utilization.

Specialty Speech-language pathology Frequency 6475 Percentage 69.62 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,373
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is 2016 utilization information obtained from the RUC database. We also reviewed facility-based claims from 500 institutions across the country and found that utilization is consistent with the numbers reflected in the RUC database.

Specialty Speech-Language Pathology Frequency 1652 Percentage 69.61 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96125

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96130 Tracking Number K9 Original Specialty Recommended RVU: **2.53**
Presented Recommended RVU: **2.50**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.50**

CPT Descriptor: Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female who is experiencing depressive symptoms, social withdrawal, and substantial fatigue presents with a positive medical history of autoimmune disorder and recent emotional trauma. Her primary care physician refers her for psychological testing.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Preliminary selection of tests. Record review. Call to the referring physician to ascertain the referral question.

Description of Intra-Service Work: Interpretation of tests. Integration of patient data. Clinical decision making. Diagnosis and/or treatment planning. Interactive feedback, when performed. Creation of report.

Description of Post-Service Work: Report distribution and arrangement of referrals.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA				
Specialty(s):	American Psychological Association (APA)				
CPT Code:	96130				
Sample Size:	3596	**Resp N:** 68	**Response:** 1.8 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.75	**21.00**	51.25	300.00
Survey RVW:	0.50	3.00	**3.17**	3.50	60.00
Pre-Service Evaluation Time:			**24.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	60.00	**87.50**	211.50	1225.00

Immediate Post Service-Time:	**32.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 96130	**Recommended Physician Work RVU: 2.50**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99215	XXX	2.11	**RUC Time**	9,800,887

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	6,942,280

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the

problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
99343	XXX	2.53	**RUC Time**

CPT Descriptor Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 31 **% of respondents:** 45.5 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 35.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 96130	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **90791**
Median Pre-Service Time	5.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	5.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	19%	52%	26%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	39%	61%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	32%	68%
Physical effort required	13%	52%	35%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	16%	35%	48%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	13%	46%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	54%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	25%	71%
Physical effort required	0%	46%	54%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	42%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 HCPAC meeting (some of these codes are being presented at the RUC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
  - Neurobehavioral status exam (96116, +96121)
  - Testing evaluation services (96130, +96131, 96132, +96133)
  - Test administration and scoring (96136, +96137)
  - Single test administration with interpretation and report (96142)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	**Psychological testing evaluation services, first hour**	**96130**	**2.53**	**5/60/5**	**0.038**
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96142	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Psychological Association (APA) surveyed *96130, Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour* for the October 2017 HCPAC meeting.

CPT code 96130 is the base code of a base code/add-on combination.

- 96130, Psychological testing evaluation services, first hour
- +96131, Psychological testing evaluation, each addl hour

A total of 68 responses were received from a random sample of 3,596 APA members (1.8 percent response rate). APA convened an Expert Panel to review the survey data. ***The society is recommending: 2.53 wRVUs and 5/60/5 for time.***

Response to reviewer comments: This recommendation is a reduction from the original recommendation of 3.00 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	3.00	3.17	3.5
Pre		24	
Intra	60	87.5	211.50
Post		32	

The Expert Panel concluded the survey data was too high to develop a wRVU recommendation. Because of the complex changes in coding structure, which has resulted in professional work being re-aligned within the code set, the Expert Panel concluded that it is appropriate to recommend a redistribution of the wRVUs within the family. The revised recommendations maintain budget neutrality and reflect what was concluded to be an appropriate redistribution of wRVUs.

wRVU recommendation: The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. This was supported by the survey 25th percentile. The Expert Panel felt that 5 minutes pre-time and 5 minutes post-time was necessary to perform the typical pre- and post-service tasks. A recommendation of 5 minutes for both pre- and post-time seemed to align with other similar XXX codes.

Response to reviewer comments: In the description of post-service work by the healthcare professional "arrangement of referrals and report distribution" is listed. Reviewers questioned if this is healthcare professional work or if it is done by office staff. The Expert Panel discussed this issue. They concluded that a majority of providers of this service are in private practice and do not have clinical or clerical staff. So in the typical scenario when this service is performed, these tasks are done by the healthcare professional.

Custom Question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (96130 and all increments of +96131)?*

Min.	25th Percentile	Median	75th Percentile	Max.
60 min.	180 min.	300 min.	420 min.	1380 min.

Currently, this service is predominately reported by 96101. It is also reported by 96102. Based on 2015 Medicare claims data the median number of units of 96101 billed on the same day was 2 units. The median number of units of 96102 billed on the same day was 1 unit.

Change in Reporting Psychological Testing Services

The following provides a comparison of the change in coding for psychological testing services from the current codes to the new codes surveyed for the October 2017 RUC meeting. Under the new coding structure there are separate codes for professional evaluation services and test administration and scoring. These services are billed under one code in the current coding structure. These changes were made for the coding structure to better reflect how the services are provided in current practice.

Code	Work RVU	How Often Billed	Evaluation	Interactive Feedback	Scoring/ Admin Prof.	Scoring/ Admin Tech.	Inter. & Report
2017 Coding Scenarios							
96101	1.86	Per hour	X		X		X
96102	0.50	Per hour				X	X
New Coding Scenarios							
96130	**2.53**	**First hour**	**X**	**X**			**X**
+96131	1.90	Each addl hour	X	X			X
96136	0.55	First 30 min.			X		
+96137	0.46	Each addl 30 min.			X		
96138	PE only	First 30 min.				X	
96139	PE only	Each addl 30 min.				X	

In the new code the lower intensity and less complex tasks of test administration and scoring are reported separately using test administration and scoring codes (96136 to +96139). The redistribution of intra-service clinical decision making associated with test selection/battery modification and interpretation and report by the healthcare professional from the current technician code (96102) to the new psychological evaluation testing services codes (96130, +96131) supports the increase in work RVU and IWPUT for 96130.

Evaluation services include the integration and interpretation of the data. The healthcare professional takes all of the historical, behavioral and psychometric data and integrates that into what is their final interpretation.

Additionally, code 96130 includes interactive feedback which is not included in the current code. Interactive feedback, as it will be defined in the CPT book, is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when performed. The inclusion of interactive feedback increased the intensity and complexity of the service and provided further support of the recommendation for a higher work RVU and higher IWPUT in comparison to current codes 96101 and 96102.

wRVU Recommendation Rationale: Crosswalk to code 99343

The Expert Panel agreed that due to the work redistribution within the family and the addition of interactive feedback, the value of the code should be greater than 1.86 wRVUs, the current value of 96101. Yet, it should also be less than the survey 25th percentile of 3.00 wRVUs. In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code **90847** (*Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes*) valued at **2.50 wRVUs** and the second highest reference service selected, code **90791** (Psychiatric diagnostic evaluation) valued at **3.00 wRVUs**. A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 minutes or 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed XXX codes between wRVU value of 2.50 to 2.60, IWPUT between 0.03 and 0.05, with intra time between 45 and 60 minutes that are not currently being surveyed at this meeting, six codes were identified: **74262** (*CT colonography dx w/dye @* **2.50 wRVU**), **75561** (*Cardiac MRI for morph w/dye @* **2.60 wRVU**), **90847** (*Family psychotherapy w/pat. 50 min @* **2.50 wRVU**), **95911** (*Nerve conduction studies, 9-10 studies @* **2.50 wRVU**), and **99343** (Home visit, new patient @ **2.53 wRVUs**).

Based on this list the Expert Panel felt that code 90847 and 99343 were the best candidates for a crosswalk. Since 90847 had 50 minutes intra-service time and the surveyed code had 60 minutes they felt it was appropriate to choose a code with a slightly higher wRVU. The Expert Panel agreed that code 99343 was the most appropriate crosswalk.

Response to reviewer comments: During the pre-facilitation call, a reviewer questioned if 99343 was an appropriate crosswalk since CMS had made changes to the code from what was recommended by the RUC. Since code 99343 is on the RUC MPC list, and codes on the MPC list have been identified by the RUC as being appropriate to help rank value of codes in the RUC process, the Expert Panel felt it was an appropriate selection.

The Expert Panel noted that the recommended value was less than both reference service codes selected by survey respondents: 99205 (*Office/Outpatient visit, new patient*) @ 3.17 wRVUs and 90791 (*Psychiatric diagnostic evaluation*) @ 3.00 wRVUs.

Comparison to other services

The Expert Panel compared 96130 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
99204	Office outpatient visit/new	2.43	5	30	10	45	Feb 2006	0.0698	9,985,403
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	2.50	5	50	21	76	April 2012	0.0384	188,656

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
96130	**Psychological testing evaluation, first hour**	**2.53**	**5**	**60**	**5**	**70**	***	**0.038**	**NEW**
99326	Domiciliary or rest home visit for the evaluation and management of a new patient	2.63	15	45	17	77	Feb 2007	0.0425	52,724
90791*	Psychiatric diagnostic evaluation	3.00	10	60	20	90	April 2012	0.039	904,682

* 2nd highest reference service

The Expert Panel noted that the intensity of 96130 was very similar to 90791. They felt that these codes were very clinically similar and that this provided further evidence of the appropriateness of the recommended value.

Rank order with other Psychological/Neuropsychological Testing Codes
Rank order within the family was also found to be appropriate. Code 96130 has a work RVU value and IWPUT above the neurobehavioral status exam (96116) base code. The higher work RVU and IWPUT values appropriately reflect the relative intensity and complexity of the different procedures.

The recommended work RVU for 96130 is the same as 96132 (*Neuropsychological testing, first hour*). Separate codes were created for psychological and neuropsychological services due to the fundamental differences in the services performed. Those differences are reflected in the respective domains that are assessed by psychological and neuropsychological testing. Although separate codes were created, the Expert Panel agreed that the values should be the same since the intensity and complexity were similar.

When these factors are considered, the recommendation of 2.53 work RVUs for 96130 maintains appropriate rank order in the family.

Code #	Descriptor	Work RVU	Intra-Time (min)	IWPUT
96116	Neurobehavioral status exam, first hour	1.86	60	0.027
96130	**Psychological testing evaluation, first hour**	**2.53**	**60**	**0.038**
96132	Neuropsychological testing, first hour	2.53	60	0.038

In summary, for CPT code 96130 (*Psychological testing evaluation services, first hour*) ***APA recommends 2.53 wRVUs and 5/60/5 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
963X3	XXX	2.53	5	60	5
+963X4	ZZZ	1.90	0	60	0
963X7	XXX	0.55	3	30	3
+963X8	ZZZ	0.46	0	30	0
963X9	XXX	PE Only	N/A		
+96X10	ZZZ	PE Only	N/A		

Note: Clinician would bill X7/X8 or X9/X10 for administration and scoring depending on if performed by healthcare professional or technician

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96101 or 96102

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 294950
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare volume represents 20% of national utilization; Medicare volume is estimated in the following manner: 25% of the utilization of 96101 and 12.5% of the utilization of 96102 will be reported by 963X3.

Specialty Clinical Psychology Frequency 265455 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 58,990
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare volume is estimated in the following manner: 25% of the utilization of 96101 and 12.5% of the utilization of 96102 will be reported by 963X3.

Specialty Clinical Psychology Frequency 53091 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96101

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96131 Tracking Number K10 Original Specialty Recommended RVU: **1.90**
Presented Recommended RVU: **1.90**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **1.90**

CPT Descriptor: Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female who is experiencing depressive symptoms, social withdrawal, and substantial fatigue presents with a positive medical history of autoimmune disorder and recent emotional trauma. Her primary care physician refers her for psychological testing. Patient requires an additional hour of psychological testing beyond the first hour.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Interpretation of tests. Integration of patient data. Clinical decision making. Diagnosis and/or treatment planning. Interactive feedback, when performed. Creation of report.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA					
Specialty(s):	American Psychological Association (APA)					
CPT Code:	96131					
Sample Size:	3596	**Resp N:** 65		**Response:** 1.8 %		
Description of Sample:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	5.00	**20.00**	50.00	1000.00
Survey RVW:		0.50	2.55	**3.17**	3.40	75.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		15.00	60.00	**132.00**	240.00	1050.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96131	**Recommended Physician Work RVU: 1.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90840	ZZZ	1.50	**RUC Time**	5,345

CPT Descriptor 1 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11045	ZZZ	0.50	**RUC Time**	390,492

CPT Descriptor 2 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
90836	ZZZ	1.90	**RUC Time**

CPT Descriptor Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 36.9 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 24.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 96131	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 90791
Median Pre-Service Time	0.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	0.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	13%	46%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	38%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	29%	67%
Physical effort required	4%	46%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	21%	21%	58%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	0%	56%	31%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	31%	69%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	13%	81%
Physical effort required	0%	38%	63%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	25%	69%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 HCPAC meeting (some of these codes are being presented at the RUC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
  - Neurobehavioral status exam (96116, +96121)
  - Testing evaluation services (96130, +96131, 96132, +96133)
  - Test administration and scoring (96136, +96137)
  - Single test administration with interpretation and report (96142)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	**Psychological testing evaluation services, first hour**	**96130**	**2.53**	**5/60/5**	**0.038**
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96142	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Psychological Association (APA) surveyed *+96131, Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)* for the October 2017 HCPAC meeting.

CPT code +96131 is the add-on code of a base code/add-on combination.

- 96130, Psychological testing evaluation services, first hour

- +96131, Psychological testing evaluation, each addl hour

A total of 65 responses were received from a random sample of 3,596 APA members (1.8 percent response rate). APA convened an Expert Panel to review the survey data. ***The society is recommending 1.90 work RVUs and 60 minutes intra-service time (0/60/0).***

Response to reviewer comments: This recommendation is a reduction from the original recommendation of 2.33 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.55	3.17	3.4
Intra-Time	60	132	240

The Expert Panel concluded the survey wRVU was too high. Because of the complex changes in coding structure, which has resulted in professional work being re-aligned within the code set, the Expert Panel concluded that it is appropriate to recommend a redistribution of the wRVUs within the family. The revised recommendations maintain budget neutrality and reflect what was concluded to be an appropriate redistribution of wRVUs.

wRVU recommendation: The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. The Expert Panel is recommending the survey 25th percentile for intra time. As a ZZZ code, the service does not have any pre- or post-time.

Custom question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (96130 and all increments of +96131)?*

Min.	**25th Percentile**	**Median**	**75th Percentile**	**Max.**
60 min.	180 min.	300 min.	420 min.	1380 min.

Currently, this service is predominately reported by 96101. It is also reported by 96102. Based on 2015 Medicare claims data the median number of units of 96101 billed on the same day was 2 units. The median number of units of 96102 billed on the same day was 1 unit.

Change in Reporting Psychological Testing Services

The following provides a comparison of the change in coding for psychological testing services from the current codes to the new codes surveyed for the October 2017 RUC meeting. Under the new coding structure there are separate codes for professional evaluation services and test administration and scoring. These services are billed under one

code in the current coding structure. These changes were made for the coding structure to better reflect how the services are provided in current practice.

In the new code the lower intensity and less complex tasks of test administration and scoring are reported separately using test administration and scoring codes (96136 to + 96139). The redistribution of intra-service clinical decision making associated with test selection/battery modification and interpretation and report by the healthcare professional from the current technician code (96102) to the new psychological evaluation testing services codes (96130, +96131) supports the increase in work RVU and IWPUT for +96131.

Evaluation services include the integration and interpretation of the data. The healthcare professional takes all of the historical, behavioral and psychometric data and integrates that into what is their final interpretation.

Additionally, code 96131 includes interactive feedback which is not included in the current code. Interactive feedback, as it will be defined in the CPT book, is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when performed. The inclusion of interactive feedback increased the intensity and complexity of the service and provided further support of the recommendation for a higher work RVU and higher IWPUT in comparison to current codes 96101 and 96102.

wRVU Recommendation Rationale: Crosswalk to Code 90836

The Expert Panel agreed that due to the work redistribution within the family and the addition of interactive feedback, the value of the code should be greater than 1.86 wRVUs, the current value of 96101. It also should be slightly less the recommendation for the base code which is 2.53 wRVUs. The Expert Panel was also constrained by maintaining budget neutrality within the family.

In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code **99355** (*Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)*) valued at **1.77 wRVUs** and code **90834** (*Psychotherapy, 45 minutes with patient*) valued at **2.00 wRVUs**. The Expert Panel was concerned that this range may undervalue the service, but felt their options were limited by maintaining rank order in the family and other factors.

Response to reviewer comments: The society received a comment from one reviewer if the wRVU proportionality between the base and add-on code should be consistent throughout the family. The Expert Panel considered this question and concluded that it should not necessarily be consistent. The add-on code is a continuation of the intra-service period of the base code so its value is driven by the value of the base code. What is included in the base code varies by each base code/add-on combination. Also in one instance, the developmental service (963X0, +963X1), the base code is for the first 60 minutes and the add-on code is for each subsequent 30 minutes which will result in a different relationship between the base and the add-on code.

A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties

- Limited options for XXX and ZZZ services with 60 minutes and 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed ZZZ codes between wRVU value of 1.77 to 2.00, IWPUT between 0.03 to 0.05, with intra- time between 45 and 60 minutes that are not currently being surveyed at this meeting, four codes were identified: **90836** (*Psychotherapy, 45 minutes with patient when performed with an evaluation and management service* @ **1.90 wRVU** and 45 min. intra-service time), **48400** (*Injection procedure for intraoperative pancreatography*@ **1.95 wRVU** and 45 min intra-service time), **77293** (*Respiratory motion management simulation* @ **2.00 wRVU** and 45 min intra-service time), and **31627** (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation* @ **2.00 wRVU** and 60 min intra-service time).

Based on this list the Expert Panel felt that even though the intra-service time of code 90836 was 15 minutes less than the surveyed code, it was the most clinically similar service. The Expert Panel agreed that code 90836 was the most appropriate crosswalk.

The Expert Panel noted that the recommended value was less than both reference service codes selected by survey respondents: 99205 (*Office/Outpatient visit, new patient*) @ 3.17 wRVUs and 90791 (*Psychiatric diagnostic evaluation*) @ 3.00 wRVUs.

Comparison to Other Services

The Expert Panel compared +96131 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule

	Descriptor	Global	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
+90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	ZZZ	1.50	0	30	0	30	April 2013	0.0500	5,345
+99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	ZZZ	1.77	0	30	0	30	June 1993	0.0590	26,172
+96131	**Psychological testing evaluation, each addl hour**	**ZZZ**	**1.90**	**0**	**60**	**0**	**60**	***	**0.032**	**NEW**
+31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance,	ZZZ	2.00	0	60	0	60	Feb 2009	0.0333	10,012

	Descriptor	Global	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
	when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])									
+99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	ZZZ	2.25	0	30	0	30	Aug 2005	0.0750	508,905

Rank order with other Psychological/Neuropsychological Testing Codes

Rank order within the family was also found to be appropriate. Code +96131 has a work RVU value and IWPUT above the neurobehavioral status exam (963X2) add-on code. The higher work RVU and IWPUT values appropriately reflect the relative intensity and complexity of the different procedures.

The recommended work RVU for +96131 is the same as +963X6 (*Neuropsychological testing, each addl hour*). Separate codes were created for psychological and neuropsychological services due to the fundamental differences in the services performed. Those differences are reflected in the respective domains that are assessed by psychological and neuropsychological testing. Although separate codes were created, the Expert Panel agreed that the values should be the same since the intensity and complexity were similar.

When these factors are considered, the recommendation of 1.90 work RVUs for +96131 maintains appropriate rank order in the family.

Code #	Descriptor	Work RVU	Intra-Time (min)	IWPUT
+96121	Neurobehavioral status exam, each addl hour	1.71	60	0.029
+96131	**Psychological testing evaluation**, each addl hour	**1.90**	**60**	**0.032**
+96133	Neuropsychological testing, each addl hour	1.90	60	0.032

In summary, for CPT code +96131 (*Psychological testing evaluation services, each add'l hour*) ***APA recommends 1.90 wRVUs and 0/60/0 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96101 or 96102

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 508425
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare volume represents 20% of national utilization; Medicare volume is estimated in the following manner: 45% of the utilization of 96101 and 12.5% of the utilization of 96102 will be reported by +96131.

Specialty Clinical Psychology Frequency 457583 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 101,685 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare volume is estimated in the following manner: 45% of the utilization of 96101 and 12.5% of the utilization of 96102 will be reported by +96131.

Specialty Clinical Psychology Frequency 91517 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96101

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96136 Tracking Number K13 Original Specialty Recommended RVU: **0.55**
Presented Recommended RVU: **0.55**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.55**

CPT Descriptor: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 46-year-old male with a history of coronary artery disease and recent myocardial infarction with reported symptoms of memory loss, anxiety, and depression. His primary care physician refers him for psychological or neuropsychological testing.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Select tests.

Description of Intra-Service Work: Administer a series of tests (standardized, rating scales and/or projective). Record behavioral observations made during the testing. Score test protocol(s) according to the latest methods for each test.

Description of Post-Service Work: Transcribe all test scores onto data summary sheet.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA				
Specialty(s):	American Psychological Association (APA)				
CPT Code:	96136				
Sample Size:	3596	**Resp N:** 147	**Response:** 4.0 %		
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**50.00**	192.00	970.00
Survey RVW:	0.50	1.64	**2.44**	3.17	110.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	30.00	**120.00**	287.50	1325.00

Immediate Post Service-Time:	**35.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96136	**Recommended Physician Work RVU: 0.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.42	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93224	XXX	0.52	**RUC Time**	367,012

CPT Descriptor 1 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90832	XXX	1.50	**RUC Time**	2,308,136

CPT Descriptor 2 Psychotherapy, 30 minutes with patient

Other Reference CPT Code	Global	Work RVU	Time Source

97605	XXX	0.55	**RUC Time**

CPT Descriptor Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 37 **% of respondents:** 25.1 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 20.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 96136	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 99203
Median Pre-Service Time	3.00	7.00	4.00
Median Intra-Service Time	30.00	45.00	20.00
Median Immediate Post-service Time	3.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**36.00**	**67.00**	**29.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	19%	30%	41%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed	8%	22%	70%

- and analyzed
- Urgency of medical decision making

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	5%	22%	73%
Physical effort required	8%	41%	51%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	38%	51%

2nd Key Reference Code

	Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	10%	13%	40%	27%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	30%	37%	33%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	20%	33%	47%
Physical effort required	20%	57%	23%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	37%	33%	30%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 HCPAC meeting (some of these codes are being presented at the RUC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
  - Neurobehavioral status exam (96116, +96121)
  - Testing evaluation services (96130, +96131, 96132, +96133)
  - Test administration and scoring (96136, +96137)
  - Single test administration with interpretation and report (96142)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	**Psychological testing evaluation services, first hour**	**96130**	**2.53**	**5/60/5**	**0.038**
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96142	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Psychological Association (APA) surveyed 96136, *Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes* for the October 2017 HCPAC meeting.

CPT code 96136 is the base code of a base code/add-on combination.

- 96136, *Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes*
- + 96137, *Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (List separately in addition to code for primary procedure)*

Code 96136 describes the first 30 minutes of test administration and scoring performed by a healthcare professional for a psychological or neuropsychological testing services. Code +96137 describes each additional 30 minutes. The test evaluation services, which include evaluation, interactive feedback and interpretation and report, are reported by 96130 to +96133.

A total of 147 responses were received from a random sample of 3,596 APA members (4 percent response rate). APA convened an Expert Panel to review the survey data. ***The society is recommending 0.55 wRVU. They are also recommending 3/30/3 for time.***

Response to reviewer comments: This recommendation is a reduction from the original recommendation of 0.76 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.64	2.44	3.17
Pre-Time		15	
Intra-Time	30	120	287.5
Post-Time		35	

wRVU recommendation: The Expert Panel felt that the wRVW 25th percentile and median was too high. The Expert Panel concluded that the work RVU and intensity of 96136, essentially a data gathering code, should be less than the wRVU and intensity of the psychological/neuropsychological evaluation services (96130 and 96132). In addition to the difference in work of the codes, 96136 is a 30 minute code while 96130 and 96132 are 60 minute codes.

The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Time recommendation: By definition the code has 30 minutes intra-time. The Expert Panel agreed that the survey 25th percentile of 30 minutes was appropriate. The Expert Panel felt that the median survey times for pre- and post-time was too high. The Expert Panel recommended 3 minutes for pre-time and 3 minutes for post-time. This time seemed to align with other codes and was sufficient to complete the necessary pre- and post- tasks described below.

- Pre-service work: Select tests
- Post-service work: Transcribe all test scores onto data summary sheet.

Custom question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (96136 and all increments of +96137)?*

Min.	25th Percentile	Median	75th Percentile	Max.

0 min.	202.5 min.	300 min.	480 min.	3600 min.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

wRVU Recommendation Rationale: Crosswalk to code 97605

Since the survey data was not appropriate the Expert Panel based its wRVU recommendation on a crosswalk to a RUC surveyed code.

The Expert Panel considered rank order in the family (should have value and intensity less than single test administration code 96142), maintaining budget neutrality within the family and reviewed the reference service list. Based on these factors, the Expert Panel concluded that the appropriate value should be between reference code **99201** (*Office/outpatient visit, new patient*) valued at **0.48 wRVUs** and reference code **90853** (group psychotherapy) valued at **0.59 wRVUs**. The Expert Panel was concerned that this range undervalued the service, but felt it was limited by maintaining rank order in the family and other factors.

A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 minutes or 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed XXX codes between wRVU value of 0.48 to 0.59, IWPUT between 0.0150 to 0.0250, intra-time time between 20 and 30 minutes that are not currently being surveyed at this meeting, five codes were identified:

- **94014** (*Patient recorded spirometry* @ 0.52 wRVU and 20 min. intra-time)
- **94016** (*Review patient spirometry* @ 0.52 wRVU and 20 min intra-time)
- **88312** (*Special stains Group I* @ 0.54 wRVU and 24 min intra-time)
- **97605** (Negative pressure wound therapy @ 0.55 wRVU and 20 min intra-time)
- **88104 (***Cytopath fl nongyn smears* @ 0.56 wRVU and 24 min intra-time)

Based on this list the Expert Panel agreed that code 97605 was the most appropriate crosswalk. While 97605 was recently surveyed by the RUC (2014), the times for 97605 (3/20/5) do not completely align with the recommended times for 96136 (3/30/3). The Expert Panel acknowledged the pool of codes was limited since there are few codes with the above described parameters.

Maintaining Relativity within the Family

The Expert Panel found that the recommendation of 0.55 work RVUs maintained appropriate relativity within the family. The work RVU and intensity of 96136 is less than +96113 (*Developmental testing, each addl 30 min*.). While both are 30-minute codes, the Expert Panel agreed that 96136, a code that describes test administration and scoring, should be valued less and have a lower intensity than +96113, a code that describes developmental testing. The Expert

Panel also agreed that it was appropriate that 96136 is less than 96142 (*Psychological/neuropsychological single test administration with interpretation and report*) which has a recommended value of 0.80 wRVU.

Code#	Category	Work RVU	Time	IWPUT
96136	**Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.**	**0.55**	**3/30/3**	**0.014**
96142	Psychological/neuropsychological single test administration with interpretation and report	0.80	3/30/3	0.022
+96113	Developmental testing, each addl 30 min.	0.92	0/30/0	0.031

In summary, for CPT code 96136 (*Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min*.) APA recommends ***0.55 wRVU and 3/30/3 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96101 or 96118

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 834065

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 20% of national utilization for these services; code 96136 will replace 15% of the Medicare utilization for 96101 and 20% of the utilization for 96118.

Specialty Clinical Psychology Frequency 750659 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 166,813 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Code 96136 will replace 15% of the Medicare utilization for 96101 and 20% of the utilization for 96118.

Specialty Clinical Psychology Frequency 150132 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96118

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96137 Tracking Number K14 Original Specialty Recommended RVU: **0.46**
Presented Recommended RVU: **0.46**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.46**

CPT Descriptor: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (List separately in addition to code for primary procedure) (96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 46-year-old male with a history of coronary artery disease and recent myocardial infarction with reported symptoms of memory loss, anxiety, and depression. His primary care physician refers him for psychological or neuropsychological testing. Patient requires an additional 30 minutes of psychological or neuropsychological test administration beyond the first 30 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Administer a series of tests (standardized, rating scales and/or projective). Record behavioral observations made during the testing. Score test protocol(s) according to the latest methods for each test.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA					
Specialty(s):	American Psychological Association (APA)					
CPT Code:	96137					
Sample Size:	3596	**Resp N:** 148	**Response:** 4.1 %			
Description of Sample:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**50.00**	200.00	6000.00
Survey RVW:		0.48	1.75	**2.43**	3.17	110.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		3.00	30.00	**90.00**	300.00	1440.00
Immediate Post Service-Time:	**0.00**					

Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96137	**Recommended Physician Work RVU: 0.46**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99355	ZZZ	1.77	**RUC Time**

CPT Descriptor Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11045	ZZZ	0.50	**RUC Time**	390,492

CPT Descriptor 1 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90840	ZZZ	1.50	**RUC Time**	5,345

CPT Descriptor 2 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
96152	XXX	0.46	**RUC Time**

CPT Descriptor Health and behavior intervention, each 15 minutes, face-to-face; individual

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 38 **% of respondents:** 25.6 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 96137	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 99355
Median Pre-Service Time	0.00	7.00	0.00
Median Intra-Service Time	30.00	45.00	30.00
Median Immediate Post-service Time	0.00	15.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**67.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	24%	24%	42%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	16%	24%	61%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	26%	68%
Physical effort required	8%	39%	53%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	16%	37%	58%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	5%	5%	35%	45%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	25%	65%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	10%	80%
Physical effort required	5%	65%	30%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	55%	35%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 HCPAC meeting (some of these codes are being presented at the RUC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
  - Neurobehavioral status exam (96116, +96121)
  - Testing evaluation services (96130, +96131, 96132, +96133)
  - Test administration and scoring (96136, +96137)
  - Single test administration with interpretation and report (96142)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	**Psychological testing evaluation services, first hour**	**96130**	**2.53**	**5/60/5**	**0.038**
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96142	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Psychological Association (APA) surveyed *+96137, Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes* for the October 2017 HCPAC meeting.

CPT code +96137 is the add-on code of a base code/add-on combination.

- 96136, *Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes*

- +96137, *Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (List separately in addition to code for primary procedure)*

Code 96136 describes the first 30 minutes of test administration and scoring performed by a healthcare professional for a psychological or neuropsychological testing services. Code +96137 describes each additional 30 minutes. The test evaluation services, which include evaluation, interactive feedback and interpretation and report, are reported by 96130 to +96133.

A total of 148 responses were received from a random sample of 3,596 APA members (4.1 percent response rate). APA convened an Expert Panel to review the survey data. ***The society is recommending 0.46 work RVUs and 0/30/0 for the time.***

<u>Response to reviewer comments</u>: This recommendation is a reduction from the original recommendation of 0.69 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.75	2.43	3.17
Intra-Time	30	90	300

<u>*wRVU recommendation*</u>*:* The Expert Panel felt that the survey wRVW 25th percentile and median was too high. The Expert Panel concluded that the work RVU and intensity of +96137, essentially a data gathering code, should be less than the work RVU and intensity of the psychological/neuropsychological evaluation services add-on codes (+96131 and +96133). In addition to the difference in work of the codes, +96137 is a 30-minute code while +96131 and +96133 are 60-minute codes. The Expert Panel also agreed that +96137 should be valued less than its base code, 96136.

The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

<u>*Time recommendation*</u>*:* By definition the code has 30 minutes of intra-time. The Expert Panel agreed that the survey 25th percentile of 30 minutes was appropriate.

<u>*Custom question*</u>*:* Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (96136 and all increments of +96137)?*

Min.	**25th Percentile**	**Median**	**75th Percentile**	**Max.**
0 min.	202.5 min.	300 min.	480 min.	3600 min.

wRVU Recommendation Rationale: Crosswalk to code 96152

Since the survey data was not appropriate the Expert Panel based its wRVU recommendation on a crosswalk to a RUC surveyed code.

The Expert Panel considered rank order in the family (should have value less than 96136, the base code which has a wRVU value of 0.55), maintaining budget neutrality within the family and reviewed the reference service list. Based on these factors, the Expert Panel concluded that the appropriate value should be between 0.45 wRVU and 0.55 the value of the base code. The Expert Panel was concerned that this range undervalued the service, but felt it was limited by maintaining rank order in the family and other factors.

Response to reviewer comments: The society received a comment from one reviewer if the wRVU proportionality between the base and add-on code should be consistent throughout the family. The Expert Panel considered this question and concluded that it should not necessarily be consistent. The add-on code is a continuation of the intra-service period of the base code so its value is driven by the value of the base code. What is included in the base code varies by each base code/add-on combination. Also in one instance, the developmental service (96112, +96113), the base code is for the first 60 minutes and the add-on code is for each subsequent 30 minutes which will result in a different relationship between the base and the add-on code.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 minutes and 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

One reviewer suggested codes 92608 (0.70 wRVU) and 92618 as crosswalks for code +96137 (0.68 wRVU). While the Expert Panel appreciated these recommendations, the wRVU values were too high to recommend for this code.

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed ZZZ codes between wRVU value between 0.45 and 0.55, IWPUT between 0.0150 to 0.0250, and intra-time between 15 and 30 minutes (expanded from 20 to 30 minutes) no ZZZ codes were identified. The Expert Panel then conducted a search for XXX codes using these same parameters and two codes were identified:

- **93016** (*Cardiovascular stress test* @ 0.45 wRVU and 15 min. intra-time)
- **96152** (*Intervene hlth/behave indiv* @ 0.46 wRVU and 15 min intra-time)

Based on this search the Expert Panel agreed that code 96152 was the most appropriate crosswalk.

Maintaining Relativity within the Family

The Expert Panel noted that 0.46 work RVUs maintained appropriate relativity within the family. The wRVU and intensity of +96137 is less than +96113 (*Developmental testing, each addl 30 min*.). While both 30-minute codes, the Expert Panel agreed that +96137, a code that describes test administration and scoring, should be valued less and have a lower intensity than +96113, a code that describes developmental testing. The Expert Panel also agreed that it was appropriate that +96137 is less than 96142 (*Psychological/neuropsychological single test administration with interpretation and report*) which has a recommended value of 0.80 work RVUs.

Code#	Category	Work RVU	Time	IWPUT
+96137	**Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min**	**0.46**	**0/30/0**	**0.015**
96142	Psychological/neuropsychological single test administration with interpretation and report	0.80	3/30/3	0.022
+96113	Developmental testing, each addl 30 min.	0.92	0/30/0	0.031

In summary, for CPT code +96137 (*Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min*) the society recommends ***0.46 wRVU and 0/30/0 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96101 or 96118

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1154274
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 20% of national utilization for these services; code +96137 will replace 45% of the Medicare utilization for 96101 and 20% of 96118.

Specialty Clinical Psychology Frequency 1038847 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 230,855 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Code +96137 will replace 45% of the Medicare utilization for 96101 and 20% of the utilization of 96118.

Specialty Clinical Psychology   Frequency 207770   Percentage 90.00 %

Specialty   Frequency 0   Percentage 0.00 %

Specialty   Frequency 0   Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96118

SS Rec Summary

ISSUE: Psychological and Neuropsychological Testing / Aphasia Assessment

TAB: 20

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	120	0.018			3.00			157	7					120			30					
2nd REF	92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	3	0.020			1.85			90	10					60			20					
CURRENT	96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by boston diagnostic aphasia examination) with interpretation and report, per hour		0.026			1.75			69	4					60			5					
SVY	96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by boston diagnostic aphasia examination) with interpretation and report, per hour	130	0.026	0.00	2.76	3.00	3.30	100.00	123	18			2	60	75	90	1500	30	0	2	6	20	288
REC	96105			0.024			1.75			74	4					60			10					

SS Rec Summary

ISSUE: Psychological and Neuropsychological Testing / Cognitive Performance Testing

TAB: 20

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
17	1st REF	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	114	0.018			3.00			157	7					120			30					
18	2nd REF	96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	13	0.021			0.50			23	3					15			5					
19	CURRENT	96125	Standardized cognitive performance testing (eg, ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report		0.026			1.70			67	7					60			0					
20	SVY	96125	Standardized cognitive performance testing (eg, ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	137	0.031	0.00	2.00	3.00	3.50	100.00	110	20			2	50	60	90	1500	30	0	3	15	40	200
21	REC	96125			0.023			1.70			74	4					60			10					

SS Rec Summary

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Psychological and Neuropsychological Testing Services

TAB: 8 & 20

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	26	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	5	0.039			3.00			90	10					60			20
CURRENT	96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or		0.030			2.60			95	5					60			30
SVY	96112	Developmental test administration (including assessment of fine and/or gross motor,	48	0.034	1.00	2.48	3.13	3.20	5.00	108	18			15	50	60	90	770	30
crosswalk	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50		0.0384			2.50			76	5					50			21
REC	96112 (RUC)	Developmental test administration (including assessment of fine and/or gross motor,		0.0379			2.50			70	5					60			5

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	10	0.059			3.17			67	7					45			15
2nd REF	99355	Prolonged evaluation and management or psy	10	0.059			1.77			30						30			
CURRENT	96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or		0.030			2.60			95	5					60			30
SVY	96113	Developmental test administration (including assessment of fine and/or gross motor,	43	0.037	0.80	1.77	2.23	2.86	5.00	60				20	39	60	85	99205	
crosswalk	96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue		0.0367			1.10			30						30			
REC	96113 (RUC)	Developmental test administration (including assessment of fine and/or gross motor,		0.0367			1.10			30	0					30			0

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	Phot odyn	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	18	0.039			3.00			90	10					60			20
CURRENT	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.028			1.86			67	7					60			
SVY	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and	81	0.036	0.50	2.90	3.15	3.30	50.00	103	20			5	45	60	105	790	23
REC	96116 (RUC)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.0273			1.86			70	5					60			5

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	24	0.059			3.17			67	7					45			15
2nd REF	99354	Prolonged evaluation and management or psy	8	0.039			2.33			60						60			
CURRENT	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.028			1.86			67	7					60			0
SVY	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and	53	0.050	0.66	2.43	3.00	3.25	50.00	60				0	48	60	123	950	
crosswalk	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time		0.0285			1.71			60						60			
REC	96121 (RUC)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.0285			1.71			60	0					60			0

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	31	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	24	0.039			3.00			90	10					60			20
CURRENT	96101	Psychological testing (includes psychodiagnostic assessment of		0.028			1.86			67	7					60			0
SVY	96130	Psychological testing evaluation services by physician or other qualified health care	68	0.022	0.50	3.00	3.17	3.50	60.00	144	24			10	60	88	212	1225	32
crosswalk	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50		0.0384			2.50			76	5					50			21
REC	96130 (HCPAC)	Psychological testing evaluation services by physician or other qualified health care		0.0379			2.50			70	5					60			5

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	24	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	16	0.039			3.00			90	10					60			20
CURRENT	96101	Psychological testing (includes psychodiagnostic assessment of		0.028			1.86			67	7					60			0
SVY	96131	Psychological testing evaluation services by physician or other qualified health care	65	0.024	0.50	2.55	3.17	3.40	75.00	132				15	60	132	240	1050	
crosswalk	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and		0.0407			1.90									45			3
REC	96131 (HCPAC)	Psychological testing evaluation services by physician or other qualified health care		0.0317			1.90			60	0					60			0

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD

SS Rec Summary

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	91	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	27	0.039			3.00			90	10					60			20
CURRENT	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler		0.028			1.86			67	7					60			0
SVY	96132	Neuropsychological testing evaluation services by physician or other qualified	140	0.012	0.90	3.00	3.17	3.50	115	195	30			10	60	120	240	942	45
crosswalk	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50		0.0384			2.50			76	5					50			21
REC	96132 (RUC)	Neuropsychological testing evaluation services by physician or other qualified		0.0379			2.50			70	5					60			5

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	68	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	19	0.039			3.00			90	10					60			20
CURRENT	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler		0.028			1.86			67	7					60			
SVY	96133	Neuropsychological testing evaluation services by physician or other qualified	138	0.023	0.50	3.00	3.17	3.50	115	138				4	60	138	240	1440	
crosswalk	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and		0.0407			1.90				0					45			3
REC	96133 (RUC)	Neuropsychological testing evaluation services by physician or other qualified		0.0317			1.90			60	0					60			0

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	37	0.059			3.17			67	7					45			15
2nd REF	99203	Office or other outpatient visit for the evaluatio	30	0.061			1.42			29	4					20			5
CURRENT	96102	Psychological testing (includes psychodiagnostic assessment of		0.021			0.50			23	3					15			5
SVY	96136	Psychological or neuropsychological test administration and scoring by physician or	147	0.011	0.50	1.64	2.44	3.17	110	170	15			3	30	120	288	1325	35
crosswalk	97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection),		0.0185			0.55				3					20			5
REC	96136 (HCPAC)	Psychological or neuropsychological test administration and scoring by physician or		0.0139			0.55			36	3					30			3

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	38	0.059			3.17			67	7					45			15
2nd REF	99355	Prolonged evaluation and management or psy	20	0.059			1.77			30	0					30			0
CURRENT	96102	Psychological testing (includes psychodiagnostic assessment of		0.021			0.50			23	3					15			5
SVY	96137	Psychological or neuropsychological test administration and scoring by physician or		0.027	0.48	1.75	2.43	3.17	110	90				3	30	90	300	1440	
crosswalk	96152	Health and behavior intervention, each 15 minutes, face-to-face; individual		0.0172			0.46				4					15			5
REC	96137 (HCPAC)	Psychological or neuropsychological test administration and scoring by physician or		0.0153			0.46			30	0					30			0

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	42	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	35	0.039			3.00			90	10					60			20
CURRENT	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a		0.002			0.51			30	8					8			14
SVY	96142	Psychological or neuropsychological test administration using single instrument, with	143	0.025	0.48	2.50	3.00	3.20	60.00	125	20			4	45	75	180	1425	30
INTERIM REC	96142 (RUC)	Psychological or neuropsychological test administration using single instrument, with		0.0022			0.51			30	8					8			14

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
7						RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
8	source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
9	1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0								1						
10	2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0								1	1					
11	CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0								1						
12	SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0								1						
13	REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1						
14																																								
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CPT Source	Deleted	Source 2016 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2016)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
Assessment of Aphasia and Cognitivie Performance Testing										
96105		521	96105	521	1.000	1.75	1.75	08 Psychological and Neuropsychological Testing	912	912
96125		2,427	96125	2,427	1.000	1.70	1.70	08 Psychological and Neuropsychological Testing	4,126	4,126
									5,038	5,038
Developmental/Behavioral Screening and Testing										
96110		0	96110	0	1.000	0.00	0.00	08 Psychological and Neuropsychological Testing	0	0
96111	D	892	96112	892	1.000	2.60	2.50	08 Psychological and Neuropsychological Testing	2,230	2,319
96111	D	892	96113	2,676	3.000	0.00	1.10	08 Psychological and Neuropsychological Testing	2,944	0
96127		20,323	96127	20,323	1.000	0.00	0.00	08 Psychological and Neuropsychological Testing	0	0
									5,174	2,319
Psychological/Neuropsychological Testing Neurobehavioral Status Exam										
Neurobehavioral Status Exam										
96116		153,102	96116	124,013	0.810	1.86	1.86	08 Psychological and Neuropsychological Testing	230,663	230,663
96116		153,102	96121	29,089	0.190	1.86	1.71	08 Psychological and Neuropsychological Testing	49,743	54,106
									280,406	284,770
Testing Evaluation Services										
96101	D	213,472	96130	53,368	0.250	1.86	2.50	08 Psychological and Neuropsychological Testing	133,420	99,264
96101	D	213,472	96131	96,062	0.450	1.86	1.90	08 Psychological and Neuropsychological Testing	182,519	178,676
96102	D	44,979	96130	5,622	0.125	0.00	2.50	08 Psychological and Neuropsychological Testing	14,056	0
96102	D	44,979	96131	5,622	0.125	0.00	1.90	08 Psychological and Neuropsychological Testing	10,683	0
96118	D	673,962	96132	202,189	0.300	1.86	2.50	08 Psychological and Neuropsychological Testing	505,472	376,071
96118	D	673,962	96133	336,981	0.500	1.86	1.90	08 Psychological and Neuropsychological Testing	640,264	626,785
96119	D	180,512	96132	22,564	0.125	0.55	2.50	08 Psychological and Neuropsychological Testing	56,410	0
96119	D	180,512	96133	22,564	0.125	0.55	1.90	08 Psychological and Neuropsychological Testing	42,872	0
									1,585,694	1,280,796
Test Administration and Scoring										
96101	D	213,472	96136	32,021	0.150	1.86	0.55	08 Psychological and Neuropsychological Testing	17,611	59,559
96118	D	673,962	96136	67,396	0.100	1.86	0.55	08 Psychological and Neuropsychological Testing	37,068	0
96118	D	673,962	96136	67,396	0.100	1.86	0.55	08 Psychological and Neuropsychological Testing	37,068	125,357
96118	D	673,962	96137	67,396	0.100	1.86	0.46	08 Psychological and Neuropsychological Testing	31,002	0
96118	D	673,962	96137	67,396	0.100	1.86	0.46	08 Psychological and Neuropsychological Testing	31,002	125,357
96101	D	213,472	96137	32,021	0.150	1.86	0.46	08 Psychological and Neuropsychological Testing	14,730	59,559
96101	D	213,472	96137	64,042	0.300	1.86	0.46	08 Psychological and Neuropsychological Testing	29,459	0
96102	D	44,979	96138	22,490	0.500	0.50	0.00	08 Psychological and Neuropsychological Testing	0	11,245
96102	D	44,979	96139	22,490	0.500	0.50	0.00	08 Psychological and Neuropsychological Testing	0	11,245
96119	D	180,512	96138	90,256	0.500	0.55	0.00	08 Psychological and Neuropsychological Testing	0	49,641
96119	D	180,512	96139	90,256	0.500	0.55	0.00	08 Psychological and Neuropsychological Testing	0	49,641
									197,940	491,602
Single Test Administration with Interpretation and Report										
96103	D	168,038	96142	84,019	0.500	0.51	0.51	08 Psychological and Neuropsychological Testing	42,850	42,850
96120	D	28,306	96142	14,153	0.500	0.51	0.51	08 Psychological and Neuropsychological Testing	7,218	7,218
									50,068	50,068
Automated Testing and Result										
96103	D	168,038	96146	84,019	0.500	0.51	0.00	08 Psychological and Neuropsychological Testing	0	42,850
96120	D	28,306	96146	14,153	0.500	0.51	0.00	08 Psychological and Neuropsychological Testing	0	7,218
									0	50,068
								Total RVUs	**2,124,320**	**2,164,660**

	CURRENT CODES					NEW CO
Meeting	Source Code	Source Code Descriptor	Work RVU	2016 Medicare Volume	Total RVUs (E*F)	New Code
Assessment of Aphasia and Cognitive Performance Testing						
HCPAC	96105	Assessment of aphasia	1.75	521	912	96105
HCPAC	96125	Cognitive testing by hc professional	1.70	2,427	4,126	96125
Developmental/Behavioral Screening and Testing						
RUC	96111	Developmental testing	2.60	892	2,319	96112
RUC						96113
Psychological/Neuropsychological Testing						
Neurobehavioral Status Exam						
RUC	96116	Neurobehavioral status exam, per hour	1.86	153,102	284,770	96116
RUC						96121
Testing Evaluation Services						
HCPAC	96101	Psychological testing, per hour	1.86	213,472	397,058	96130

HCPAC						96131
HCPAC						96136
HCPAC						96137
HCPAC	96102	Psychological testing, administered by technician, per hour	0.50	44,979	22,490	96130
HCPAC						96131
PE Subcom mittee						96138
PE Subcom mittee						96139
RUC	96118	Neuropsychological testing, per hour	1.86	673,962	1,253,569	96132
RUC						96133
HCPAC						96136

HCPAC						96137
RUC	96119	Neuropsychological testing, administered by technician, per hour	0.55	180,512	99,282	96132
RUC						96133
PE Subcom mittee						96138
PE Subcom mittee						96139
Single Test Administration with Interpretation and Report						
RUC	96103	Psychological testing admin by computer	0.51	168,038	85,699.38	96142
RUC	96120	Neuropsychological testing admin by computer	0.51	28,306	14,436.06	96142
Automated Testing and Result						
PE Subcom mittee	96103	Psychological testing admin by computer	0.51	168,038	85,699	96146
PE Subcom mittee	96120	Neuropsychological testing admin by computer	0.51	28,306	14,436	96146

TOTAL CHANGE IN WORK RVUs 2,164,660

DES

New Code Descriptor	Rec RVU	% Reported	Est. Voume	Total RVUs by Code (J*L)
Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	1.75	100%	521	912
Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	1.70	100%	2,427	4,126
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	2.50	100%	892	2,230
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes	1.10	300%	2,676	2,944
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	1.86	81%	124,013	230,663
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour	1.71	19%	29,089	49,743
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	25%	53,368	133,420

Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	1.90	45%	96,062	182,519
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	0.55	15%	32,021	17,611
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	0.46	45%	96,062	44,189
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	12.5%	5,622	14,056
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	1.90	12.5%	5,622	10,683
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	PE Only	50%	N/A	
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes	PE Only	50%	N/A	
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	30%	202,189	505,472
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour	1.90	50%	336,981	640,264
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	0.55	20%	134,792	74,136

Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes	0.46	20%	134,792	62,005
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	13%	22,564	56,410
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour	1.90	13%	22,564	42,872
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	PE Only	50%	N/A	
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes	PE Only	50%	N/A	
Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed	0.51	50%	84,019	42,850
Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed	0.51	50%	14,153	7,218
Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	PE Only	50%	N/A	
Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	PE Only	50%	N/A	

Total RVUs of All Services Crosswalked to Current Code (Sum of utilization in column M)	Change in RVUs from Current to New Codes (N-G)
912	0.00
4,126	0.00
5,174	2,854
280,406	(4,363)
377,739	(19,319)

24,738	2,249
1,281,876	28,306

99,282	-
42,850	(42,850)
7,218	(7,218)
-	(85,699)
-	(14,436)
2,124,320	(40,341)

CPT Code: 96105 (Assessment of aphasia)
Specialty Society: American Speech-Language-Hearing Association

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global Period: XXX   Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The practice expense elements were determined by a consensus panel of speech-language pathologists. The panel drew upon the current practice expense information from the RUC database for CPT code 96105.

   We do not recommend any changes to the current direct PE inputs for 96105, and there is no associated clinical staff time for this code.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   We are using the current direct PE inputs for CPT code 96105, the surveyed code.

3. Is this code(s) typically billed with an E/M service? **No**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)

   The dominant provider for both nonfacility and global is speech-language pathology. Speech-language pathologists provide this service in the nonfacility setting 63% of the time.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **There is no associated clinical staff time for CPT code 96105.**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 96125 (Cognitive performance testing)
Specialty Society: American Speech-Language-Hearing Association

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global Period: XXX   Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The practice expense elements were determined by a consensus panel of speech-language pathologists. The panel drew upon the current practice expense information from the RUC database for CPT code 96125.

   We do not recommend any changes to the current direct PE inputs for 96125, and there is no associated clinical staff time for this code.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   We are using the current direct PE inputs for CPT code 96125, the surveyed code.

3. Is this code(s) typically billed with an E/M service? **No**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)

   The dominant provider for both nonfacility and global is speech-language pathology. Speech-language pathologists provide this service in the nonfacility setting 87% of the time.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **There is no associated clinical staff time for CPT code 96125.**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code:_ 96130________
Specialty Society: ___APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

Global Period:_XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the society listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing CPT code 96101, *Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), 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*, as the reference code.**

   - **New CPT code 96130 is currently reported by CPT code 96101 and 96102.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    - **Equipment from the existing 96101 crosswalk:**

      ED032 printer, laser, paper
      ED021 computer, desktop, w-monitor

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: _+96131________
Specialty Society: ___APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

Global Period: _XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the society listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing CPT code 96101*, Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), 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*, as the reference code.**

   - **New CPT code +96131 is currently reported by CPT code 96101 and 96102.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

- **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

    Equipment from the existing 96101 crosswalk:

    ED032 printer, laser, paper
    ED021 computer, desktop, w-monitor

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: _96136________
Specialty Society: ___APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes

Global Period: _XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the society listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing 96102,** ***Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face*****, and 96119,** ***Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face,*** **as the reference codes.**

   - **New code CPT code 96136 is currently reported with 96102 for psychological testing and 96119 for neuropsychological testing.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

- **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    Invoices are included for the following supplies:
    - **WAIS-IV Record Forms**
    - **WAIS-IV Response Booklet #1**
    - **WAIS-IV Response Booklet #2**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    - **An invoice is included for WAIS-IV Testing Equipment**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

Invoice	**WAIS-IV Testing Equipment**
ED032	**printer, laser, paper**
ED021	**computer, desktop, w-monitor**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: _+96137________
Specialty Society: ___APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (List separately in addition to code for primary procedure) (96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)

Global Period: _XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the society listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing 96102, *Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face*, and 96119, *Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face,* as the reference codes.**

   - **New code CPT code +96137 is currently reported with 96102 for psychological testing and 96119 for neuropsychological testing.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    Invoices are included for the following supplies:
    - **WAIS-IV Record Forms**
    - **WAIS-IV Response Booklet #1**
    - **WAIS-IV Response Booklet #2**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    An invoice is included for WAIS-IV Testing Equipment

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

Invoice	**WAIS-IV Testing Equipment**
ED032	**printer, laser, paper**
ED021	**computer, desktop, w-monitor**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: _96138 (Revised)_____
Specialty Society: ___APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes

Global Period: _XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the society listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing 96102,** ***Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face*****, and 96119,** ***Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face,*** **as the reference codes.**

   - **New CPT 96138 is currently reported with 96102 for psychological testing and 96119 for neuropsychological testing.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **When our reference code, 96102 was originally valued in 2006, the PE input, "MCMI-III kit and manual" (Medical Supply Code: SK108) was included; however, no dollar amount was assigned to this supply. Additionally, included in the equipment for 96102 was "psychological testing equipment" (Equipment code: ED039), which also has no dollar**

amount assigned. Therefore, the PE for this service has been calculated in error, and psychologists performing this service have not been properly reimbursed for the supplies and/or equipment required to perform this service.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **Technician gathers tests as ordered by the physician or qualified health care professional.**
   - **Administers a series of tests (standardized, rating scales and/or projective). Record behavioral observations made during the testing.**
   - **Score test protocol(s) according to the latest methods for each test.**
   - **Transcribes all test scores onto data summary sheet.**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    Invoices are included for the following supplies:
    - **WAIS-IV Record Forms**
    - **WAIS-IV Response Booklet #1**
    - **WAIS-IV Response Booklet #2**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    - **An invoice is included for WAIS-IV Testing Equipment**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Invoice WAIS-IV Testing Equipment**
    - **ED032 printer, laser, paper**

- **ED021 computer, desktop, w-monitor**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: _+96139 (Revised)____
Specialty Society: ___APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)

Global Period: _XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the society listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing 96102, *Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face*, and 96119, *Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face,* as the reference codes.**
   - **New CPT 96139 is currently reported with 96102 for psychological testing and 96119 for neuropsychological testing.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **When our reference code, 96102 was originally valued in 2006, the PE input, "MCMI-III kit and manual" (Medical Supply Code: SK108) was included; however, no dollar amount was assigned to this supply. Additionally, included in the equipment for 96102 was "psychological testing equipment" (Equipment code: ED039), which also has no dollar amount assigned. Therefore, the PE for this service has been calculated in error, and**

psychologists performing this service have not been properly reimbursed for the supplies and/or equipment required to perform this service.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **Technician gathers tests as ordered by the physician or qualified health care professional.**
   - **Administers a series of tests (standardized, rating scales and/or projective). Record behavioral observations made during the testing.**
   - **Score test protocol(s) according to the latest methods for each test.**
   - **Transcribes all test scores onto data summary sheet.**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    Invoices are included for the following supplies:
    - **WAIS-IV Record Forms**
    - **WAIS-IV Response Booklet #1**
    - **WAIS-IV Response Booklet #2**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    - **An invoice is included for WAIS-IV Testing Equipment**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    - **Invoice** **WAIS-IV Testing Equipment**
    - **ED032** **printer, laser, paper**

- **ED021 computer, desktop, w-monitor**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: _96146 (Revised)_____
Specialty Society: ___APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only

Global Period: _XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the society listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
3.
   - **We are listing CPT code 96120,** ***Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report*****, as the closest reference code. However, the new code is PE only and has no professional work.**

   - **New code CPT code 96146 would currently be reported with 96120.**

4. Is this code(s) typically billed with an E/M service?
   - **No.**

5. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

7. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **Since the current computerized assessment code, 96120, was passed in 2006, there has been a significant increase in technology driven, computer-based neuropsychological assessments using desktop computers and tablets for administration. Over 20 such products are available in the healthcare marketplace currently. The supply option we have selected, the CANTAB Mobile (per single automated assessment), is a representative example of an automated instrument via electronic platform (iPAD), that yields high**

reliability and discriminate validity. Enclosed please find two (2) scientific citations to support this change in technology.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **NEW: CANTAB Mobile (per single automated assessment) - $28.00 per single automated administration**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **NEW: iPAD with Wi-Fi 128GB - $559.00**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S
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2																
3																
4																
5																
6																
7																
8																
9																
10																
102	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**												
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 3.88**	**$ -**	**$ 3.12**	**$ -**	**$ 11.54**	**$ -**	**$ 11.54**	**$ -**	**$ 0.40**	**$ -**	**$ 0.40**
104	SB024	gloves, sterile	0.84	pair		1										
105	SB022	gloves, non-sterile	0.084	pair				1								
106	SJ016	denture cup	0.183	item		1		1								
107	SJ061	tongue depressor	0.012	item		1		1								
108	SK003	aphasia assessment forms, average	2.84	item		1		1								
109	SK050	neurobehavioral status forms, average	5.77	item						2		2				
110	SK001	ages & stages questionnaire	0.4	item										1		1
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet	1.96	booklet												
112	SK088	Woodcock Johnson test record	2.44	item												
113	SK007	audio cassette tape 60 min	0.76	item												
114	SK095	battery, AA	0.45	item												
115	SK057	paper, laser printing (each sheet)	0.005	item												
116	SK067	psych testing forms, average	2.3	item												
117	SK108	MCMI-III kit and manual	0	item												
120	NEW	WAIS-IV Record Form														
121	NEW	WAIS-IV Response Booklet #1														
122	NEW	WAIS-IV Response Booklet #2														
125																
126	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**											
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)	558		0.002210906											
129	ED032	printer, laser, paper	1199		0.004750673											
130	ED021	computer, desktop, w-monitor	2501		0.009909453											
131	EQ185	neurobehavioral status instrument	13635		0.054024546											
132	ED039	psychological testing equipment	0													
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)	$971.30	Default	0.003848481											
136	NEW	CANTAB Mobile (per single automated assessment)	$2,800													

	A	B	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**															
2																
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**														
5		**LOCATION**														
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**														
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**														
12		**PRE-SERVICE PERIOD**														
13		**Start: Following visit when decision for surgery or procedure made**														
14	CA001	Complete pre-service diagnostic and referral forms														
15	CA002	Coordinate pre-surgery services (including test results)														
16	CA003	Schedule space and equipment in facility														
17	CA004	Provide pre-service education/obtain consent														
18	CA005	Complete pre-procedure phone calls and prescription														
19	CA006	Confirm availability of prior images/studies														
20	CA007	Review patient clinical extant information and questionnaire														
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)														
28		**End: When patient enters office/facility for surgery/procedure**														
29		**SERVICE PERIOD**														
30		**Start: When patient enters office/facility for surgery/procedure:**														
31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
34	CA010	Obtain vital signs														
35	CA011	Provide education/obtain consent														
36	CA012	Review requisition, assess for special needs														
37	CA013	Prepare room, equipment and supplies														
38	CA014	Confirm order, protocol exam														
39	CA015	Setup scope (nonfacility setting only)														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient														
41	CA017	Sedate/apply anesthesia														
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)														
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)														
52	CA021	Perform procedure/service---NOT directly related to physician work time														
53	CA021	Perform procedure/service---NOT directly related to physician work time														
57	CA021	Perform procedure/service---NOT directly related to physician work time														
58	**OLD**	***Other activity:* Gathering data and scoring tests**														
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4														
63	CA023	Monitor patient following procedure/service, no multitasking														
64	CA024	Clean room/equipment by clinical staff														
65	CA025	Clean scope														
66	CA026	Clean surgical instrument package														
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions														
68	CA028	Review/read post-procedure x-ray, lab and pathology reports														
69	CA029	Check dressings, catheters, wounds														
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
71	CA031	Review examination with interpreting MD/DO														
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.														
73	CA033	Perform regulatory mandated quality assurance activity (service period)														
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)														
75	CA035	Review home care instructions, coordinate visits/prescriptions														
76	CA036	Discharge day management														
80	**OLD**	***Other activity:* Transcribe scores to data summary sheet**														
81	**OLD**	***Other activity:* Gather data and record result**														
83		**End: Patient leaves office**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications														
87	CA038	Coordinate post-procedure services														
101		**End: with last office visit before end of global period**														

	A	B	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**															
2																
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**														
5		**LOCATION**														
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**														
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
102	**Medical Supply Code**	**MEDICAL SUPPLIES**														
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 1.96**	**$ -**	**$ 1.96**	**$ -**	**$ 1.96**	**$ -**	**$ 2.44**	**$ -**	**$ 2.44**	**$ -**	**$ -**	**$ -**	**$ 2.46**
104	SB024	gloves, sterile														
105	SB022	gloves, non-sterile														
106	SJ016	denture cup														
107	SJ061	tongue depressor														
108	SK003	aphasia assessment forms, average														0.25
109	SK050	neurobehavioral status forms, average														0.25
110	SK001	ages & stages questionnaire														
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet		1		1		1								
112	SK088	Woodcock Johnson test record								1		1				
113	SK007	audio cassette tape 60 min														0.25
114	SK095	battery, AA														0.25
115	SK057	paper, laser printing (each sheet)														
116	SK067	psych testing forms, average														
117	SK108	MCMI-III kit and manual														
120	NEW	WAIS-IV Record Form														
121	NEW	WAIS-IV Response Booklet #1														
122	NEW	WAIS-IV Response Booklet #2														
125																
126	**Equipment Code**	**EQUIPMENT**														
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.13**	**$ -**	**$ 0.02**	**$ -**	**$ -**	**$ -**	**$ 1.01**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)								60		10				
129	ED032	printer, laser, paper														10
130	ED021	computer, desktop, w-monitor														15
131	EQ185	neurobehavioral status instrument														15
132	ED039	psychological testing equipment														
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)														
136	NEW	CANTAB Mobile (per single automated assessment)														

	A	B	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU
1	**RUC Practice Expense Spreadsheet**															
2																
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**														
5		**LOCATION**														
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**														
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**														
12		**PRE-SERVICE PERIOD**														
13		**Start: Following visit when decision for surgery or procedure made**														
14	CA001	Complete pre-service diagnostic and referral forms														
15	CA002	Coordinate pre-surgery services (including test results)														
16	CA003	Schedule space and equipment in facility														
17	CA004	Provide pre-service education/obtain consent														
18	CA005	Complete pre-procedure phone calls and prescription														
19	CA006	Confirm availability of prior images/studies														
20	CA007	Review patient clinical extant information and questionnaire														
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)														
28		**End: When patient enters office/facility for surgery/procedure**														
29		**SERVICE PERIOD**														
30		**Start: When patient enters office/facility for surgery/procedure:**														
31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
34	CA010	Obtain vital signs														
35	CA011	Provide education/obtain consent														
36	CA012	Review requisition, assess for special needs														
37	CA013	Prepare room, equipment and supplies														
38	CA014	Confirm order, protocol exam														
39	CA015	Setup scope (nonfacility setting only)														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient														
41	CA017	Sedate/apply anesthesia														
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)														
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)														
52	CA021	Perform procedure/service---NOT directly related to physician work time														
53	CA021	Perform procedure/service---NOT directly related to physician work time														
57	CA021	Perform procedure/service---NOT directly related to physician work time														
58	**OLD**	***Other activity:* Gathering data and scoring tests**														
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4														
63	CA023	Monitor patient following procedure/service, no multitasking														
64	CA024	Clean room/equipment by clinical staff														
65	CA025	Clean scope														
66	CA026	Clean surgical instrument package														
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions														
68	CA028	Review/read post-procedure x-ray, lab and pathology reports														
69	CA029	Check dressings, catheters, wounds														
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
71	CA031	Review examination with interpreting MD/DO														
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.														
73	CA033	Perform regulatory mandated quality assurance activity (service period)														
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)														
75	CA035	Review home care instructions, coordinate visits/prescriptions														
76	CA036	Discharge day management														
80	**OLD**	***Other activity:* Transcribe scores to data summary sheet**														
81	**OLD**	***Other activity:* Gather data and record result**														
83		**End: Patient leaves office**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications														
87	CA038	Coordinate post-procedure services														
101		**End: with last office visit before end of global period**														

	A	B	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU
1	**RUC Practice Expense Spreadsheet**															
2																
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**														
5		**LOCATION**														
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**														
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
102	**Medical Supply Code**	**MEDICAL SUPPLIES**														
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 5.77**	**$ -**	**$ -**	**$ -**	**$ 0.25**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 9.82**	**$ -**	**$ -**
104	SB024	gloves, sterile														
105	SB022	gloves, non-sterile														
106	SJ016	denture cup														
107	SJ061	tongue depressor														
108	SK003	aphasia assessment forms, average												1		
109	SK050	neurobehavioral status forms, average		1										1		
110	SK001	ages & stages questionnaire														
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet														
112	SK088	Woodcock Johnson test record														
113	SK007	audio cassette tape 60 min												1		
114	SK095	battery, AA												1		
115	SK057	paper, laser printing (each sheet)						3								
116	SK067	psych testing forms, average						0.10								
117	SK108	MCMI-III kit and manual						0.10								
120	NEW	WAIS-IV Record Form														
121	NEW	WAIS-IV Response Booklet #1														
122	NEW	WAIS-IV Response Booklet #2														
125																
126	**Equipment Code**	**EQUIPMENT**														
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.15**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.69**	**$ -**	**$ -**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)														
129	ED032	printer, laser, paper						10						10		
130	ED021	computer, desktop, w-monitor						10						10		
131	EQ185	neurobehavioral status instrument												10		
132	ED039	psychological testing equipment						10								
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)														
136	NEW	CANTAB Mobile (per single automated assessment)														

	A	B	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI
1	**RUC Practice Expense Spreadsheet**															
2																
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**														
5		**LOCATION**														
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**														
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**														
12		**PRE-SERVICE PERIOD**														
13		**Start: Following visit when decision for surgery or procedure made**														
14	CA001	Complete pre-service diagnostic and referral forms														
15	CA002	Coordinate pre-surgery services (including test results)														
16	CA003	Schedule space and equipment in facility														
17	CA004	Provide pre-service education/obtain consent														
18	CA005	Complete pre-procedure phone calls and prescription														
19	CA006	Confirm availability of prior images/studies														
20	CA007	Review patient clinical extant information and questionnaire														
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)														
28		**End: When patient enters office/facility for surgery/procedure**														
29		**SERVICE PERIOD**														
30		**Start: When patient enters office/facility for surgery/procedure:**														
31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
34	CA010	Obtain vital signs														
35	CA011	Provide education/obtain consent														
36	CA012	Review requisition, assess for special needs														
37	CA013	Prepare room, equipment and supplies														
38	CA014	Confirm order, protocol exam														
39	CA015	Setup scope (nonfacility setting only)														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient														
41	CA017	Sedate/apply anesthesia														
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)														
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)														
52	CA021	Perform procedure/service---NOT directly related to physician work time														
53	CA021	Perform procedure/service---NOT directly related to physician work time														
57	CA021	Perform procedure/service---NOT directly related to physician work time														
58	**OLD**	***Other activity:* Gathering data and scoring tests**														
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4														
63	CA023	Monitor patient following procedure/service, no multitasking														
64	CA024	Clean room/equipment by clinical staff														
65	CA025	Clean scope														
66	CA026	Clean surgical instrument package														
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions														
68	CA028	Review/read post-procedure x-ray, lab and pathology reports														
69	CA029	Check dressings, catheters, wounds														
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
71	CA031	Review examination with interpreting MD/DO														
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.														
73	CA033	Perform regulatory mandated quality assurance activity (service period)														
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)														
75	CA035	Review home care instructions, coordinate visits/prescriptions														
76	CA036	Discharge day management														
80	**OLD**	***Other activity:* Transcribe scores to data summary sheet**														
81	**OLD**	***Other activity:* Gather data and record result**														
83		**End: Patient leaves office**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications														
87	CA038	Coordinate post-procedure services														
101		**End: with last office visit before end of global period**														

	A	B	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI
1	**RUC Practice Expense Spreadsheet**															
2																
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**														
5		**LOCATION**														
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**														
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
102	**Medical Supply Code**	**MEDICAL SUPPLIES**														
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	$ -	$ -	$ -	$ 0.80	$ -	$ 2.95	$ -	$ -	$ -	$ -	$ -	$ 0.80	$ -	$ 2.95
104	SB024	gloves, sterile														
105	SB022	gloves, non-sterile														
106	SJ016	denture cup														
107	SJ061	tongue depressor														
108	SK003	aphasia assessment forms, average						0.30								0.30
109	SK050	neurobehavioral status forms, average						0.30								0.30
110	SK001	ages & stages questionnaire														
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet														
112	SK088	Woodcock Johnson test record														
113	SK007	audio cassette tape 60 min						0.30								0.30
114	SK095	battery, AA						0.30								0.30
115	SK057	paper, laser printing (each sheet)				8								8		
116	SK067	psych testing forms, average				0.33								0.33		
117	SK108	MCMI-III kit and manual				0.33								0.33		
120	NEW	WAIS-IV Record Form								0.165		0.165				
121	NEW	WAIS-IV Response Booklet #1								0.165		0.165				
122	NEW	WAIS-IV Response Booklet #2								0.165		0.165				
125																
126	**Equipment Code**	**EQUIPMENT**														
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	$ -	$ -	$ -	$ 0.25	$ -	$ 3.88	$ -	$ 0.12	$ -	$ 0.12	$ -	$ 0.25	$ -	$ 3.88
128	EQ087	cognitive abilities testing software (Woodcock Johnson)														
129	ED032	printer, laser, paper				10		10						10		10
130	ED021	computer, desktop, w-monitor				20		60						20		60
131	EQ185	neurobehavioral status instrument						60								60
132	ED039	psychological testing equipment				20								20		
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)								30		30				
136	NEW	CANTAB Mobile (per single automated assessment)														

	A	B	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV
1	**RUC Practice Expense Spreadsheet**														
2															
3		***RUC Collaboration Website***													
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**													
5		**LOCATION**													
6		**GLOBAL PERIOD**													
7		**TOTAL CLINICAL STAFF TIME**													
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**													
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**													
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**													
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**													
12		**PRE-SERVICE PERIOD**													
13		**Start: Following visit when decision for surgery or procedure made**													
14	CA001	Complete pre-service diagnostic and referral forms													
15	CA002	Coordinate pre-surgery services (including test results)													
16	CA003	Schedule space and equipment in facility													
17	CA004	Provide pre-service education/obtain consent													
18	CA005	Complete pre-procedure phone calls and prescription													
19	CA006	Confirm availability of prior images/studies													
20	CA007	Review patient clinical extant information and questionnaire													
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)													
28		**End: When patient enters office/facility for surgery/procedure**													
29		**SERVICE PERIOD**													
30		**Start: When patient enters office/facility for surgery/procedure:**													
31		**Pre-Service (of service period)**													
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available													
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available													
34	CA010	Obtain vital signs													
35	CA011	Provide education/obtain consent													
36	CA012	Review requisition, assess for special needs													
37	CA013	Prepare room, equipment and supplies													
38	CA014	Confirm order, protocol exam													
39	CA015	Setup scope (nonfacility setting only)													
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient													
41	CA017	Sedate/apply anesthesia													
48		**Intra-service (of service period)**													
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)													
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)													
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)													
52	CA021	Perform procedure/service---NOT directly related to physician work time													
53	CA021	Perform procedure/service---NOT directly related to physician work time													
57	CA021	Perform procedure/service---NOT directly related to physician work time													
58	**OLD**	***Other activity:*** **Gathering data and scoring tests**													
61		**Post-Service (of service period)**													
62	CA022	Monitor patient following procedure/service, multitasking 1:4													
63	CA023	Monitor patient following procedure/service, no multitasking													
64	CA024	Clean room/equipment by clinical staff													
65	CA025	Clean scope													
66	CA026	Clean surgical instrument package													
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions													
68	CA028	Review/read post-procedure x-ray, lab and pathology reports													
69	CA029	Check dressings, catheters, wounds													
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page													
71	CA031	Review examination with interpreting MD/DO													
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.													
73	CA033	Perform regulatory mandated quality assurance activity (service period)													
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)													
75	CA035	Review home care instructions, coordinate visits/prescriptions													
76	CA036	Discharge day management													
80	**OLD**	***Other activity:*** **Transcribe scores to data summary sheet**													
81	**OLD**	***Other activity:*** **Gather data and record result**													
83		**End: Patient leaves office**													
84		**POST-SERVICE PERIOD**													
85		**Start: Patient leaves office/facility**													
86	CA037	Conduct patient communications													
87	CA038	Coordinate post-procedure services													
101		**End: with last office visit before end of global period**													

	A	B	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV
1	RUC Practice Expense Spreadsheet														
2															
3		*RUC Collaboration Website*													
4	Clinical Activity Code	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**													
5		**LOCATION**													
6		**GLOBAL PERIOD**													
7		**TOTAL CLINICAL STAFF TIME**													
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**													
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**													
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**													
102	**Medical Supply Code**	**MEDICAL SUPPLIES**													
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	$ -	$ -	$ -	$ -	$ -	$ 0.02	$ -	$ 2.30	$ -	$ 0.36	$ -	$ -	$ -
104	SB024	gloves, sterile													
105	SB022	gloves, non-sterile													
106	SJ016	denture cup													
107	SJ061	tongue depressor													
108	SK003	aphasia assessment forms, average													
109	SK050	neurobehavioral status forms, average													
110	SK001	ages & stages questionnaire													
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet													
112	SK088	Woodcock Johnson test record													
113	SK007	audio cassette tape 60 min										0.30			
114	SK095	battery, AA										0.30			
115	SK057	paper, laser printing (each sheet)						3							
116	SK067	psych testing forms, average								1					
117	SK108	MCMI-III kit and manual													
120	NEW	WAIS-IV Record Form		0.165		0.165									
121	NEW	WAIS-IV Response Booklet #1		0.165		0.165									
122	NEW	WAIS-IV Response Booklet #2		0.165		0.165									
125															
126	**Equipment Code**	**EQUIPMENT**													
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	$ -	$ 0.12	$ -	$ 0.12	$ -	$ 0.64	$ -	$ -	$ -	$ 3.88	$ -	$ -	$ -
128	EQ087	cognitive abilities testing software (Woodcock Johnson)													
129	ED032	printer, laser, paper						10				10			
130	ED021	computer, desktop, w-monitor						60				60			
131	EQ185	neurobehavioral status instrument										60			
132	ED039	psychological testing equipment													
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)		30		30									
136	NEW	CANTAB Mobile (per single automated assessment)												10	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2016

October 2017

Fine Needle Aspiration

CPT code 10021 was identified as part of the CMS OPPS/ASC cap payment proposal in the CMS Proposed Rule for CY2014. The proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for CY2014, the RUC forwarded a number of practice expense only recommendations for CY2015. In the CY2016 Medicare Physician Payment Schedule Final Rule, CMS noted concern about implementing practice expense inputs without the corresponding work being reviewed. The RUC identified CPT code 10021 as one of the services that CMS' request pertained to and requested that the specialties that perform this service submit recommendations for the January 2016 RUC meeting. The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* more than 75% of the time together and a bundled code solution will be developed. In June 2017, the CPT Editorial Panel deleted one code, revised one code and created 9 new codes to describe fine needle aspiration procedures with and without imaging.

10021 *Fine needle aspiration biopsy, without imaging guidance; first lesion*
The RUC reviewed the survey results from 158 physicians and agreed with the societies on the following physician time components: 10 minutes of pre-service time, 15 minutes of intra-service time and 8 minutes of post-service time. The RUC noted that the current times in the RUC database were from 1995 and resulted in an inappropriately low IWPUT of 0.034. Therefore, the drop in total time did not warrant a proportional change in work RVU as the previous times were not appropriate.

This service is typically performed with an Evaluation and Management (E/M) service. The specialties noted, and the RUC agreed, that although this service is typically performed with an E/M visit, the pre-service and post-service time is appropriate to account for the work that is distinct from what is performed during the E/M visit. The 10 minutes of pre-service time is appropriate to explain the procedure to the patient, including potential complications, obtain informed consent, position and prep the patient, and clean the biopsy site with disinfectant and inject local anesthesia and wait for it to take effect. The 8 minutes of post-service time is necessary to prepare a report of the procedure for the medical record. The slides and cell block solution are checked to insure proper sealing and transportability to pathology (either locally or via mail). The appropriate clinical history documents, labeling, and requisition forms are packaged in the sealed, transportable packaging and sent to the appropriate pathology agency. The patient is monitored for any evidence of hematoma, bleeding, drug reaction, or other complication(s).

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The RUC reviewed the survey 25th percentile work RVU of 1.20 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.20, the RUC compared the survey code to MPC code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.27, intra-service time of 15 minutes, total time of 25 minutes) and noted that both service involve a similar amount of physician work and have identical intra-service times. The RUC also compared the survey code to MPC code 99283 *Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity* (work RVU= 1.34, intra-service time of 18 minutes, total time of 30 minutes) and noted that the reference code has somewhat more intra-service and total time and that it was appropriate to value the survey code somewhat less than the reference code. **The RUC recommends a work RVU of 1.20 for CPT code 10021.**

10004 ***Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 125 physicians and agreed with the specialty societies on the following physician time components: 14 minutes of intra-service time. The RUC reviewed the survey 25th percentile work RVU of 0.80 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.80, the RUC compared the survey code to the 2nd key reference code 10036 *Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)* (work RVU=0.85, intra-service time of 14 minutes) and noted that both services have identical intra-service and total times involve a similar amount of physician work. The RUC also compared the survey code to MPC code 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU=0.80, intra-service time of 15 minutes) and noted that both services have very similar times and involve a similar amount of physician work. **The RUC recommends a work RVU of 0.80 for CPT code 10004.**

10005 ***Fine needle aspiration biopsy, including ultrasound guidance; first lesion***

The RUC reviewed the survey results from 203 physicians and agreed with the societies on the following physician time components: 10 minutes of pre-service time, 20 minutes of intra-service time and 9 minutes of post-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.63 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.63, the RUC compared the survey code to MPC code 93351 *Echocardiography, transthoracic, real-time*

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with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional (work RVU= 1.75, intra-service time of 20 minutes total time of 35 minutes) and noted that both services have identical intra-service time, whereas the survey code involves 4 minutes more total time. The RUC also compared the survey code to CPT code 75572 *Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)* (work RVU= 1.75, intra-service time of 20 minutes, total time of 40 minutes) and noted that both codes have identical intra-service times, very similar total times and involve a similar amount of physician work. **The RUC recommends a work RVU of 1.63 for CPT code 10005.**

10006 *Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)*

The RUC reviewed the survey results from 200 physicians and agreed with the societies on the following physician time components: 15 minutes of intra-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.00 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.00, the RUC compared the survey code to top key reference code 19084 *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance* (work RVU= 1.55, intra-service time of 20 minutes, total time of 25 minutes) and noted that given the longer intra-service, and total time and increased physician work of performing both an image guided biopsy then an image guided localization device placement, 19084 is appropriately valued higher than 10006 with a slightly higher physician work intensity. The RUC also compared the survey code to MPC code 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level* (work RVU 1.20, intra-service time of 15 minutes) and noted that both add-on codes have identical times, whereas the reference code is somewhat more technically demanding than the typical case for 10006, supporting the relative valuation between the two services. **The RUC recommends a work RVU of 1.00 for CPT code 10006.**

10007 *Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion*

The RUC reviewed the survey results from 31 physicians and agreed with the societies on the following physician time components: 10 minutes of pre-service time, 27 minutes of intra-service time and 10 minutes of post-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

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The RUC reviewed the survey 25th percentile work RVU of 2.23 and agreed that this value somewhat overvalues the physician work involved in performing this service. To determine an appropriate value for this service, the RUC noted that this service is currently reported with codes 10022 *Fine needle aspiration; with imaging guidance* (work RVU = 1.27) and 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)* (work RVU = 0.54), which have a combined work RVU of 1.81. The RUC agreed that this value is appropriate for code 10007. To justify a work RVU of 1.81, the RUC compared the survey code to MPC code 99221 *Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit* (work RVU= 1.92, intra-service time of 30 minutes, total time of 50 minutes) and noted that the reference code involves slightly more intra-service time and total time, supporting a somewhat lower valuation for the survey code. The RUC also compared the survey code to MPC code 92004 *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits* (work RVU= 1.82, intra-service time of 25 minutes, total time 40 minutes) and noted that the survey code involves more intra-service time and more total time. **The RUC recommends a work RVU of 1.81 for CPT code 10007.**

10008 *Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)*

The RUC reviewed the survey results from 31 physicians and agreed with the societies on the following physician time components: 20 minutes of intra-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an evaluation and management service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.50 and agreed that this value somewhat overvalues the physician work involved in performing this service. To determine an appropriate value for this service, the RUC reviewed how this service is currently reported with codes 10022 and 77002 which have a combined work RVU of 1.81. Although Medicare does not apply the multiple procedure reduction to this service currently, the specialties based their proposed value on if the multiple procedure reduction was applied to deleted code 10022, which would produce a combined work RVU with 77002 of 1.18 (0.64+0.54 = 1.18). To justify a work RVU of 1.18, the RUC compared the survey code to MPC code 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU= 1.20, intra-service time of 15 minutes) and noted that the survey code involves more intra-service and total time, whereas the reference code involves a bit more complexity, and would value the codes appropriately to each other. The RUC also compared the survey code to top key reference code 19082 *Biopsy, breast, with*

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placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (work RVU=1.65, intra-service time of 25 minutes, total time of 30 minutes) and noted that given the longer total time and increased work of doing both an image guided biopsy then image guided localization device placement, 19082 is appropriately valued higher than 10008 with a slightly higher physician work intensity. **The RUC recommends a work RVU of 1.18 for CPT code 10008.**

10009 ***Fine needle aspiration biopsy, including CT guidance; first lesion***
The RUC reviewed the survey results from 91 physicians and agreed with the societies on the following physician time components: 15 minutes of pre-service time, 35 minutes of intra-service time and 12 minutes of post-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 2.43 and agreed that this value appropriately accounts for the physician work involved. The RUC also noted that this is the aggregate work value for the two CPT codes that are being bundled into this new code. To justify a work RVU of 2.43, the RUC compared the survey code to CPT code 99204 *Office or other outpatient visit for the evaluation and management of a new patient…*(work RVU= 2.43, intra-service time of 30 minutes, total time of 45 minutes) and noted that the survey code involves more intra-service time and total time. The RUC also compared the survey code to CPT code 75574 *Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)* (work RVU= 2.40, intra-service time of 30 minutes, total time of 50 minutes) and noted that the survey code involves more intra-service and total time. **The RUC recommends a work RVU of 2.43 for CPT code 10009.**

10010 ***Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 91 physicians and agreed with the societies on the following physician time components: 25 minutes of intra-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.65 and agreed that this value appropriately accounts for the physician work involved. The RUC noted that this is a much lower valuation than current reporting. To justify a work RVU of 1.65, the RUC compared the survey code to the 2nd key reference code 19082 *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)* (work RVU= 1.65, intra-service time of 25 minutes) and noted that both services have identical intra-service time. Although the reference code has somewhat more total time, 67 percent of the

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survey respondents that selected 19082 as their key reference code indicated the survey code was a more intense and complex service to perform, supporting a slightly higher IWPUT for the survey code. **The RUC recommends a work RVU of 1.65 for CPT code 10010.**

10011 ***Fine needle aspiration biopsy, including MR guidance; first lesion***
The RUC reviewed the survey results from 13 physicians and noted that the number of survey responses collected did not reach the minimum threshold. The specialties noted that this service is projected to have very low utilization and based on AMA staff recommendation, have kept their survey open to collect more responses. For the January meeting, the ACR requested Research Subcommittee approval to perform a targeted survey for MR-guided FNA, CPT codes 10011-10012. ACR has reached out to the Society of Abdominal Radiology (SAR) as a potential sample pool and is hoping to coordinate with them. The Research Subcommittee approved for the specialty to use a random sample of SAR membership along with a random sample of ACR membership. **The RUC recommends an interim designation to contractor price CPT code 10011.**

10012 ***Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 13 physicians and noted that the number of survey responses collected did not reach the minimum threshold. The specialties noted that this service is projected to have very low utilization and based on AMA staff recommendation, have kept their survey open to collect more responses. For the January meeting, the ACR requested Research Subcommittee approval to perform a targeted survey for MR-guided FNA, CPT codes 10011-10012. ACR has reached out to the Society of Abdominal Radiology (SAR) as a potential sample pool and is hoping to coordinate with them. The Research Subcommittee approved for the specialty to use a random sample of SAR membership along with a random sample of ACR membership. **The RUC recommends an interim designation to contractor price CPT code 10012.**

Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendations for CPT codes 76942, 77002 and 77012. The relativity within the family remains correct.

77021 ***Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation***
For CPT code 77021, the RUC recommends for the specialty to survey this code, as the RUC had last reviewed this service in the year 2000. It was noted that Urology is one of the top providers for 77021 and should be involved in the valuation of this service.

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Potential Miscoding for CPT code 77021
It was noted that there may be some miscoding for MR Guidance code 77021, where this code is inappropriately being reported for a service that involves using software to fuse pre-existing MR images with real-time ultrasound images of the prostate during a prostate biopsy. 42.3 percent of the global reporting for mr guidance code 77021 is with ultrasound guidance code 76942 per 2015 billed together data.

Practice Expense
The Practice Expense Subcommittee reviewed the proposed compelling evidence arguments and accepted them as follows:

	PE Compelling Evidence for Fine Needle Aspiration									
Components of PE Compelling Evidence	**10021**	**10004**	**10005**	**10006**	**10007**	**10008**	**10009**	**10010**	**10011**	**10012**
• Evidence that patient population has changed.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
• Evidence that technology has changed clinical staff time.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
• Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.	**No**	**No**	**Yes**	**Yes**	**No**	**No**	**No**	**No**	**No**	**No**

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Summary of revisions made by the Practice Expense Subcommittee relative to the original proposal from the specialties:

- Added additional time to the clinical staff time to reflect the typical amount of time for preparing supplies
- Verified the top specialty for each service in the office setting, including, in the office setting, that ENT was top provider for 10021, endocrinology for 10022 and rehab medicine for 77002 and urology for 76942 and 77021.
- Extensively deleted supplies that were duplicative of the biopsy tray, excessive personal protection gear, eliminated microscope slides that were already included in the pathology codes for reviewing the biopsy specimens
- Deleted additional ultrasound needles that were not typical
- Eliminated the PACS from the appropriate specialties where a PACS system was not present in the physician's office.
- Increase from 2 to 3 is now typical for the number of needle passes also changes the supplies for several of the codes

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality

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

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Surgery
General
Fine Needle Aspiration (FNA) Biopsy
A **fine needle aspiration** (FNA) **biopsy** is performed when material is aspirated with a fine needle and the cells are examined cytologically. A **core needle biopsy** is typically performed with a larger bore needle to obtain a core sample of tissue for histopathologic evaluation. FNA biopsy procedures are performed with or without imaging guidance. Imaging guidance codes (eg, 76942, 77002, 77012, 77021) may not be reported separately with 10021, 10004-10012. Codes 10021, 10004-10012 are reported once per lesion sampled in a single session. When more than one FNA biopsy is performed on separate lesions at the same session, same day, same imaging modality, use the appropriate imaging modality add-on code for the second and subsequent lesion(s). When more than one FNA biopsy is performed on separate lesions, same session, same day, using different imaging modalities, report the corresponding primary code with modifier 59 for each additional imaging modality and corresponding add-on codes for subsequent lesions sampled. This instruction applies regardless of whether the lesions are ipsilateral or contralateral to each other, and/or whether they are in the same or different organs/structures. When FNA biopsy and core needle biopsy both are performed on the same lesion, same session, same day using the same type of imaging guidance, do not separately report the imaging guidance for the core needle biopsy. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different lesions~~a separate lesion, same session, same day using the same type of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported separately with modifier 59. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different~~ a separate lesions, same session, same day using different types of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported with modifier 59.

~~(For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030)~~

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲10021	G1	Fine needle aspiration biopsy,~~;~~ without imaging guidance; first lesion	XXX	1.20

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~D 10022~~	-	~~with imaging guidance~~ <u>(10022 has been deleted. To report, see 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)</u>	XXX	N/A (2017 Work RVU = 1.27)
●✚10004	G2	each additional lesion (List separately in addition to code for primary procedure) <u>(Use 10004 in conjunction with 10021)</u> <u>(Do not report 10021, 10004 in conjunction with 10005-10012 for the same lesion)</u> <u>(For evaluation of fine needle aspirate, see 88172, 88173, 88177)</u>	ZZZ	0.80
●10005	G3	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	XXX	1.63
●✚10006	G4	each additional lesion (List separately in addition to code for primary procedure) <u>(Use 10006 in conjunction with 10005)</u> <u>(Do not report 10005, 10006 in conjunction with 76942)</u> <u>(For evaluation of fine needle aspirate, see 88172, 88173, 88177)</u>	ZZZ	1.00
●10007	G5	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	XXX	1.81

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●✚10008	G6	each additional lesion (List separately in addition to code for primary procedure) (Use 10008 in conjunction with 10007) (Do not report 10007, 10008 in conjunction with 77002) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.18
●10009	G7	Fine needle aspiration biopsy, including CT guidance; first lesion	XXX	2.43
●✚10010	G8	each additional lesion (List separately in addition to code for primary procedure) (Use 10010 in conjunction with 10009) (Do not report 10009, 10010 in conjunction with 77012) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.65
●10011	G9	Fine needle aspiration biopsy, including MR guidance; first lesion	XXX	Interim Recommendation of Contractor Price Continue survey for January 2018
●✚10012	G10	each additional lesion (List separately in addition to code for primary procedure) (Use 10012 in conjunction with 10011) (Do not report 10011, 10012 in conjunction with 77021) (For evaluation of fine needle aspirate, see 88172, 88173,	ZZZ	Interim Recommendation of Contractor Price Continue survey for January 2018

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		88177) ~~(For placement of percutaneous localization device[s] [eg, clip, metallic pellet, during breast biopsy], see 19081- 19086)~~ ~~(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)~~ *(For percutaneous needle biopsy other than fine needle aspiration biopsy, see 19081-19086 for breast, 20206 for muscle, 32400 for pleura, 32405 for lung or mediastinum, 42400 for salivary gland, 47000 for liver, 48102 for pancreas, 49180 for abdominal or retroperitoneal mass, 50200 for kidney, 54500 for testis, 54800 for epididymis, 60100 for thyroid, 62267 for nucleus pulposus, intervertebral disc, or paravertebral tissue, 62269 for spinal cord)* (For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030) ~~(For evaluation of fine needle aspirate, see 88172, 88173)~~		

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Integumentary System
Breast
Excision

19100 *Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Musculoskeletal System
General
Excision

20206 *Biopsy, muscle, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Respiratory System
Lungs and Pleura
Excision/Resection

32400 *Biopsy, pleura, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

32405 *Biopsy, lung or mediastinum, percutaneous needle*

(For open biopsy of lung, see 32096, 32097. For open biopsy of mediastinum, see 39000 or 39010. For thoracoscopic [VATS] biopsy of lung, pleura, pericardium, or mediastinal space structure, see 32604, 32606, 32607, 32608, 32609)

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Hemic and Lymphatic Systems
Lymph Nodes and Lymphatic Channels
Excision

38500 *Biopsy or excision of lymph node(s); open, superficial*

38505 *by needle, superficial (eg, cervical, inguinal, axillary)*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

. . .

38530 *open, internal mammary node(s)*

(For percutaneous needle biopsy, retroperitoneal lymph node or mass, use 49180.)

(For fine needle aspiration biopsy, retroperitoneal lymph node or mass, see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~use 10022~~)

Salivary Gland and Ducts
Excision

42400 *Biopsy of salivary gland; needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Liver
Incision

47000 *Biopsy of liver, needle; percutaneous*

✚47001 *when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)*

(If imaging guidance is performed, see 76942, 77002)

(For fine needle aspiration biopsy in conjunction with 47000, 47001, see ~~10021, 10022~~ 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

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Pancreas
Excision

48102 *Biopsy of pancreas, percutaneous needle*

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Abdomen, Peritoneum, and Omentum
Excision, Destruction

49180 *Biopsy, abdominal or retroperitoneal mass, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Urinary System
Kidney
Excision

50200 *Renal biopsy; percutaneous, by trocar or needle*

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Male Genital System
Testis
Excision

54500 *Biopsy of testis, needle (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Epididymis
Excision

54800 *Biopsy of epididymis, needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Prostate
Incision

55700 *Biopsy, prostate; needle or punch, single or multiple, any approach*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Endocrine System
Thyroid Gland
Excision

60100 *Biopsy thyroid, percutaneous core needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Endocrine System
Thyroid Gland
Removal

60300 *Aspiration and/or injection, thyroid cyst*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Nervous System
Spine and Spinal Cord
Injection, Drainage, or Aspiration

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62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes*

(For imaging, use 77003)

(Do not report 62267 in conjunction with 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~10022~~, 20225, 62287, 62290, 62291)

62269 *Biopsy of spinal cord, percutaneous needle*

(For imaging, use 77003)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Radiology
Diagnostic Ultrasound
Ultrasonic Guidance Procedures

▲76942	G11	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation (Do not report 76942 in conjunction with 10021, 10004, 10005, 10006, 10030, 19083, 19285, 20604, 20606, 20611, 27096, 32554, 32555, 32556, 32557, 37760, 37761, 43232, 43237, 43242, 45341, 45342, 64479-64484, 64490-64495, 76975, 0213T-0218T, 0228T-0231T, 0232T, 0249T, 0301T)	XXX	0.67 (Affirm April 2014 RUC recommendation) (2017 Work RVU = 0.67)

Radiologic Guidance
Fluoroscopic Guidance

(Do not report guidance codes 77001, 77002, 77003 for services in which fluoroscopic guidance is included in the descriptor)

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<table>
<tr><td>▲77002</td><td>G12</td><td>Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

(See appropriate surgical code for procedure and anatomic location)

(Use 77002 in conjunction with ~~10022,~~10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27370, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64505, 64508, 64600, 64605)</td><td>ZZZ</td><td>0.54
(Affirmed October 2015 RUC recommendation)</td></tr>
<tr><td colspan="5">Computed Tomography Guidance</td></tr>
<tr><td>▲77012</td><td>G13</td><td>Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

(Do not report 77011, 77012 in conjunction with 22586, 0195T, 0196T, 0309T)

(Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32554, 32555, 32556, 32557, 64479-64484, 64490-64495, 64633-64636, 0232T)</td><td>XXX</td><td>1.50
(Affirmed April 2017 RUC recommendation)</td></tr>
</table>

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Magnetic Resonance Guidance				
▲77021	G14	Magnetic resonance guidance for needle placement (eg, for biopsy, ~~needle~~ aspiration, injection, or placement of localization device) radiological supervision and interpretation *(For procedure, see appropriate organ or site)* (Do not report 77021 in conjunction with 10011, 10012, 10030, 19085, 19287, 32554, 32555, 32556, 32557, 0232T)	XXX	Survey for January 2018

Cytopathology

88164 *Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision*

88167 *with manual screening and computer-assisted rescreening using cell selection and review under physician supervision*

(~~To report~~ For collection of specimen via fine needle aspiration biopsy, see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012 ~~10021, 10022~~)

88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site*

88173 *interpretation and report*

(Report one unit of 88173 for the interpretation and report from each anatomic site, regardless of the number of passes or evaluation episodes performed during the aspiration procedure)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Surgical Pathology

88309 *Level VI - Surgical pathology, gross and microscopic examination*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

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July 11, 2017

Peter K. Smith, MD, Chair
AMA/RVS Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: ACR Request to Reaffirm Code Value Recommendations for FNA Guidance codes

Dear Dr. Smith,

As depicted on the New and Revised Status Summary LOI for the October 2017 RUC meeting, the ACR along with several other specialty societies have indicated interest in surveying some or all codes from the Fine Needle Aspiration (FNA) code family. Along with the new FNA biopsy codes (10021, 10X11-10X19), there are other guidance codes that were included on the LOI, but are not part of this family.

We recognize that these needle guidance codes (77002, 77012, 76942, and 77021) are components of the bundled, imaging guidance for the FNA codes. However, we do not consider them within the same family as the FNA biopsy codes. Two of these codes would have been included on the RSL, but they were either recently surveyed (77012 *(CT guidance for needle placement)* at the April 2017 RUC meeting) or are currently on the RAW list pending an Action Plan (76942 *(US guidance for needle placement)*, which has a declining utilization and was surveyed in April 2014). Additionally, 77002 *(Fluoroscopic guidance for needle placement)* was recently surveyed in April 2015.

CPT code 77021*(MR guidance for needle placement)* also has a decreasing utilization and is a very low volume code. We do not believe this code is misvalued and considering current trends, we believe it is most likely being undervalued, especially given the recent valuation recommended for 77012.

With respect to utilization of 77021 with FNA guidance, the participating specialties expect this to be a very low volume service overall. We did not want to unintentionally orphan the MRI modality with respect to imaging guidance for FNA procedures and chose to mirror this family based on the breast biopsy codes. This is with the understanding that this bundled code will be used infrequently.

Therefore the ACR would like to request removal of these codes from the LOI and that the RUC reaffirm the previous or pending value recommendations for these guidance codes.

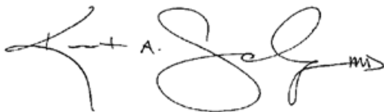
Fine Needle Guidance Codes:

CPT Code	Descriptor	RUC Review Year
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	October 2015
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	April 2017
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	April 2014
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	April 2000

Please contact ACR staff person Christy Buranaamorn at (703) 648-8900, ext. 5653 if you have any questions.

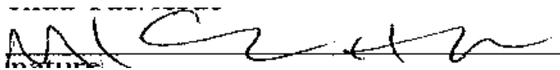
Thank you for your consideration of this request.

Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor

Gregory Nicola, MD
ASNR RUC Advisor



Michael Hall, MD
SIR RUC Advisor

acr.org

September 5, 2017

Peter K. Smith, MD, Chair
AMA/RVS Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: ACR and SIR to Keep Modified FNA Survey Open To Collect Responses

Dear Dr. Smith,

Several specialties, including the American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) surveyed the Fine Needle Aspiration (FNA) codes for the October 2017 RUC Meeting. There are ten new or revised codes in the family (10021, 10X11-10X19). Most of the specialties only surveyed the first four codes; however, the ACR and SIR surveyed the eight codes that include imaging guidance, 10X12-10X19 (ultrasound, fluoroscopic, CT, or MR).

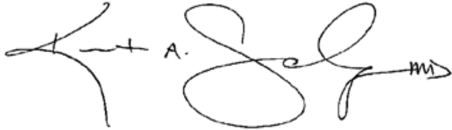
After several weeks of survey, expanded survey samples, and multiple reminders, the ACR and the SIR continued to struggle to obtain surveys for 10X18 and 10X19 (FNA with MR guidance). In mid-August, when we only had about 10 surveys combined for those codes and were not optimistic that we would obtain the required minimum of 30 surveys in time for the September 2017 RUC submission deadline, we reached out to the AMA for guidance.

The AMA staff advised the ACR and SIR to modify our survey instruments to only collect for those codes that were in need of responses and to keep our surveys open until we had obtained 30 surveys. We were informed that we needed to present recommendations for the FNA family at the October 2017 meeting. Codes that did not meet the minimum 30 surveys would be assigned interim values, and the codes would have to be presented again at the January meeting for valuation.

At this time, the ACR and SIR's surveys are still open and collecting data for the MR-guided FNA codes, 10X18 and 10X19. Please contact ACR staff person Stephanie Le at (703) 648-8900, ext. 4584 if you have any questions.

Thank you for your consideration of this request.

Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor

Michael Hall, MD
SIR RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10021 Tracking Number G1 Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.20**
Global Period: XXX Current Work RVU: **1.27** RUC Recommended RVU: **1.20**

CPT Descriptor: Fine needle aspiration, without imaging guidance; first lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with a palpable lesion in the submandibular region. A FNA biopsy of the lesion is performed without imaging guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained. Current medications and allergies are again reviewed with the patient. Slides are prepared and labeled with all patient and specimen information. Pathology requisition forms are filled out and confirmed with respective patient, provider, and referring physician information. The mayo stand is prepared and draped. Medications are drawn, labeled, and reviewed. The physician and assistant put on appropriate barrier protection and sterile gloves. Topical anesthesia is applied. The patient is positioned and prepped. The biopsy site is cleaned with disinfectant. The site is draped. A timeout is then performed. Local anesthesia is injected. Time is then allotted for anesthetic onset and patient is monitored for evidence of local or systemic reactions to medications given.

Description of Intra-Service Work: A needle with attached syringe is inserted into the lesion. An FNA biopsy without imaging guidance of the lesion is performed by making multiple passes with the same needle under suction with the syringe. The needle is withdrawn and material expressed onto slides The slides are smeared and inspected for adequacy, and slide fixative is applied. The appropriate solution is aspirated into the syringe and needle and expressed in cell block fixative solution for purposes of cell block preparation. The previous process is repeated in the same lesion (typically repeated two additional times). Between each aspiration, compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). A dressing is applied and compression is then held for several minutes.

Description of Post-Service Work: A report of the procedure is documented for the medical record. The slides and cell block solution are checked to insure proper sealing and transportabililty to pathology (either locally or via mail). The appropriate clinical history documents, labeling, and requisition forms are packaged in the sealed, transportable packaging and sent to the appropriate pathology agency. The patient is monitored for any evidence of hematoma, bleeding, drug reaction, or other complication(s).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Peter Manes, MD; Allan Glass, MD; Swati Mehrotra, MD; Jonathan Myles, MD, Roger McLendon, MD;Felice A Caldarella, MD, FACP, CDE, FACE					
Specialty(s):	AAOHNS, AACE, ASC, CAP, ES					
CPT Code:	10021					
Sample Size:	9736	**Resp N:** 158	**Response:** 1.6 %			
Description of Sample:	AAOHNS used a targeted random sample of members identifying as general otolaryngologists and head and neck sub-specialty designations. The Endocrine societies utilized a targeted random survey of all members who specialized in thyroid, and the Pathology specialties utilized a random survey of all members.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**20.00**	48.00	450.00
Survey RVW:		0.25	1.20	**1.50**	2.00	5.00
Pre-Service Evaluation Time:				**10.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		2.00	8.00	**15.00**	20.00	60.00
Immediate Post Service-Time:	**8.00**					

Post Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10021	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32554	XXX	1.82	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99283	XXX	1.34	**RUC Time**	3,480,113

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74170	XXX	1.50	**RUC Time**	107,597

CPT Descriptor 2 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
88331	XXX	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 7.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 10021	Top Key Reference CPT Code: 32554	2nd Key Reference CPT Code: 99214
Median Pre-Service Time	10.00	21.00	5.00
Median Intra-Service Time	15.00	20.00	25.00
Median Immediate Post-service Time	8.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**33.00**	**56.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	19%	56%	21%	4%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	9%	45%	43%

- Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	16%	61%	20%
Physical effort required	25%	68%	5%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	43%	48%	7%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	33%	50%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	42%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	58%	42%
Physical effort required	33%	58%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	33%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting. In the 2016 Final Rule, CMS noted their concerns about implementing PE inputs without the corresponding work being reviewed. The RAW analyzed the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remained, including codes 10021 and 10022.

The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to conducting a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution was necessary. This family of codes was reviewed during the June 2017 CPT meeting where the CPT Editorial Panel approved the addition of 8 codes to report fine needle aspiration biopsy, with and without various methods of image guidance. They are now being presented for valuation by the RUC.

Survey Sample:
The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto and head and neck surgeons) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), The Endocrine societies utilized targeted random surveys of their members who specialize in thyroid and the Pathology societies utilized a random survey of all members. The total sample size was 9736 physicians.

Physician Time:
Pre-Service Time
This is an XXX code and therefore, does not require a preservice package. Our expert panel felt the survey's median pre-service time of 10 minutes for evaluation was appropriate to allow time to explain the procedure to the patient, including potential complications, obtain informed consent, position and prep the patient, clean the biopsy site with disinfectant, and inject local anesthesia. **Therefore, we recommend a total pretime of 10 minutes.**

Intra-Service Time
We are recommending our median survey time of 15 minutes for intra service work.

Post-Service Time
Again, this is an XXX code and does not require a post-operative package. **We are recommending the median time from the survey of 8 minutes for post service work.** This includes time to develop a report of the procedure to document in the medical record.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the survey 25th percentile of 1.20 RVUs with a total time of 33 minutes**

Key Reference Services:
Our recommended work RVU and service period times fall are supported by the two most commonly chosen key reference services (KRS):

- 32554 *(Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance),* chosen by 27% of respondents, and
- 99214 *(Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or*

family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.), chosen by 8% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate XXX global procedure codes to compare with this newly bundled service.

Even with the wide time and RVU ranges spanned by these comparisons, the relativity of the values is appropriately reflected. The surveyed code, 10021, has less intra-service time than both KRS codes, more pre-time than the E/M but less than the thoracentesis, less post-time than both procedures, and less total time than both procedures. These differences are appropriately reflected in the recommended wRVU. Accordingly, 10021 has a lower recommended wRVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	Fine needle aspiration biopsy, without imaging guidance	**1.20**	**33**	**10**	**15**	**8**	**0.053**	**XXX**
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components	1.50	40	5	25	10	0.047	XXX
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1.82	56	21	20	15	0.054	XXX

MPC Codes:
The surveyed code (10021) is supported by two MPC codes with XXX global periods:

- 99283 *(Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity*.), which has slight more intra-service time and slightly shorter total time, and
- 74170 *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections*), which has a higher wRVU, slightly longer intra-service time, and less total time.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	Fine needle aspiration biopsy, without imaging guidance	**1.20**	**33**	**10**	**15**	**8**	**0.053**	**XXX**
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	1.34	30	5	18	7	0.059	XXX
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	28	5	18	5	0.065	XXX

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	**Fine needle aspiration biopsy, without imaging guidance; first lesion**	**1.20**	**33**	**10**	**15**	**8**	**0.053**	**XXX**
10X11	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	0.80	14		14		0.057	ZZZ
10X12	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.63	39	10	20	9	0.060	XXX
10X13	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion	1.00	15		15		0.067	ZZZ
10X14	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1.81	47	10	27	10	0.050	XXX
10X15	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion	1.18	20		20		0.059	ZZZ
10X16	Fine needle aspiration biopsy, including CT guidance; first lesion	2.43	62	15	35	12	0.052	XXX
10X17	Fine needle aspiration biopsy, including CT guidance; each additional lesion	1.65	25		25		0.066	ZZZ
10X18	Fine needle aspiration biopsy, including MR guidance; first lesion	2.77	60	10	40	10	0.058	XXX
10X19	Fine needle aspiration biopsy, including MR guidance; each additional lesion	2.14	30		30		0.071	ZZZ

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) 10021 is reported with an E/M service 58% of the time.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10021

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty AAOHNS How often? Commonly

Specialty Pathology (CAP, ASC) How often? Commonly

Specialty Endocrinology (ES, AACE) How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 74274
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This volume represents the annual Medicare volume multiplied by three to account for non-medicare patients who receive the service.

Specialty Otolaryngology Frequency 33423 Percentage 44.99 %

Specialty Pathology Frequency 14285 Percentage 19.23 %

Specialty Endocrine Frequency 2970 Percentage 3.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,758
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This volume is based on the Medicare database volume for CY 2016.

Specialty Otolaryngology Frequency 11141 Percentage 44.99 %

Specialty Pathology Frequency 4952 Percentage 20.00 %

Specialty Endocrinology Frequency 990 Percentage 3.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 10021

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10004 Tracking Number G2 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **0.80**

CPT Descriptor: Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with a palpable lesion in the submandibular region and second palpable lesion in the contralateral lower neck. After a FNA biopsy of the first lesion is performed (reported separately), a FNA biopsy without imaging guidance is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 64%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: A needle with attached syringe is inserted into the lesion. An FNA biopsy without imaging guidance of the lesion is performed by making multiple passes with the same needle under suction with the syringe. The needle is withdrawn and material expressed onto slides The slides are smeared and inspected for adequacy, and slide fixative is applied. The appropriate solution is aspirated into the syringe and needle and expressed in cell block fixative solution for purposes of cell block preparation. The previous process is repeated in the same lesion (typically repeated two additional times). Between each aspiration, compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). A dressing is applied and compression is then held for several minutes. A report of the procedure is documented for the medical record.The patient is monitored for any evidence of hematoma.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017		
Presenter(s):	Peter Manes, MD; Allan Glass, MD; Swati Mehrotra, MD; Jonathan Myles, MD, Roger McLendon, MD;Felice A Caldarella, MD, FACP, CDE, FACE		
Specialty(s):	AAOHNS, AACE, ASC, CAP, ES		
CPT Code:	10004		
Sample Size:	9736	**Resp N:** 125	**Response:** 1.2 %
Description of Sample:	AAOHNS used a targeted random sample of members identifying as general otolaryngologists and head and neck sub-specialty designations. The Endocrine societies utilized a targeted random sample of members who specialized in thyroid, and the Pathology societies utilized random surveys of all of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	20.00	200.00
Survey RVW:	0.20	0.80	**1.15**	1.50	10.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	9.00	**14.00**	20.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	10004	**Recommended Physician Work RVU: 0.80**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**14.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88331	ZZZ	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
10036	ZZZ	0.85	**RUC Time**

CPT Descriptor Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	131,261

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	480,712

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
19286	ZZZ	0.85	**RUC Time**

CPT Descriptor

Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 16.8 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 9.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 10004	Top Key Reference CPT Code: 88331	2nd Key Reference CPT Code: 10036
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	14.00	25.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**14.00**	**25.00**	**14.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	19%	33%	38%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	24%	33%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	38%	57%
Physical effort required	19%	48%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	38%	48%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	33%	42%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	42%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	58%	42%
Physical effort required	17%	33%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	25%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting. In the 2016 Final Rule, CMS noted their concerns about implementing PE inputs without the corresponding work being reviewed. The RAW analyzed the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remained, including codes 10021 and 10022.

The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to conducting a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution was necessary. This family of codes was reviewed during the June 2017 CPT meeting where the CPT Editorial Panel approved the addition of 8 codes to report fine needle aspiration biopsy, with and without various methods of image guidance. They are now being presented for valuation by the RUC.

Survey Sample:
The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto and head and neck surgeons) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), The Endocrine societies utilized targeted random surveys of their members who specialize in thyroid and the Pathology societies utilized a random survey of all members. The total sample size was 9736 physicians.

Physician Time:
This is a ZZZ add-on code and therefore, does not have any pre or post procedure time.

Intra-Service Time
We are recommending our median survey time of 14 minutes for intra service work.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the survey 25th percentile of 0.80 RVUs with a total time of 14 minutes.** We believe this recommendation is consistent with the requested value of the base code 10021, as the intra time is almost identical, and when the value of the pre and post minutes of 18 total minutes are backed out of 10021, the remaining value for that service is exactly .80 work RVUs which matches our survey's 25th percentile identically. We feel this demonstrates how strong our survey is, and reflects overall consistency in valuation from our survey respondents.

Key Reference Services:
The two most commonly chosen key reference services (KRS) are below:

- 88331 (*Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen*), chosen by 17% of respondents, and
- 10036 *(Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)),* chosen by 10% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate ZZZ global procedure codes to compare with this newly bundled service.

Even with the wide time and RVU ranges spanned by these comparisons, the relativity of the values is appropriately reflected. The surveyed code, 10004, has identical intra-service time of the second most selected KRS and much less than the first. These differences are appropriately reflected in the recommended wRVU. Accordingly, 10004 has a lower recommended wRVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10004	**Fine needle aspiration; without**	0.80	14		14		0.057	**ZZZ**

	imaging guidance each additional lesion (List separately in addition to code for primary procedure)							
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	0.85	14		14		0.061	ZZZ
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	1.19	25		25		0.048	XXX

MPC Codes:
The surveyed code (10004) is bracketed by two MPC codes with ZZZ global periods:

- 51797 (*Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)*), which has identical wRVU and almost identical intra-service time, and
- 64484 (*Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)*), which has a higher wRVU, but slightly less intra-service time.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
51797	*Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure*	0.80	15		15		0.053	ZZZ
10004	**Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)**	**0.80**	**14**		**14**		**0.057**	**ZZZ**
64484	*Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure*	1.00	10		10		0.100	ZZZ

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	1.20	33	10	15	8	0.053	XXX
10004	**Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)**	**0.80**	**14**		**14**		**0.057**	**ZZZ**
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.63	39	10	20	9	0.060	XXX
10006	Fine needle aspiration biopsy, including	1.00	15		15		0.067	ZZZ

	ultrasound guidance; each additional lesion							
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1.81	47	10	27	10	0.050	XXX
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion	1.18	20		20		0.059	ZZZ
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	2.43	62	15	35	12	0.052	XXX
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion	1.65	25		25		0.066	ZZZ
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	2.77	60	10	40	10	0.058	XXX
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion	2.14	30		30		0.071	ZZZ

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Recommended 10021 - XXX - 1.20 RVUs, 10 pre, 15 intra, 8 post, total time 33 minutes. Add on code X11 - ZZZ - .80 RVUs, 14 intra, 14 total minutes. When billed together the base code would be reimbursed in full and the MPPR will apply to the add on code, reducing it down to .40 RVUs, for a total of 1.60 RVUs when billed together.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10021

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty Pathology How often? Commonly

Specialty Endocrinology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? Please see our recommendations for 10021 volume, we anticipate that 100% of existing volume of 10021 will be captured by 10021 and 10004 jointly, but the percentage breakdown between how often only one lesion is done versus one or more is unknown at this time.
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Please see our recommendations for 10021 volume, we anticipate that 100% of existing volume of 10021 will be captured by 10021 and X11 jointly, but the percentage breakdown between how often only one lesion is done versus one or more is unknown at this time.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 10021

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10005 Tracking Number G3 Original Specialty Recommended RVU: **1.63**

Presented Recommended RVU: **1.63**

Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **1.63**

CPT Descriptor: Fine needle aspiration biopsy, including ultrasound guidance; first lesion

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 59 year old female presents with a non-palpable thyroid nodule previously identified with diagnostic ultrasound. The patient undergoes an ultrasound-guided FNA biopsy of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained.

Description of Intra-Service Work: A preliminary ultrasound is performed to identify the appropriate approach for the initial needle placement. Ultrasound is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, and to avoid vascular structures and non-target organs. Site is marked.
The patient is positioned and prepped. The biopsy site is cleaned with disinfectant. Local anesthesia is injected.
Using concurrent real-time ultrasound visualization, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent ultrasound visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution for the pathology workup. The previous process is repeated in the same lesion (typically a total of 3 or 4 samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples are obtained as needed.
Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Description of Post-Service Work: A report of the procedure is dictated for the medical record. An addendum to the report is dictated when the final pathology results are received. The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD; Swati Mehrotra, MD; Jonathan Myles, MD; Roger McLendon, MD; Felice A. Caldarella, MD FACP, CDE, FACE; Allan Glass, MD
Specialty(s):	American College of Radiology; Society of Interventional Radiology; American Society of Cytopathology; College of American Pathologists; American Association of Clinical Endocrinologists; The Endocrine Society
CPT Code:	10005
Sample Size:	8718 — **Resp N:** 203 — **Response:** 2.3 %
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000, ASC - random sample of 1000, CAP - random sample of 2500 and AACE - random sample of 468; ES - random sample of 1000.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**70.00**	150.00	4500.00
Survey RVW:	0.25	1.63	**2.25**	2.50	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	15.00	**20.00**	30.00	90.00

Immediate Post Service-Time:	**9.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10005	**Recommended Physician Work RVU: 1.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	9.00	0.00	9.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76536	XXX	0.56	**RUC Time**

CPT Descriptor Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	11,464,762

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	261,035

CPT Descriptor 2 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 91 **% of respondents:** 44.8 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 9.3 **%**

TIME ESTIMATES (Median)	**CPT Code:** 10005	**Top Key Reference CPT Code:** 32555	**2nd Key Reference CPT Code:** **76536**
Median Pre-Service Time	10.00	22.00	4.00
Median Intra-Service Time	20.00	20.00	10.00
Median Immediate Post-service Time	9.00	15.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**39.00**	**57.00**	**18.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	1%	4%	37%	45%	12%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	44%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	35%	62%
Physical effort required	7%	54%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	30%	40%	31%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	26%	37%	26%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	53%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	21%	79%
Physical effort required	0%	32%	68%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	26%	63%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Ultrasound Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with ultrasound guidance were created by CPT.

- 10005 *(Fine needle aspiration biopsy, including ultrasound guidance; first lesion)* is an XXX global code, and
- 10006 *(Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 76942 *(Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation).*

Survey Process:
The American College of Radiology (ACR), Society of Interventional Radiology (SIR), American Society of Cytopathology (ASC), College of American Pathologists (CAP), American Association of Clinical Endocrinologists (AACE), and The Endocrine Society (ES) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. These societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendations:
We recommend a work RVU of 1.63, which is the 25th percentile survey value and a decrease from the current combined code values of 1.94 wRVU.

Time Recommendation:
We recommend the median survey times of 10 minutes pre-service, 20 minutes intra-service, and 9 minutes post-service, for a total time of 39 minutes.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):
- 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance),* chosen by 45% of respondents, and
- 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation),* chosen by 9% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate XXX global procedure codes to compare with this newly bundled service. Additionally, since the imaging guidance was bundled into these new codes, it was unavailable as a comparison for the survey respondents.

Even with the wide time and RVU ranges spanned by these comparisons, the relativity of the values is appropriately reflected. The surveyed code, 10X12, has twice the intra-service time of 76536, more pre- and post-time, and is an invasive procedure as opposed to a diagnostic imaging study. These differences are appropriately reflected in the recommended wRVU. While 10X12 has the same intra-service time as 32555, it has much less pre- and post-service time, as well as being a relatively safer invasive procedure. Accordingly, 10X12 has a lower recommended wRVU.

MPC Codes:
The surveyed code (10X12) is bracketed by two non-radiology MPC codes with XXX global periods:

- 99203 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.)*, which has identical intra-service time and slightly shorter total time, and
- 93351 *(Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional)*, which has a higher wRVU, identical intra-service time, and slightly less total time.

The surveyed code (10X12) has 10 more minutes of pre- and post-service time than 99203, which itself accounts for the wRVU difference of 0.21 wRVU's. As well, 10X12 has the same intra-service time as 93351, as well as more pre-service time, but a lower wRVU recommendation. We believe 10X12 is appropriately positioned in the RBRVS at the recommended value given these comparisons.

The surveyed code and the two MPC codes are listed in the table below for comparison.

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two Ultrasound guided codes, 10005 and 10006. When the pre- and post-time is removed from the add-on code, 10006, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.20 wRVU compared to the recommended wRVU and 25th percentile survey value of 1.00. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10X12.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Endocrinology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Pathology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 413148
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10005 provided nationally in a one-year period is estimated to be 413,148.

Specialty Endocrinology Frequency 144602 Percentage 35.00 %

Specialty Radiology Frequency 123944 Percentage 29.99 %

Specialty Pathology Frequency 20657 Percentage 4.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 137,716 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10005 is billed approximately 137,716 times in total for Medicare patients nationally in a one-year period

Specialty Endocrinology Frequency 48200 Percentage 34.99 %

Specialty Radiology	Frequency 41315	Percentage 30.00 %
Specialty Pathology	Frequency 6886	Percentage 5.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19083

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10006 Tracking Number G4 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **1.00**

CPT Descriptor: Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 59-year-old male presents with non-palpable nodules in both the left and right lobes of the thyroid previously identified by diagnostic ultrasound. After a FNA biopsy of the first lesion is performed (reported separately) using ultrasound guidance, an ultrasound-guided FNA biopsy is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The additional procedure and its purpose are explained to the patient, including potential complications. The differences between the subsequent procedure and the first FNA biopsy procedure are clarified for the patient. Informed consent is obtained.

A preliminary ultrasound is performed to identify the appropriate approach for the initial needle placement. Ultrasound is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, and to avoid vascular structures and non-target organs. Site is marked.

The patient is repositioned and reprepped. The biopsy site is cleansed with disinfectant. Local anesthesia is injected.

Using concurrent real-time ultrasound visualization, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent ultrasound visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically a total of 3 or 4 samples are acquired). Sample evaluated by cytopathologist to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

A report of the additional procedure is dictated for the medical record (which may be included in the report for 10X12). An addendum to the report is dictated when the final pathology results are received (which may be included in the report for 10X12). The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD; Swati Mehrotra, MD; Jonathan Myles, MD; Roger McLendon, MD; Felice A. Caldarella, MD FACP, CDE, FACE; Allan Glass, MD
Specialty(s):	American College of Radiology; Society of Interventional Radiology; American Society of Cytopathology; College of American Pathologists; American Association of Clinical Endocrinologists; The Endocrine Society
CPT Code:	10006
Sample Size: 8718	**Resp N:** 200 — **Response:** 2.2 %
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000, ASC - random sample of 1000, CAP - random sample of 2500 and AACE - random sample of 468, ES - random sample of 1000.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	59.00	4500.00
Survey RVW:	0.25	1.00	**1.50**	2.00	5.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**15.00**	24.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	10006	**Recommended Physician Work RVU: 1.00**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	0.00	0.00	0.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19084	ZZZ	1.55	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
10036	ZZZ	0.85	**RUC Time**

CPT Descriptor Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	131,261

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 23.0 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 10006	Top Key Reference CPT Code: 19084	2nd Key Reference CPT Code: 10036
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	15.00	20.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**25.00**	**14.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	52%	35%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	22%	63%	15%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	61%	35%
Physical effort required	9%	72%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	59%	24%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	60%	27%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	63%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	57%	40%
Physical effort required	7%	60%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	50%	37%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Ultrasound Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with ultrasound guidance were created by CPT.

- 10004 *(Fine needle aspiration biopsy, including ultrasound guidance; first lesion)* is an XXX global code, and
- 10006 *(Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 76942 *(Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation).*

Survey Process:
The American College of Radiology (ACR), Society of Interventional Radiology (SIR), American Society of Cytopathology (ASC), College of American Pathologists (CAP), American Association of Clinical Endocrinologists (AACE), and The Endocrine Society (ES) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. These societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend a work RVU of 1.00, which is the 25th percentile survey value and a decrease from the current code value of 1.31 wRVU.

Time Recommendation:
We recommend the median survey time of 15 minutes for the intra-service period.

Key Reference Services:
Our recommended work RVU and service period times fall between the three most commonly chosen key reference services (KRS):

- 19084 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure))*, chosen by 23% of respondents,
- 10036 *(Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure))*, chosen by 15% of respondents, and
- 19082 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,*

including stereotactic guidance (List separately in addition to code for primary procedure)), chosen by 15% of respondents.

The recommended time and work RVU for 10006 are best compared with 19084, an ultrasound guided breast lesion biopsy with placement of a localization device. Given the longer time and increased work of doing both an image guided biopsy then image guided localization device placement, 19084 is appropriately valued higher than 10006 with a slightly higher intensity.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion	0.85	14		14		0.061	ZZZ
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion	**1.00**	**15**		**15**		**0.067**	**ZZZ**
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	1.55	25	5	20		0.075	ZZZ
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	1.65	30	5	25		0.064	ZZZ

MPC Codes:

The surveyed code (10006) is bracketed by two other MPC codes with ZZZ global periods:

- 51797 *(Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure))* and
- 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)).*

Both MPC codes have 15 minutes of intra-service time as does the surveyed code, 10006. 51797 has a lower wRVU than the recommendation for the surveyed code; however, while it is an invasive procedure, there is no removal of tissue and so correspondingly less risk and complexity. Similarly, 64480 is also an invasive procedure, but is more technically demanding than the typical 10006 and so has an appropriately higher wRVU.

Family of FNA Codes:

Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below. We would like to directly quantify the relationship between the two Ultrasound guided codes, 10005 and 10006. When the pre- and post-time is removed from the add-on code, 10005, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.20 wRVU compared to the recommended wRVU and 25th percentile survey value of 1.00. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:

The survey results and comparisons with applicable codes support the recommended values for 10X13.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - [x] The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - [ ] Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - [ ] Multiple codes allow flexibility to describe exactly what components the procedure included.
   - [ ] Multiple codes are used to maintain consistency with similar codes.
   - [ ] Historical precedents.
   - [ ] Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code is typically reported with 10X12.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Endocrinology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Pathology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 45906
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X13 provided nationally in a one-year period is estimated to be 45,906.

Specialty Endocrinology Frequency 16067 Percentage 34.99 %

Specialty Radiology Frequency 13772 Percentage 30.00 %

Specialty Pathology Frequency 2295 Percentage 4.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,302
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10X13 is billed approximately 15,302 times in total for Medicare patients nationally in a one-year period

Specialty Endocrinology Frequency 5356 Percentage 35.00 %

Specialty Radiology Frequency 4590 Percentage 29.99 %

Specialty Pathology Frequency 765 Percentage 4.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19084

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10007 Tracking Number G5 Original Specialty Recommended RVU: **1.81**
Presented Recommended RVU: **1.81**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **1.81**

CPT Descriptor: Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old female presents with a lung lesion visible on chest radiographs. The patient undergoes a fluoroscopic-guided FNA biopsy of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained.

Description of Intra-Service Work: The patient is placed on a fluoroscopy table and positioned appropriately. Targeted fluoroscopy, including angulation of the image intensifier, is performed in order to identify the appropriate level and approach for the initial needle placement. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with fluoroscopic guidance. During needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional fluoroscopy is used to guide repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using fluoroscopic guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent fluoroscopic visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution for further pathology workup. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Description of Post-Service Work: A report of the procedure is dictated for the medical record. An addendum to the report is dictated when the final pathology results are received. The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology				
CPT Code:	10007				
Sample Size:	3750	**Resp N:** 31	**Response:** 0.8 %		
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**10.00**	23.00	100.00
Survey RVW:	1.70	2.23	**2.50**	3.05	4.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	20.00	**27.00**	35.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10007	**Recommended Physician Work RVU: 1.81**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**27.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC’s MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99318	XXX	1.71	**RUC Time**	116,304

CPT Descriptor 1 Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99221	XXX	1.92	**RUC Time**	1,879,723

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 45.1 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 25.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 10007	Top Key Reference CPT Code: 32555	2nd Key Reference CPT Code: 99205
Median Pre-Service Time	10.00	22.00	7.00
Median Intra-Service Time	27.00	20.00	45.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**47.00**	**57.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	29%	36%	36%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	21%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	29%	64%
Physical effort required	0%	36%	64%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	25%	25%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	25%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Fluoroscopy Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with fluoroscopic guidance were created by CPT.

- 10007 *(Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion)* is an XXX global code, and
- 10008 *(Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77002 *(Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)).*

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

<u>**10007**</u>

Work RVU Recommendations:
We recommend a work RVU of 1.81, which is the current value, and far below the 25th percentile survey value of 2.23 wRVU.

Time Recommendation:
We recommend the median survey times of 10 minutes pre-service, 27 minutes intra-service, and 10 minutes post-service, for a total time of 47 minutes.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance),* chosen by 45% of respondents, and
- 99205 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family),* chosen by 26% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate XXX global procedure codes to compare with this newly bundled service. Additionally, since the imaging guidance was bundled into these new codes, it was unavailable as a comparison for the survey respondents.

The survey respondents' selection of 32555 as the most appropriate KRS is also reflected in the 25th percentile and median wRVU values from the survey, which were 2.23 and 2.50, respectively. In the absence of compelling evidence, we feel that recommending the current value is the most appropriate action. Though this value is lower than the survey responses indicated, it maintains relativity with the other FNA biopsy family codes and MPC codes as detailed below.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	57	22	20	15	0.076	000
10007	**Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion**	**1.81**	**47**	**10**	**27**	**10**	**0.050**	**XXX**
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	3.17	67	7	45	15	0.059	XXX

MPC Codes:
The surveyed code (10007) is compares favorably to two non-radiology MPC codes with XXX global periods:

- 99318 *(Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the*

nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.), and

- 99221 *(Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.).*

Both of the MPC codes are evaluation and management codes. 99221 has a higher intra-service period time of 30 minutes compared with 27 minutes for the surveyed code, 10007. 99318 has the same intra-service period and total times as the surveyed code. Given that 10007 is an invasive procedure, we feel it is appropriately valued slightly higher than 99318 and slightly lower than 99221 given the longer intra-service time for 99221.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision	1.71	47	10	27	10	0.047	XXX

	making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.							
10007	**Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion**	**1.81**	**47**	**10**	**27**	**10**	**0.050**	**XXX**
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	1.92	50	10	30	10	0.049	XXX

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two Fluoroscopic guided codes, 10007 and 10008. When the pre- and post-time is removed from the add-on code, 10008, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.36 wRVU compared to the recommended wRVU and current value of 1.18. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10007.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77002

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10329
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X14 provided nationally in a one-year period is estimated to be 10,329.

Specialty Diagnostic Radiology Frequency 5164 Percentage 49.99 %

Specialty Interventional Radiology Frequency 3099 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,443
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10X14 is billed approximately 3,443 times in total for Medicare patients nationally in a one-year period

Specialty Diagnostic Radiology Frequency 1721 Percentage 49.98 %

Specialty Interventional radiology Frequency 1033 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19081

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10008 Tracking Number G6 Original Specialty Recommended RVU: **1.18**
Presented Recommended RVU: **1.18**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **1.18**

CPT Descriptor: Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 79-year-old male is found to have two lung lesions on chest radiographs.
After a fluoroscopic-guided FNA biopsy of the first lesion is performed (reported separately), a fluoroscopic-guided FNA biopsy is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The additional procedure and its purpose are explained to the patient, including potential complications. The differences between the subsequent procedure and the first FNA biopsy procedure are clarified for the patient. Informed consent is obtained.

The patient is repositioned on the fluoroscopy table. Targeted fluoroscopy, including angulation of the image intensifier, is performed in order to identify the appropriate level and approach for the initial needle placement. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with fluoroscopic guidance. During needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional fluoroscopy is used to guide repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using fluoroscopic guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent fluoroscopic visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

A report of the additional procedure is dictated for the medical record (which may be included in the report for 10X14). An addendum to the report is dictated when the final pathology results are received (which may be included in the report for

10X14). The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology				
CPT Code:	10X15				
Sample Size: 3750	**Resp N:** 31	**Response:** 0.8 %			
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**2.00**	15.00	200.00
Survey RVW:	1.00	1.50	**1.80**	2.14	4.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	15.00	**20.00**	25.00	36.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code: 10X15	**Recommended Physician Work RVU: 1.18**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19084	ZZZ	1.55	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52442	ZZZ	1.20	**RUC Time**	19,726

CPT Descriptor 1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
19086	ZZZ	1.82	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 19.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 10X15	Top Key Reference CPT Code: 19082	2nd Key Reference CPT Code: 19084
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	20.00	25.00	20.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**30.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	50%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	83%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	50%	17%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Fluoroscopy Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with fluoroscopic guidance were created by CPT.

- 10007 *(Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion)* is an XXX global code, and
- 10008 *(Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77002 *(Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)).*

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendations:
We recommend a work RVU of 1.18, which is the current value, and far below the 25th percentile survey value of 1.50 wRVU.

Time Recommendation:
We recommend the median survey time of 20 minutes for the intra-service period.

Key Reference Services:
Our recommended work RVU and service period times fall between the three most commonly chosen key reference services (KRS):

- 19082 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)),* chosen by 19% of respondents,
- 19084 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)),* chosen by 19% of respondents, and
- 19086 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,*

including magnetic resonance guidance (List separately in addition to code for primary procedure)), chosen by 16% of respondents.

The recommended time and work RVUs for 10008 are best compared with 19082, a stereotactic guided breast lesion biopsy with placement of a localization device. Given the longer time and increased work of doing both an image guided biopsy and then image guided localization device placement, 19082 is appropriately valued higher than 10008 with a slightly higher intensity.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10008	**Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion**	**1.18**	**20**		**20**		**0.059**	**ZZZ**
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	1.55	25	5	20		0.075	ZZZ
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	1.65	30	5	25		0.064	ZZZ
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	1.82	43	5	38		0.046	ZZZ

MPC Codes:

The surveyed code (10008) compares well with two other MPC codes with ZZZ global periods:

- 52442 (*Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)*); and
- 64480 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level) (List separately in addition to code for primary procedure)).*

The surveyed code, 10008, has a recommended value below both MPC codes, which are valued at 1.20 wRVU. 64480 has a higher wRVU than the recommendation for the surveyed code, but a lower intra-service time of only 15 minutes compared to 20 minutes for 10008. This is appropriate given the higher complexity, technical difficulty, and more intense work of performing 64480 compared to the typical 10008.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10008	**Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion**	**1.18**	**20**		**20**		**0.059**	**ZZZ**
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level	1.20	15		15		0.080	ZZZ
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant	1.20	25		25		0.048	ZZZ

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two Fluoroscopic guided codes, 10X14 and 10008. When the pre- and post-time is removed from the add-on code, 10008, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.36 wRVU compared to the recommended wRVU and current value of 1.18. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10008.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code is typically reported with 10X14.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77002

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1149
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X15 provided nationally in a one-year period is estimated to be 1,149.

Specialty Diagnostic Radiology Frequency 575 Percentage 50.04 %

Specialty Interventional Radiology Frequency 345 Percentage 30.02 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 383 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10X15 is billed approximately 383 times in total for Medicare patients nationally in a one-year period

Specialty Diagnostic Radiology Frequency 192 Percentage 50.13 %

Specialty Interventional Radiology Frequency 115 Percentage 30.02 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19082

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10009 Tracking Number G7 Original Specialty Recommended RVU: **2.43**
Presented Recommended RVU: **2.43**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **2.43**

CPT Descriptor: Fine needle aspiration biopsy, including CT guidance; first lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male presents with a lesion in the left lung on prior chest CT. The patient undergoes a CT-guided FNA biopsy of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained.

Description of Intra-Service Work: Targeted CT is performed to identify the appropriate approach for the initial needle placement. The patient is repositioned as necessary to facilitate the safest CT guided access to the lesion. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with CT guidance. CT guidance is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, avoiding vascular structures and non-target organs. During needle placement, intermittent CT is used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional CT guidance is used to facilitate repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using CT guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent CT visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies.

Description of Post-Service Work: A report of the procedure is dictated for the medical record. An addendum to the report is dictated when the final pathology results are received. The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology;				
CPT Code:	10X16				
Sample Size: 3750	**Resp N:** 91	**Response:** 2.4 %			
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	20.00	**40.00**	80.00	300.00
Survey RVW:	1.20	2.43	**2.85**	3.23	8.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**35.00**	45.00	90.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10X16	**Recommended Physician Work RVU: 2.43**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**12.00**	**0.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	10,162,554

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95810	XXX	2.50	**RUC Time**	308,090

CPT Descriptor 2 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 36.2 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 27.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 10X16	Top Key Reference CPT Code: 32555	2nd Key Reference CPT Code: 99205
Median Pre-Service Time	15.00	22.00	7.00
Median Intra-Service Time	35.00	20.00	45.00
Median Immediate Post-service Time	12.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**62.00**	**57.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	6%	42%	48%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	18%	79%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	6%	91%
Physical effort required	3%	21%	76%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	15%	82%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	16%	36%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	24%	36%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	12%	88%
Physical effort required	4%	36%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

CT Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with CT guidance were created by CPT.

- 10009 *(Fine needle aspiration biopsy, including CT guidance; first lesion)* is an XXX global code, and
- 10010 *(Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77012 *(Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation).*

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

10009

Work RVU Recommendations:
We recommend a work RVU of 2.43, which is the current value, and equal to the 25th percentile survey value.

However, 77012, the CT guidance code, was just valued at the April 2017 RUC meeting at 1.50 wRVU compared with the current value of 1.16. This recommendation therefore reflects a discount of 0.34 wRVU over what would have been the combined values of 10022 (FNA biopsy) and the new value for 77012 (CT guidance for needle placement) pending CMS review.

Time Recommendation:
We recommend the median survey times of 15 minutes pre-service, 35 minutes intra-service, and 12 minutes post-service, for a total time of 62 minutes.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance),* chosen by 36% of respondents, and
- 99205 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high*

severity. Typically, 60 minutes are spent face-to-face with the patient and/or family), chosen by 27% of respondents.

32555 has 15 fewer minutes of intra-service period time, but longer pre- and post-service period times than the surveyed code, 10009. We believe the recommendation for 10009 is appropriately valued higher than 32555 based on the surveyed times and the fact that the most commonly performed procedures with 10009 will be more complex and technically demanding than 32555. This is also reflected by the recent increase of wRVU for 77012, the CT imaging guidance code bundled into 10009. 77012 was recently increased from 1.16 to 1.50 at the April 2017 RUC meeting due to the change in patients and the complexity of procedures now performed with 77012.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	57	22	20	15	0.076	000
10009	**Fine needle aspiration biopsy, including CT guidance; first lesion**	**2.43**	**62**	**15**	**35**	**12**	**0.052**	**XXX**
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	3.17	67	7	45	15	0.060	XXX

MPC Codes:
The surveyed code (10009) is compares favorably to two non-radiology MPC codes with XXX global periods:

- 99204 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.)*, and
- 95810 *(Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist).*

The surveyed code, 10009, has the same recommended value as 99204, but has 5 more minutes of intra-service time and 12 total minutes more pre- and post-service period time. The recommended value of 10009 is slightly lower than 95810, which is appropriate given the 4.5 more minutes of intra- and post-service time in 95810.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	2.43	45	5	30	10	0.070	XXX
10009	**Fine needle aspiration biopsy, including CT guidance; first lesion**	**2.43**	**62**	**15**	**35**	**12**	**0.052**	**XXX**
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2.50	66.5	15	36.5	15	0.050	XXX

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two CT guided codes, 10009 and 10010. When the pre- and post-time is removed from the add-on code, 10009, at the 0.0224 RVU/minute rate, the expected value of 10X17, the add-on code, would be 1.83 wRVU compared to the recommended wRVU of 1.65. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10009.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 92958
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X16 provided nationally in a one-year period is estimated to be 92,958.

Specialty Interventional Radiology Frequency 46480 Percentage 50.00 %

Specialty Diagnostic Radiolgoy Frequency 27887 Percentage 29.99 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30,986
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please

explain the rationale for this estimate. The specialities estimates that CPT code 10X16 is billed approximately 30, 986 times in total for Medicare patients nationally in a one-year period

Specialty Interventional Radiology Frequency 15493 Percentage 50.00 %

Specialty Diagnostic Radiology Frequency 9296 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19081

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10010 Tracking Number G8 Original Specialty Recommended RVU: **1.65**
Presented Recommended RVU: **1.65**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **1.65**

CPT Descriptor: Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male is found to have two lung lesions on prior chest CT.
After a CT-guided FNA biopsy of the first lesion is performed (reported separately), a CT-guided FNA biopsy is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The additional procedure and its purpose are explained to the patient, including potential complications. The differences between the subsequent procedure and the first FNA biopsy procedure are clarified for the patient. Informed consent is obtained.

The patient is repositioned on the CT scanner as needed. Targeted CT is performed in order to identify the appropriate level and approach for the initial needle placement. The patient is repositioned as necessary to facilitate the safest CT guided access to the lesion. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with CT guidance. CT guidance is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, avoiding vascular structures and non-target organs. During needle placement, intermittent CT is used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional CT guidance is used to facilitate repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using CT guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent CT visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies.

A report of the additional procedure is dictated for the medical record (which may be included in the report for 10X16). An addendum to the report is dictated when the final pathology results are received (which may be included in the report for 10X16). The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology				
CPT Code:	10010				
Sample Size:	3750	**Resp N:** 91	**Response:** 2.4 %		
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**8.00**	15.00	100.00
Survey RVW:	0.70	1.65	**2.00**	2.73	8.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	18.00	**25.00**	30.00	95.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	10010	**Recommended Physician Work RVU: 1.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19086	ZZZ	1.82	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	507,119

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 25.2 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 16.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 10010	Top Key Reference CPT Code: 19086	2nd Key Reference CPT Code: 19082
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	25.00	38.00	25.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**43.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	48%	35%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	52%	48%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	43%	57%

Physical effort required	0%	48%	52%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	35%	65%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	27%	47%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	33%	47%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	7%	40%	53%
Physical effort required	7%	60%	33%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	27%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had

recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

CT Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with CT guidance were created by CPT.

- 10009 *(Fine needle aspiration biopsy, including CT guidance; first lesion)* is an XXX global code, and
- 10010 *(Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77012 *(Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation).*

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendations:
We recommend a work RVU of 1.65, which is equal to the 25th percentile survey value.

Time Recommendation:
We recommend the median survey time of 25 minutes for the intra-service period.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 19086 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure))*, chosen by 25% of respondents.
- 19082 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)),* chosen by 16% of respondents

The recommended time and work RVU for 10010 are best compared with 19082, a stereotactic guided breast lesion biopsy with placement of a localization device, which has identical intra service time, similar total time, and an identical RVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10010	**Fine needle aspiration biopsy, including CT guidance; each additional lesion**	**1.65**	**25**		**25**		**0.066**	**ZZZ**
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	1.65	30	5	25		0.064	ZZZ
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	1.82	43	5	38		0.046	ZZZ

MPC Codes:
The surveyed code (10010) is between two other MPC codes with ZZZ global periods:

- 64480 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure))*, and
- 99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))*.

There is a broad range of value between 64480 and 99292, from 1.20 to 2.25. The recommended value for 10010 is closer to 64480, but at 25 minutes of intra-service time, the time spent on 10010 is closer to 99292, which has a much higher wRVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	1.20	15		15		0.080	ZZZ
10010	**Fine needle aspiration biopsy, including CT guidance; each additional lesion**	**1.65**	**25**		**25**		**0.066**	**ZZZ**
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	2.25	30		30		0.075	ZZZ

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two CT guided codes, 10009 and 10010. When the pre- and post-time is removed from the base code, 10009, at the 0.0224 RVU/minute rate, the expected value of 10010, the add-on code, would be 1.83 wRVU compared to the recommended wRVU of 1.65. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10010.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code is typically reported with 10X16.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10329
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10010 provided nationally in a one-year period is estimated to be 10,329.

Specialty Interventional Radiology Frequency 5165 Percentage 50.00 %

Specialty Diagnostic Radiology Frequency 3099 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,443
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10010 is billed approximately 3,443 times in total for Medicare patients nationally in a one-year period

Specialty Interventional Radiology Frequency 1722 Percentage 50.01 %

Specialty Diagnostic Radiology Frequency 1033 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19082

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	**ISSUE: Fine Needle Aspiration**																								
14	**TAB: 4**																								
15								RVW			Total	PRE-TIME					INTRA-TIME			IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
17	1st REF	32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	43	0.054			1.82			56	13	3	5			20			15					
18	2nd REF	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A	12	0.047			1.50			40	5					25			10					
19	Aug-95	10021	Fine needle aspiration; without imaging guidance		0.034			1.27			48	21					17			10					
20	SVY	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	158	0.073	0.25	1.20	1.50	2.00	5.00	33	10			2	8	15	20	60	8	0	10	20	48	450
21	AAOHNS	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	85	0.116	0.40	1.20	1.50	1.90	5.00	25	10			2	5	10	15	30	5	0	10	20	25	200
22	AACE	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	12	0.081	0.25	1.16	1.67	2.03	2.50	35	10			7	13	15	20	30	10	0	0	4	9	100
23	ES	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	5	0.070	0.56	1.50	1.80	1.82	2.40	38	8			5	15	20	20	45	10	1	3	4	5	12
24	ASC	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	38	0.047	0.75	1.21	1.68	2.00	4.22	46	10			8	16	26	35	60	10	4	14	28	100	450
25	CAP	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	18	0.047	0.60	1.50	1.70	2.15	3.00	48	10			10	17	25	34	55	13	10	12	20	50	300
26	REC				0.053			1.20			33	10					15			8					
27																									
28																									
29																									
30								RVW			Total	PRE-TIME					INTRA-TIME			IMMD	SURVEY EXPERIENCE				
31	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
32	1st REF	88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	21	0.048			1.19			25						25								
33	2nd REF	10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	12	0.061			0.85			14						14								
34	Aug-95	10021	Fine needle aspiration; without imaging guidance		0.034			1.27			48	21					17			10					
35	SVY	+10004	each additional lesion (List separately in addition to code for primary procedure)	125	0.082	0.20	0.80	1.15	1.50	10.00	14				3	9	14	20	60		0	2	5	20	200
36	AAOHNS	10004	each additional lesion (List separately in addition to code for primary procedure)	61	0.100	0.20	0.75	1.00	1.50	10.00	10				3	5	10	15	25		0	2	5	10	100
37	AACE	10004	each additional lesion (List separately in addition to code for primary procedure)	11	0.151	0.25	0.68	1.51	1.91	2.50	10				3	6	10	19	30		0	0	0	1	15
38	ES	10004	each additional lesion (List separately in addition to code for primary procedure)	3	0.087	0.85	1.08	1.30	1.48	1.65	15				15	15	15	15	15		0	0	0	0	0
39	ASC	10004	each additional lesion (List separately in addition to code for primary procedure)	35	0.065	0.50	1.00	1.30	1.50	4.22	20				8	15	20	32	60		0	3	14	35	200
40	CAP	10004	each additional lesion (List separately in addition to code for primary procedure)	15	0.083	0.60	1.15	1.41	1.73	1.90	17				7	12	17	30	35		0	4	9	23	150
41	REC				0.057			0.80			14						14								
42																									
43																									
44																									
45								RVW			Total	PRE-TIME					INTRA-TIME			IMMD	SURVEY EXPERIENCE				
46	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
47	1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	91	0.076			2.27			57	13	3	6			20			15					
48	2nd REF	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	19	0.038			0.56			18	4					10			4					
49	Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
50	Apr-14	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
51	SVY	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	203	0.091	0.25	1.63	2.25	2.50	5.00	39	10			1	15	20	30	90	9	0	25	70	150	4500
52	ACR - SVY	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	99	0.098	0.50	1.93	2.25	2.50	5.00	33	8			1	15	20	27	60	5	5	25	50	114	1800
53	ACR - Targeted	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	75	0.096	0.50	1.98	2.27	2.50	5.00	36	10			6	15	20	28	45	6	5	30	53	150	1800
54	ACR - Random	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	24	0.093	0.60	1.55	2.10	2.33	3.10	31	6			1	15	20	23	60	5	10	20	50	102	250
55	SIR	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	20	0.098	0.75	1.94	2.29	2.51	3.50	35	10			8	15	20	26	60	5	0	25	75	163	350
56	AACE	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	37	0.073	0.25	1.40	1.90	2.50	4.00	40	10			5	17	20	30	60	10	0	48	98	200	4500
57	ES	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	13	0.048	0.37	0.92	1.65	2.27	2.80	45	10			7	15	25	25	55	10	0	5	30	150	600
58	ASC	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	25	0.053	0.90	1.59	2.25	2.70	3.17	60	15			8	26	30	45	90	15	12	40	100	280	1500
59	CAP	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	9	0.043	0.85	1.42	1.50	2.20	3.17	44	10			15	17	25	60	62	9	5	25	100	300	1000
60	REC				0.060			1.63			39	10					20			9					
61																									
62																									
63																									

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	ISSUE: Fine Needle Aspiration																								
14	TAB: 4																								
64						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
65	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
66	1st REF	19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when	46	0.075			1.55			25		1	4			20								
67	2nd REF	10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each	30	0.061			0.85			14						14								
68	3rd REF	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when	29	0.064			1.65			30		1	4			25								
69	Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
70	Apr-14	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
71	SVY	+10006	each additional lesion (List separately in addition to code for primary procedure)	200	0.100	0.25	1.00	1.50	2.00	5.00	15				1	10	15	24	60		0	10	25	59	4500
72	ACR - SVY	10006	each additional lesion (List separately in addition to code for primary procedure)	99	0.100	0.25	1.00	1.50	2.00	4.00	15				1	10	15	20	52		0	10	20	45	700
73	ACR - Targeted	10006	each additional lesion (List separately in addition to code for primary procedure)	75	0.100	0.50	1.00	1.50	2.10	4.00	15				2	10	15	20	45		0	10	20	50	700
74	ACR - Random	10006	each additional lesion (List separately in addition to code for primary procedure)	24	0.112	0.25	0.94	1.46	1.58	2.00	13				1	10	13	16	52		2	5	15	26	150
75	SIR	10006	each additional lesion (List separately in addition to code for primary procedure)	20	0.180	0.55	1.44	1.80	2.10	3.50	10				4	10	10	16	30		0	9	35	81	150
76	AACE	10006	each additional lesion (List separately in addition to code for primary procedure)	35	0.094	0.25	0.90	1.50	1.81	5.00	16				5	10	16	25	60		0	15	30	59	4500
77	ES	10006	each additional lesion (List separately in addition to code for primary procedure)	12	0.071	0.50	0.78	1.28	1.61	1.70	18				5	12	18	25	60		0	0	10	56	120
78	ASC	10006	each additional lesion (List separately in addition to code for primary procedure)	25	0.055	0.50	1.25	1.65	2.00	2.90	30				8	20	30	35	60		2	15	50	100	800
79	CAP	10006	each additional lesion (List separately in addition to code for primary procedure)	9	0.065	0.85	1.19	1.42	1.50	2.67	22				10	16	22	60	60		1	10	25	127	250
80	REC				0.067			1.00			15						15								
81																									
82																									
83																									
84						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
85	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
86	1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	14	0.076			2.27			57	13	3	6			20			15					
87	2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	8	0.059			3.17			67	7					45			15					
88	Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
89	Oct-15	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15								
90	SVY	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	31	0.076	1.70	2.23	2.50	3.05	4.00	47	10			8	20	27	35	60	10	0	5	10	23	100
91	ACR - SVY	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	22	0.062	1.70	2.21	2.45	3.08	3.80	56	11			15	20	30	35	50	15	0	4	13	24	100
92	ACR - Targeted	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	17	0.067	1.70	2.28	2.80	3.10	3.80	65	15			15	20	30	36	50	20	0	2	10	25	100
93	ACR - Random	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	5	0.056	2.10	2.20	2.20	2.27	2.31	46	5			20	21	35	35	35	6	10	10	15	20	25
94	SIR	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	9	0.103	1.90	2.27	2.50	3.00	4.00	40	10			8	20	20	30	60	10	0	5	5	15	100
95	REC				0.050			1.81			47	10					27			10					
96																									
97																									
98																									
99						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
100	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
101	1st REF	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,	6	0.064			1.65			30		1	4			25								
102	2nd REF	19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,	6	0.075			1.55			25		1	4			20								
103	3rd REF	19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,	5	0.046			1.82			43		1	4			38								
104	Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
105	Oct-15	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15								
106	SVY	+10008	each additional lesion (List separately in addition to code for primary procedure)	31	0.090	1.00	1.50	1.80	2.14	4.00	20				7	15	20	25	36		0	0	2	15	200
107	ACR - SVY	10008	each additional lesion (List separately in addition to code for primary procedure)	22	0.080	1.00	1.50	1.60	2.00	3.41	20				10	15	20	27	36		0	0	2	10	200
108	ACR - Targeted	10008	each additional lesion (List separately in addition to code for primary procedure)	17	0.090	1.00	1.40	1.80	2.30	3.41	20				10	15	20	30	36		0	0	1	5	200
109	ACR - Random	10008	each additional lesion (List separately in addition to code for primary procedure)	5	0.076	1.50	1.50	1.51	1.60	1.82	20				20	20	20	21	25		2	6	20	20	20
110	SIR	10008	each additional lesion (List separately in addition to code for primary procedure)	9	0.098	1.50	1.75	1.95	2.27	4.00	20				7	10	20	22	30		0	0	0	20	100
111	REC				0.059			1.18			20						20								
112																									
113																									

SS Rec Summary

ISSUE: Fine Needle Aspiration

TAB: 4

Row	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
117	1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	33	0.076			2.27			57	13	3	6			20			15					
118	2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	25	0.059			3.17			67	7					45			15					
119	Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
120	CMS/Other	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		#DIV/0!			1.16			22														
121	Apr-17	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		0.030			1.50			55	15					35			5					
122	SVY	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	91	0.064	1.20	2.43	2.85	3.23	8.00	62	15			10	25	35	45	90	12	0	20	40	80	300
123	ACR - SVY	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	72	0.063	1.30	2.44	2.87	3.21	6.00	65	15			15	29	35	45	90	15	0	18	40	60	300
124	ACR - Targeted	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	59	0.064	1.30	2.48	2.90	3.31	6.00	65	15			15	28	35	45	90	15	0	20	50	73	300
125	ACR - Random	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	13	0.058	1.50	2.27	2.71	2.98	3.20	62	15			15	30	37	45	60	10	2	12	20	30	100
126	SIR	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	19	0.080	1.20	2.39	2.80	3.35	8.00	53	15			10	20	28	40	60	10	0	30	70	100	250
127	REC				0.052			2.43			62	15					35			12					

Row	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
133	1st REF	19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,	23	0.046			1.82			43		1	4			38								
134	2nd REF	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,	15	0.064			1.65			30		1	4			25								
135	Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
136	CMS/Other	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		#DIV/0!			1.16			22														
137	Apr-17	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		0.030			1.50			55	15					35			5					
138	SVY	+10010	each additional lesion (List separately in addition to code for primary procedure)	91	0.080	0.70	1.65	2.00	2.73	8.00	25				8	18	25	30	95		0	2	8	15	100
139	ACR - SVY	10010	each additional lesion (List separately in addition to code for primary procedure)	72	0.080	0.80	1.59	2.00	2.66	3.90	25				8	19	25	35	95		0	2	7	15	100
140	ACR - Targeted	10010	each additional lesion (List separately in addition to code for primary procedure)	59	0.080	1.20	1.58	2.00	2.80	3.90	25				8	19	25	36	80		0	1	5	15	100
141	ACR - Random	10010	each additional lesion (List separately in addition to code for primary procedure)	13	0.076	0.80	1.70	1.90	2.10	3.10	25				10	20	25	31	95		0	5	8	10	20
142	SIR	10010	each additional lesion (List separately in addition to code for primary procedure)	19	0.100	0.70	1.81	2.00	2.88	8.00	20				8	15	20	29	40		0	4	10	23	100
143	REC				0.066			1.65			25						25								

Row	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
152	1st REF				#DIV/0!						0														
153	2nd REF				#DIV/0!						0														
154	Apr-14	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
155	SVY	76942	Ultrasonic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), imaging supervision and interpretation		#DIV/0!						0														
156	REC				0.027			0.67			27	7					15			5					

Row	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
161	1st REF				#DIV/0!						0														
162	2nd REF				#DIV/0!						0														
163	Oct-15	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15								
164	SVY	77002	Fluoroscopic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device) (List separately in addition to code for primary procedure)		#DIV/0!						0														
165	REC				0.033			0.54			17		2				15								

Row	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
170	1st REF				#DIV/0!						0														
171	2nd REF				#DIV/0!						0														
172	CMS/Other	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		#DIV/0!			1.16			22														

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	**ISSUE: Fine Needle Aspiration**																								
14	**TAB: 4**																								
173	**Apr-17**	**77012**	**Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**		**0.030**			**1.50**			**55**	**15**					**35**			**5**					
174	**SVY**	**77012**	**Computed tomography guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), radiological supervision and interpretation**		**#DIV/0!**						**0**														
175	**REC**				**0.030**			**1.50**			**55**	**15**					**35**			**5**					
176																									

CPT Code 1	Mod 1	CPT Code 2	Mod 2	Same Bene	CPT 1 Count	t Billed Together
10021		99213		197	1187	17%
10021		ALONE		195	1187	16%
10021		88173	26	183	1187	15%
10021		88172	26	167	1187	14%
10021		99203		150	1187	13%
10021		99204		117	1187	10%
10021		99214		104	1187	9%
10021		88305	26	101	1187	9%
10021		31575		85	1187	7%
10021		99212		42	1187	4%
10021		88342	26	39	1187	3%
10021		88173		31	1187	3%
10021		88172		30	1187	3%
10021		99205		28	1187	2%
10021		88341	26	27	1187	2%
10021		88177	26	24	1187	2%
10021		99202		19	1187	2%
10021		88305		17	1187	1%
10021		88313	26	15	1187	1%
10021		76536		14	1187	1%
10021		99201		14	1187	1%
10021		99215		14	1187	1%
10021		88360	26	11	1187	1%
10022		19083		77	8174	1%
10022		20206		29	8174	0%
10022		20220		15	8174	0%
10022		20225		16	8174	0%
10022		20552		121	8174	1%
10022		20553		241	8174	3%
10022		20610		17	8174	0%
10022		20611		140	8174	2%
10022		27096		29	8174	0%
10022		29530		15	8174	0%
10022		31575		24	8174	0%
10022		32405		90	8174	1%
10022		32557		18	8174	0%
10022		38505		44	8174	1%
10022		47000		36	8174	0%
10022		49180		35	8174	0%
10022		60100		31	8174	0%
10022		64418		16	8174	0%
10022		64445		27	8174	0%
10022		64450		220	8174	3%
10022		76536		559	8174	7%
10022		76641		37	8174	0%

10022		76642		35	8174	0%
10022		76942		3407	8174	42%
10022		77012		21	8174	0%
10022		88172		248	8174	3%
10022		88173		179	8174	2%
10022		88177		46	8174	1%
10022		88305		102	8174	1%
10022		96372		19	8174	0%
10022		97024		11	8174	0%
10022		97140		25	8174	0%
10022		99144		97	8174	1%
10022		99145		32	8174	0%
10022		99201		67	8174	1%
10022		99202		71	8174	1%
10022		99203		227	8174	3%
10022		99204		281	8174	3%
10022		99205		70	8174	1%
10022		99211		30	8174	0%
10022		99212		293	8174	4%
10022		99213		751	8174	9%
10022		99214		265	8174	3%
10022		99215		54	8174	1%
10022		ALONE		355	8174	4%
10022		G0206		13	8174	0%
10022		G0283		37	8174	0%
10022		71010	26	98	8174	1%
10022		71020	26	12	8174	0%
10022		71035	26	26	8174	0%
10022		76536	26	262	8174	3%
10022		76641	26	15	8174	0%
10022		76642	26	20	8174	0%
10022		76942	26	3195	8174	39%
10022		76942	TC	26	8174	0%
10022		77012	26	570	8174	7%
10022		88172	26	98	8174	1%
10022		88173	26	77	8174	1%
10022		88177	26	23	8174	0%
10022		88305	26	47	8174	1%
10022		G0206	26	38	8174	0%

CPT Code 1	Mod 1	CPT Code 2	Mod 2	Same Bene	CPT 1 Count	Billed Together
10022		76942		3407	8174	42%
10022		76942	26	3195	8174	39%
10022		99213		751	8174	9%
10022		77012	26	570	8174	7%
10022		76536		559	8174	7%
10022		ALONE		355	8174	4%
10022		99212		293	8174	4%
10022		99204		281	8174	3%
10022		99214		265	8174	3%
10022		76536	26	262	8174	3%
10022		88172		248	8174	3%
10022		20553		241	8174	3%
10022		99203		227	8174	3%
10022		64450		220	8174	3%
10022		88173		179	8174	2%
10022		20611		140	8174	2%
10022		20552		121	8174	1%
10022		88305		102	8174	1%
10022		71010	26	98	8174	1%
10022		88172	26	98	8174	1%
10022		99144		97	8174	1%
10022		32405		90	8174	1%
10022		19083		77	8174	1%
10022		88173	26	77	8174	1%
10022		99202		71	8174	1%
10022		99205		70	8174	1%
10022		99201		67	8174	1%
10022		99215		54	8174	1%
10022		88305	26	47	8174	1%
10022		88177		46	8174	1%
10022		38505		44	8174	1%
10022		G0206	26	38	8174	0%
10022		76641		37	8174	0%
10022		G0283		37	8174	0%
10022		47000		36	8174	0%
10022		49180		35	8174	0%
10022		76642		35	8174	0%
10022		99145		32	8174	0%
10022		60100		31	8174	0%
10022		99211		30	8174	0%
10022		20206		29	8174	0%
10022		27096		29	8174	0%
10022		64445		27	8174	0%
10022		71035	26	26	8174	0%
10022		76942	TC	26	8174	0%
10022		97140		25	8174	0%

10022		31575		24	8174	0%
10022		88177	26	23	8174	0%
10022		77012		21	8174	0%
10022		76642	26	20	8174	0%
10022		96372		19	8174	0%
10022		32557		18	8174	0%
10022		20610		17	8174	0%
10022		20225		16	8174	0%
10022		64418		16	8174	0%
10022		20220		15	8174	0%
10022		29530		15	8174	0%
10022		76641	26	15	8174	0%
10022		G0206		13	8174	0%
10022		71020	26	12	8174	0%
10022		97024		11	8174	0%

CPT Code: 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010
Specialty Society: AAOHNS, AACE, ES, ASC, CAP, ACR and SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs – REVISED at Meeting

Meeting Date: October 2017

Global Period: XXX

CPT Long Descriptors:

●10021 Fine needle aspiration, without imaging guidance; first lesion

●10005 Fine needle aspiration, including ultrasound guidance; first lesion

●10007 Fine needle aspiration, including fluoroscopic guidance; first lesion

●10009 Fine needle aspiration, including CT guidance; first lesion

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Global Period: ZZZ

CPT Long Descriptors:

●+10004 Fine needle aspiration, without imaging guidance; each additional lesion
(List separately in addition to code for primary procedure)

●+10006 Fine needle aspiration, including ultrasound guidance; each additional lesion *(List separately in addition to code for primary procedure)*

●+10008 Fine needle aspiration, including fluoroscopic guidance; each additional lesion *(List separately in addition to code for primary procedure)*

●+10010 Fine needle aspiration, including CT guidance; each additional lesion
(List separately in addition to code for primary procedure)
[Note: This code only includes the additional work related to performing a CT-guided fine needle aspiration of the second lesion.

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   AAOHNS, AACE, ES, ASC, CAP, ACR and SIR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this family of fine needle aspiration services.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The multispecialty group included the existing direct practice expense inputs for the underlying CPT Codes. The multispecialty group also included the recently approved PE inputs for CPT Code 77012 (April 2017).

3. **Is this code(s) typically billed with an E/M service?**

   CPT Code 10021 "without imaging' is typically billed with an E/M service.
   The "with imaging" services are NOT typically billed with an E/M service.

4. **What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)**

   Current 10021 "without imaging" – all data 45% otolaryngology, NF data only 54% otolaryngology
   Current 10022 "with imaging" – all data 52% radiology, NF data only 41% endocrinology
   New coding "with imaging" FL, CT and MR radiology will be dominant provider

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   We have included 2 extra minutes of positioning time to X12, X14, X16 and X18. The extra positioning time is needed to position the patient to ensure the imaging equipment will work appropriately with their positioning.

6. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   The specialty societies are recommending supplies for the new FNA codes that are not in the existing/predecessor codes. Below is a detailed description of the supplies needed for these new FNA procedures. The specialties believe there is compelling evidence to change the direct inputs for the newly created codes based on change in technique, change in knowledge/technology and change from previous code-specific PE to newly applicable IR standards. See below:

	PE Compelling Evidence for Fine Needle Aspiration									
Components of PE Compelling Evidence	**10021**	**10004**	**10005**	**10006**	**10007**	**10008**	**10009**	**10010**		
• Evidence that patient poulation has changed.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**		
• Evidence that technology has changed clinical staff time.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**		
• Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.	**No**	**No**	**Yes**	**Yes**	**No**	**No**	**No**	**No**		

The increases in total clinical time are based on (1) physician work time and (2) the addition of a second clinical staff person to the flouro, CT and MR procedures to assist with imaging acquisition. The inclusion of a second clinical staff person to assist with image based intervention procedures is typical. That second person assists with the image acquisition. The existing model is to allocate 75% of a tech (specific type depending on procedure) and 25% at the lower rate of a nurse blend.

Based on the typical vignettes for these newly created codes, the specialties are requesting 3 needles/syringes (not 2). The typical number of passes will be 3-5.

Non-Imaging Guide – ENT Dominant Specialty in the NF setting. Clean procedure.

***Note compelling evidence is not required as the overall practice expense for these codes was reduced from existing inputs*

SA061 biopsy tray – *RATIONALE: replaces many of the itemized inputs that previously existed in the 10021 code.*

SB024 gloves, sterile – *RATIONALE: both the staff and the physician wear sterile gloves during the procedure. The staff needs gloves because they hand sterile instruments to the physician during the procedure.*
SB034 mask, surgical, with face shield – *RATIONALE: physician wears during procedure to protect against splatter of fluids.*

SB044 underpad 2ft x 3 ft (Chux) – *RATIONALE: protects patient and catches any fluid from the neck during the procedure.*

SC029 needle, 18-27 g – *RATIONALE: additional needles to what is in the tray are required, there are three in the tray – 2 are used for drawing up and injecting lidocaine, one is used for the first*

pass of the biopsy and these two additional needles are needed for the second and third pass of the biopsy. Three passes are the minimum typical number of passes performed to get a sufficient sample.
SC051 syringe 10-12 ml – *RATIONALE: additional syringes are needed beyond what is in the biopsy tray. A separate needle and syringe are needed for each pass on the same lesion to protect each sample.*

The items below were removed by the Panel during the practice expense presentation.

~~SB001 cap, surgical~~
~~SB004 cover, thermometer probe~~
~~SB012 drape, sterile, for Mayo stand~~
~~SB014 drape, sterile, three-quarter sheet~~
~~SB019 drape-towel, sterile 18in x 26in~~
~~SB026 gown, patient~~
~~SB027 gown, staff, impervious~~
SB034 mask, surgical, with face shield
~~SB039 shoe covers, surgical~~
~~SH030 Emla cream~~
~~SJ029 ice pack, instant~~
~~SJ041 povidone soln (Betadine)~~
~~SJ053 swab-pad, alcohol~~
~~SL154 alcohol ethyl 100%~~
~~SL180 phophate buffered saline (PBS)~~
~~SM018 gluteraldehyde 3.4% (Cidex, Maxcide, Wavicide)~~

U/S Code – Endocrinology Dominant in NF setting. Clean procedure.

SA048 pack, minimum multi-specialty

SA061 tray, biopsy procedure

SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,

SC029 needle, 18-27 g – Additional needles to what is in the tray are required, there are three in the tray – 2 are used for drawing up and injecting lidocaine, one is used for the first pass of the biopsy and these two additional needles are needed for the second and third pass of the biopsy. Three passes are the minimum typical number of passes performed to get a sufficient sample.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
*SB005 cover-condom, transducer or US probe: For U/S probe coverage. This must be sterile and protects the sterile field and protects the US probe.
*SJ089 ultrasound transmission gel, sterile (single use): For use during US guidance for acoustic coupling between probe and patient’s skin. Must be sterile.
SM012 disinfectant spray (transeptic) 10 ml

FLUORO Code – Radiology/IR Dominant in NF setting. Sterile procedure.

SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
*SB008 drape, sterile, c-arm, fluoro – For covering the Image intensifier/flat panel during the procedure to protect the sterility of the field.
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient's body. Fenestrated drape in biopsy kit is very small and doesn't allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

SC035 needle, Chiba: Biopsy needle. Each needle is used only once and it is typical to perform three or more passes on each lesion biopsied.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

CT Code – Radiology/IR Dominant in NF setting. Sterile procedure.

SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient’s body. Fenestrated drape in biopsy kit is very small and doesn’t allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

SC035 needle, Chiba: Biopsy needle. Each needle is used only once and it is typical to perform three or more passes on each lesion biopsied.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
*SD086 grid – Single use disposable item which is placed on the patient prior to and during biopsy planning to provide a reference on the skin to mark needle entry planned on CT imaging. Can be used only for the same patient for the base code and add-on code, then it is discarded.
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

MR Code – Radiology/IR Dominant in NF setting. Sterile procedure.
SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient’s body. Fenestrated drape in biopsy kit is very small and doesn’t allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

*NEW ITEM: MREYE CHIBA Biopsy Needle – This is a new item specifically for MR guided needle biopsy. This needle is MRI compatible and non-ferromagnetic. A typical steel Chiba needle is not MRI safe and cannot be used.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)

*SC022 mammotome probe guide – Cutaneous marker/guide which allows for marking the skin entry site and passively supporting/guiding the needle during repeated imaging acquisition/needle repositioning cycles.
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

SA061 tray, biopsy procedure
0.9% Sodium Chloride, 5mL: for flushing samples out of needles as needed.
Specimen tubes and caps (2): for samples in formalin, RPMI or phosphate buffered saline
Slides, fully frosted (2): for touch preps and smears
frosted end (2): for touch preps and smears
25 Ga x 5/8" needle: local anesthesia (superficial)
22 Ga x 1-1/2" needle: local anesthesia (deep)
18 Ga x 2" blunt needle: drawing up medications
10 cc Plastic Syringes, Luer Lock (2): (lidocaine or other solution delivery)
No. 11 scalpel assembly: skin nick for biopsy site
Needle stop: sharps management
PVP Swabsticks (triples): sterile prep
Alcohol Wipe: wiping medication vials before drawing up
1% Lidocaine HCl, 5 mL (2 ampules): local anesthesia
3" x 3" Gauze (3): cleaning small blood droplets
Disposable Towel: cleaning Povidone off skin post procedure
Fenestrated drape: site drape for biopsy
Puncture site bandage:
8" paper ruler: for measuring and planning puncture site.
Sterile indicator: the strip that comes in the pack confirming sterility
Hospital wrap: packaging

7. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

N/A

8. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

**activities related to "with imaging" procedures*

Pre-Service Clinical Labor Activities:
*Confirm availability of prior images/studies
*Review patient clinical extant information and questionnaire

Intra-Service Clinical Labor Activities:
Prepare room, equipment, supplies after consulting with MD
Patient is greeted, gowned and escorted into procedure room
Prepare and position patient on table
Clean prep performed and draping of target site
Ensure proper patient position for use of equipment

Assist physician (100% - hip to hip)
*Perform procedure (75% - related to imaging)
*Perform procedure (25% - floater)
Clean room/equipment by physician staff
Complete post-procedure diagnostic forms, lab and x-ray requisitions
Review/read post-procedure x-ray, lab and pathology reports
*Technologist archives and QC's images to/in PACS, checking for all images and dose page
*Review examination with interpreting MD
*Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue
Review home care instructions, coordinate visits/prescriptions

Post-Service Clinical Labor Activities:
N/A

9. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

For the fluoroscopy, CT and MR codes we have included a tech at 75% of the physician work time to perform the imaging acquisition portion of the procedure and a nurse blend at 25% of the physician work time as the floater.

10. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

N/A

11. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

N/A

12. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

CPT Code 10X18 MR FNA will need a MREYE CHIBA BIOPSY NEEDLE. The Chiba needle for MRI guided biopsy must be safe for the high magnetic field environment. In particular, in must not be ferromagnetic and therefore cannot be made from stainless steel. The MRI safe Chiba needle is made from a nonferromagnetic alloy. Copy of a paid invoice is attached. One needed $37.

13. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

N/A

14. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

EF015 Mayo Stand – default formula
EF023 Table, exam – default formula
EQ250 portable U/S – default formula
EL014 room, radiographic/fluoroscopic – default formula
EL007 CT room – highly technical formula
EL008 MR room – highly technical formula
ED050 PACS workstation proxy – PACS formula
ED053 Professional PACS – linked to physician work *(half of pre and all of intra)*

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:

The specialty societies are asking the PE subcommittee to reaffirm the direct practice expense inputs for CPT Codes 76942, 77002 and 77012.

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet - REVISED at MEETING					CURRENT		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		**Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*				**10021**		**10021**		**+10004**		**10022**		**76942**		**76942**		**10005**		**+10006**	
3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 11.75**	**$ -**	**$ 10.73**	**$ -**	**$ 5.18**	**$ -**	**$ 18.09**	**$ -**	**$ 14.79**	**$ -**	**$ 10.73**	**$ -**	**$ 15.17**	**$ -**	**$ 5.55**	**$ -**
23		**PRE-SERVICE PERIOD**						29		14		47		29		29		41		15	
24		**Start: Following visit when decision for surgery or procedure made**																			
25	CA001	Complete pre-service diagnostic and	L037D	RN/LPN/MTA	0.37																
26	CA002	Coordinate pre-surgery services	L037D	RN/LPN/MTA	0.37																
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37																
28	CA004	Provide pre-service education/obtain	L037D	RN/LPN/MTA	0.37																
29	CA005	Complete pre-procedure phone calls and	L037D	RN/LPN/MTA	0.37																
30	CA006	Confirm availability of prior	L037D	RN/LPN/MTA	0.37											2		2			
31	CA006	Confirm availability of prior	L051B	RN/Diagnostic	0.51									2							
32	CA006	Confirm availability of prior	L041B	Radiologic	0.41																
33	CA006	Confirm availability of prior	L046A	CT	0.46																
34	CA006	Confirm availability of prior	L047A	MRI	0.47																
35	CA007	Review patient clinical extant information	L037D	RN/LPN/MTA	0.37													2			
36	CA007	Review patient clinical extant information	L046A	CT	0.46																
37	CA007	Review patient clinical extant information	L047A	MRI	0.47																
38	CA007	Review patient clinical extant information	L041B	Radiologic	0.41																
39	CA007	Review patient clinical extant information	L041B	Radiologic	0.41																
40	CA008	Perform regulatory mandated quality	L037D	RN/LPN/MTA	0.37																
41			L037D	RN/LPN/MTA	0.37																
42			L037D	RN/LPN/MTA	0.37																
43			L037D	RN/LPN/MTA	0.37																
44		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
45		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
46		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
47		**End: When patient enters office/facility for surgery/procedure**																			

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet - REVISED at MEETING					CURRENT		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.				10021		10021		+10004		10022		76942		76942		10005		+10006	
3		RUC Collaboration Website				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37											2		4			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									2							
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									27							
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
18		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37																
19		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
48		SERVICE PERIOD																			
49		Start: When patient enters office/facility for surgery/procedure:																			
50		Pre-Service (of service period)																			
51	CA009	Greet patient, provide gowning, ensure	L037D	RN/LPN/MTA	0.37							2						2			
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37							3						3			
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	2		2				2						2			
54	CA012	Review requisition, assess for special	L037D	RN/LPN/MTA	0.37																
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic	0.51	2						5		2							
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic	0.41																
57	CA013	Prepare room, equipment and supplies	L046A	CT	0.46																
58	CA013	Prepare room, equipment and supplies	L047A	MRI	0.47																
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2								2		2			
60	CA013	Prepare room, equipment and supplies	I047A	MRI	0.47																
61	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37																
62	CA014	Confirm order, protocol exam	L041B	Radiologic	0.41																
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37																
64	CA016	Prepare, set-up and start IV, initial	L051B	RN/Diagnostic	0.51									2							
65	CA016	Prepare, set-up and start IV, initial	L037D	RN/LPN/MTA	0.37	2		2				2				2		2			
66	CA016	Prepare, set-up and start IV, initial	L041B	Radiologic	0.41																
67	CA016	Prepare, set-up and start IV, initial	L046A	CT	0.46																
68	CA016	Prepare, set-up and start IV, initial	L047A	MRI	0.47																
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37																
70		*Other activity: please include short*	I037D	RN/LPN/MTA	0.37																
71		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
72		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
73		Intra-service (of service period)																			
74	CA018	Assist physician or other qualified	L037D	RN/LPN/MTA	0.37	17		15		14		20						20		15	
75	CA018	Assist physician or other qualified	L051B	RN/Diagnostic	0.51																
76	CA018	Assist physician or other qualified	L041B	Radiologic	0.41																
77	CA018	Assist physician or other qualified	L046A	CT	0.46																
78	CA018	Assist physician or other qualified	L047A	MRI	0.47																
79	CA019	Assist physician or other qualified	L037D	RN/LPN/MTA	0.37																
80	CA020	Assist physician or other qualified	L037D	RN/LPN/MTA	0.37																
81	CA020	Assist physician or other qualified	L041B	Radiologic	0.41																
82	CA020	Assist physician or other qualified	L046A	CT	0.46																
83	CA020	Assist physician or other qualified	L047A	MRI	0.47																
84	CA021	Perform procedure/service---NOT directly	L041B	Radiologic	0.41																
85	CA021	Perform procedure/service---NOT directly	L047A	MRI	0.47																
86	CA021	Perform procedure/service---NOT directly	L051B	RN/Diagnostic	0.51									15							

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2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.				10021		10021		+10004		10022		76942		76942		10005		+10006	
3		RUC Collaboration Website				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37											2		4			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									2							
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									27							
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
18		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37																
19		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
87	CA021	Perform procedure/service---NOT directly	L037D	RN/LPN/MTA	0.37											15					
88		Other activity: please include short	L037D	RN/LPN/MTA	0.37																
89		Other activity: please include short	L037D	RN/LPN/MTA	0.37																
90		Other activity: please include short	L037D	RN/LPN/MTA	0.37																

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet - REVISED at MEETING					CURRENT		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		**Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*				**10021**		**10021**		**+10004**		**10022**		**76942**		**76942**		**10005**		**+10006**	
3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 4** **Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
91		**Post-Service (of service period)**																			
92	CA022	Monitor patient following	L037D	RN/LPN/MTA	0.37																
93	CA023	Monitor patient following	L037D	RN/LPN/MTA	0.37																
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic	0.51									3							
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3				3				3		3			
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	0.41																
97	CA024	Clean room/equipment by clinical staff	L047A	MRI	0.47																
98	CA025	Clean scope	L037D	RN/LPN/MTA	0.37																
99	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37																
100	CA027	Complete post-procedure diagnostic	L037D	RN/LPN/MTA	0.37	3		3													
101	CA028	Review/read post-procedure x-ray, lab	L037D	RN/LPN/MTA	0.37							2									
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	2		2				2						1			
103	CA030	Technologist QC's images in PACS,	L037D	RN/LPN/MTA	0.37											2					
104	CA030	Technologist QC's images in PACS,	L051B	RN/Diagnostic	0.51									2							
105	CA030	Technologist QC's images in PACS,	L046A	CT	0.46																
106	CA030	Technologist QC's images in PACS,	L047A	MRI	0.47																
107	CA030	Technologist QC's images in PACS,	L041B	Radiologic	0.41																
108	CA031	Review examination with interpreting	L046A	CT	0.46																
109	CA031	Review examination with interpreting	L047A	MRI	0.47																
110	CA031	Review examination with interpreting	L037D	RN/LPN/MTA	0.37											2					
111	CA031	Review examination with interpreting	L051B	RN/Diagnostic	0.51									2							
112	CA031	Review examination with interpreting	L041B	Radiologic	0.41																
113	CA032	Scan exam documents into PACS.	L037D	RN/LPN/MTA	0.37											1					
114	CA032	Scan exam documents into PACS.	L046A	CT	0.46																
115	CA032	Scan exam documents into PACS.	L051B	RN/Diagnostic	0.51									1							
116	CA032	Scan exam documents into PACS.	L047A	MRI	0.47																
117	CA032	Scan exam documents into PACS.	L041B	Radiologic	0.41																
118	CA033	Perform regulatory mandated quality	L037D	RN/LPN/MTA	0.37																
119	CA034	Document procedure (nonPACS) (e.g.	L037D	RN/LPN/MTA	0.37																
120	CA035	Review home care instructions,	L037D	RN/LPN/MTA	0.37							6						2			
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
122			L037D	RN/LPN/MTA	0.37																
123			L037D	RN/LPN/MTA	0.37																
124			L037D	RN/LPN/MTA	0.37																
125		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
126		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
127		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
128		**End: Patient leaves office**																			
129		**POST-SERVICE PERIOD**																			

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1		RUC Practice Expense Spreadsheet - REVISED at MEETING				CURRENT		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		**Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*				10021		10021		+10004		10022		76942		76942		10005		+10006	
3		RUC Collaboration Website				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
130		Start: Patient leaves office/facility																			
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37																
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37																
146		End: with last office visit before end of global period																			

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet - REVISED at MEETING					CURRENT		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.				10021		10021		+10004		10022		76942		76942		10005		+10006	
3		RUC Collaboration Website				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37											2		4			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									2							
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									27							
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
18		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37																
19		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
147	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT																	
148		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 26.51	$ -	$ 18.32	$ -	$ 0.86	$ -	$ 45.47	$ -	$ 2.71	$ -	$ 2.71	$ -	$ 21.80	$ -	$ 0.86	$ -
149	SA048	pack, minimum multi-specialty visit	1.143	pack														1			
150	SA061	tray, biopsy procedure	14.65	tray				1				1						1			
151	SB001	cap, surgical	0.209	item																	
152	SB004	cover, thermometer probe	0.038	item								1									
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item										1		1		1			
154	SB008	drape, sterile, c-arm, fluoro	4.504	item																	
155	SB012	drape, sterile, for Mayo stand	1.688	item		1															
156	SB014	drape, sterile, three-quarter sheet	3.83	item																	
157	SB019	drape-towel, sterile 18in x 26in	0.282	item																	
158	SB022	gloves, non-sterile	0.084	pair								1									
159	SB024	gloves, sterile	0.84	pair		2		2				2						2			
160	SB026	gown, patient	0.533	item								1									
161	SB027	gown, staff, impervious	1.186	item																	
162	SB030	lab coat, staff	4.522	item								2									
163	SB033	mask, surgical	0.196	item								1									
164	SB034	mask, surgical, with face shield	1.199	item				1										1			
165	SB039	shoe covers, surgical	0.338	pair																	
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item				1										1			
167	SC022	Mammotome probe guide	7	item																	
168	SC029	needle, 18-27g	0.089	item		2		2		3								2		3	
169	SC101	ultrasound needle	12.81	item																	
170	SC035	needle, Chiba	8.477	item								2									
171	SC051	syringe 10-12ml	0.184	item		2		2		3		3						2		3	
172	SD086	grids	0.11	item																	
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item		1				1										1	
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item		1															
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item		1															
176	SH030	Emla cream	2.089	gm		5															
177	SJ029	ice pack, instant	1.06	item																	
178	SJ033	lubricating jelly (Surgilube)	0.501	oz										4		4					
179	SJ041	povidone soln (Betadine)	0.008	ml								10									
180	SJ053	swab-pad, alcohol	0.013	item		4		1				4						1			

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2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.				10021		10021		+10004		10022		76942		76942		10005		+10006	
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6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37											2		4			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									2							
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
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13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									27							
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
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19		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71															1			
182	SK062	patient education booklet	1.55	item								1									
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item		1															
184	SL071	fixative spray	0.047	ml		0.20															
185	SL120	slide container (for 20 microscope slides)	6.652	item		1															
186	SL122	slide, microscope	0.055	item		4															
187	SL154	alcohol ethyl 100%	0.028	ml		60															
188	SL180	phosphate buffered saline (PBS)	0.025	ml		30															
189	SM012	disinfectant spray (Transeptic)	0.028	ml										10		10		10			
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz																	
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz								0.34									
192	SM021	sanitizing cloth-wipe (patient)	0.037	item										2		2					
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item																	
194																					

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
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2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.				10021		10021		+10004		10022		76942		76942		10005		+10006	
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4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																
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6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37											2		4			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									2							
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									27							
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
18		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37																
19		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
197	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute																
198		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 0.12	$ -	$ 0.12	$ -	$ 0.06	$ -	$ 0.06	$ -	$ 4.22	$ -	$ 4.22	$ -	$ 4.46	$ -	$ 1.81	$ -
199	EF023	table, exam	1338.17	Default	0.002976617	28		29		14								37		15	
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924									15		15					
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145									19		19					
202	EL007	room, CT	1284000	Highly Technical	4.865100588																
203	EL008	room, MR	1605000	Highly Technical	6.081375734																
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936																
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994									24		24		37		15	
206	EF015	mayo stand	530.76	Default	0.001180619	28		29		14		47						37		15	
207																					
208		Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A																			

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1		**RUC Practice Expense Spreadsheet - REVISED at MEET**	**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**	
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3		***RUC Collaboration Website***	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 18.09**	**$ -**	**$ 11.89**	**$ -**	**$ 11.89**	**$ -**	**$ 32.75**	**$ -**	**$ 18.25**	**$ -**	**$ 18.09**	**$ -**	**$ 14.72**	**$ -**	**$ 14.72**	**$ -**	**$ 42.76**	**$ -**	**$ 22.44**	**$ -**
23		**PRE-SERVICE PERIOD**	47		29		29		82		45		47		36		36		98		50	
24		**Start: Following visit when decision for s**																				
25	CA001	Complete pre-service diagnostic and																				
26	CA002	Coordinate pre-surgery services																				
27	CA003	Schedule space and equipment in facility																				
28	CA004	Provide pre-service education/obtain																				
29	CA005	Complete pre-procedure phone calls and																				
30	CA006	Confirm availability of prior																				
31	CA006	Confirm availability of prior																				
32	CA006	Confirm availability of prior			2		2		2						3		3					
33	CA006	Confirm availability of prior																	2			
34	CA006	Confirm availability of prior																				
35	CA007	Review patient clinical extant information																				
36	CA007	Review patient clinical extant information																	2			
37	CA007	Review patient clinical extant information																				
38	CA007	Review patient clinical extant information			2		2		2													
39	CA007	Review patient clinical extant information																				
40	CA008	Perform regulatory mandated quality																				
41																						
42																						
43																						
44		*Other activity: please include short*																				
45		*Other activity: please include short*																				
46		*Other activity: please include short*																				
47		**End: When patient enters office/facility fo**																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Practice Expense Spreadsheet - REVISED at MEET		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED	
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3		RUC Collaboration Website	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE																				
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	47	0	29	0	29	0	82	0	45	0	47	0	36	0	36	0	98	0	50	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME							4													
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME																	4			
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME			4		4								3		3					
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	47	0		0		0	22	0	45	0	47	0	1	0	1	0	26	0	50	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																	68			
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME			25		25		56						32		32					
18		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
19		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
48		SERVICE PERIOD																				
49		Start: When patient enters office/facility f																				
50		Pre-Service (of service period)																				
51	CA009	Greet patient, provide gowning, ensure	2						2				2						2			
52	CA010	Obtain vital signs	3						3				3						3			
53	CA011	Provide education/obtain consent	2						2				2		1		1		2			
54	CA012	Review requisition, assess for special																				
55	CA013	Prepare room, equipment and supplies	5										5									
56	CA013	Prepare room, equipment and supplies			2		2		2						2		2					
57	CA013	Prepare room, equipment and supplies																	2			
58	CA013	Prepare room, equipment and supplies																				
59	CA013	Prepare room, equipment and supplies																				
60	CA013	Prepare room, equipment and supplies																				
61	CA014	Confirm order, protocol exam																				
62	CA014	Confirm order, protocol exam													1		1					
63	CA015	Setup scope (nonfacility setting only)																				
64	CA016	Prepare, set-up and start IV, initial																				
65	CA016	Prepare, set-up and start IV, initial	2										2						2			
66	CA016	Prepare, set-up and start IV, initial			2		2		2						2		2					
67	CA016	Prepare, set-up and start IV, initial																				
68	CA016	Prepare, set-up and start IV, initial																				
69	CA017	Sedate/apply anesthesia																				
70		*Other activity: please include short*																				
71		*Other activity: please include short*																				
72		*Other activity: please include short*																				
73		Intra-service (of service period)																				
74	CA018	Assist physician or other qualified	20										20									
75	CA018	Assist physician or other qualified																				
76	CA018	Assist physician or other qualified							27		20											
77	CA018	Assist physician or other qualified																	35		25	
78	CA018	Assist physician or other qualified																				
79	CA019	Assist physician or other qualified																				
80	CA020	Assist physician or other qualified							7		5								9		6	
81	CA020	Assist physician or other qualified							20		15											
82	CA020	Assist physician or other qualified																	26		19	
83	CA020	Assist physician or other qualified																				
84	CA021	Perform procedure/service---NOT directly			15		15								18		18					
85	CA021	Perform procedure/service---NOT directly																				
86	CA021	Perform procedure/service---NOT directly																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
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2		**Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*	10022		77002		77002		10007		+10008		10022		77012		77012		10009		+10010	
3		RUC Collaboration Website	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE																				
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	47	0	29	0	29	0	82	0	45	0	47	0	36	0	36	0	98	0	50	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME							4													
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME																	4			
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME			4		4								3		3					
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	47	0		0		0	22	0	45	0	47	0	1	0	1	0	26	0	50	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																	68			
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME			25		25		56						32		32					
18		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
19		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
87	CA021	Perform procedure/service---NOT directly																				
88		Other activity: please include short																				
89		Other activity: please include short																				
90		Other activity: please include short																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
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2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**10022**		**77002**		**77002**		**10007**		**+10008**		**10022**		**77012**		**77012**		**10009**		**+10010**	
3		***RUC Collaboration Website***	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		~~*TOTAL PRE-SERVICE CLINICAL STAFF TIME*~~							*4*													
9		~~*TOTAL PRE-SERVICE CLINICAL STAFF TIME*~~																				
10		~~*TOTAL PRE-SERVICE CLINICAL STAFF TIME*~~																	*4*			
11		~~*TOTAL PRE-SERVICE CLINICAL STAFF TIME*~~																				
12		~~*TOTAL PRE-SERVICE CLINICAL STAFF TIME*~~			*4*		*4*								*3*		*3*					
13		~~*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*~~	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		~~*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*~~																				
15		~~*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*~~																	*68*			
16		~~*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*~~																				
17		~~*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*~~			*25*		*25*		*56*						*32*		*32*					
18		~~*TOTAL POST-SERVICE CLINICAL STAFF TIME*~~																				
19		~~*TOTAL POST-SERVICE CLINICAL STAFF TIME*~~																				
20		~~*TOTAL POST-SERVICE CLINICAL STAFF TIME*~~	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		~~*TOTAL POST-SERVICE CLINICAL STAFF TIME*~~																				
91		**Post-Service (of service period)**																				
92	CA022	Monitor patient following																				
93	CA023	Monitor patient following																				
94	CA024	Clean room/equipment by clinical staff																				
95	CA024	Clean room/equipment by clinical staff	3						3				3						3			
96	CA024	Clean room/equipment by clinical staff			3		3								3		3					
97	CA024	Clean room/equipment by clinical staff																				
98	CA025	Clean scope																				
99	CA026	Clean surgical instrument package																				
100	CA027	Complete post-procedure diagnostic																				
101	CA028	Review/read post-procedure x-ray, lab	2						2				2						2			
102	CA029	Check dressings, catheters, wounds	2						1				2						1			
103	CA030	Technologist QC's images in PACS,																				
104	CA030	Technologist QC's images in PACS,																				
105	CA030	Technologist QC's images in PACS,																	2			
106	CA030	Technologist QC's images in PACS,																				
107	CA030	Technologist QC's images in PACS,			2		2		2		2				3		3					
108	CA031	Review examination with interpreting																	2			
109	CA031	Review examination with interpreting																				
110	CA031	Review examination with interpreting																				
111	CA031	Review examination with interpreting																				
112	CA031	Review examination with interpreting							2		2				2		2					
113	CA032	Scan exam documents into PACS.																				
114	CA032	Scan exam documents into PACS.																	1			
115	CA032	Scan exam documents into PACS.																				
116	CA032	Scan exam documents into PACS.																				
117	CA032	Scan exam documents into PACS.			1		1		1		1				1		1					
118	CA033	Perform regulatory mandated quality																				
119	CA034	Document procedure (nonPACS) (e.g.																				
120	CA035	Review home care instructions,	6						2				6						2			
121	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
122																						
123																						
124																						
125		*Other activity: please include short*																				
126		*Other activity: please include short*																				
127		*Other activity: please include short*																				
128		**End: Patient leaves office**																				
129		**POST-SERVICE PERIOD**																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	**RUC Practice Expense Spreadsheet - REVISED at MEET**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**10022**		**77002**		**77002**		**10007**		**+10008**		**10022**		**77012**		**77012**		**10009**		**+10010**	
3		***RUC Collaboration Website***	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~							*4*													
9		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~																				
10		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~																	*4*			
11		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~																				
12		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~			*4*		*4*								*3*		*3*					
13		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~																				
15		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~																	*68*			
16		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~																				
17		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~			*25*		*25*		*56*						*32*		*32*					
18		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~																				
19		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~																				
20		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~																				
130		**Start: Patient leaves office/facility**																				
131	CA037	Conduct patient communications																				
132	CA038	Coordinate post-procedure services																				
146		**End: with last office visit before end of global period**																				

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3		RUC Collaboration Website	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
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6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	47	0	29	0	29	0	82	0	45	0	47	0	36	0	36	0	98	0	50	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME							4													
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME																	4			
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME			4		4								3		3					
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	47	0		0		0	22	0	45	0	47	0	1	0	1	0	26	0	50	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																	68			
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME			25		25		56						32		32					
18		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
19		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
147	Medical Supply Code	MEDICAL SUPPLIES																				
148		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 45.47	$ -	$ 4.75	$ -	$ 4.75	$ -	$ 60.30	$ -	$ 26.11	$ -	$ 45.47	$ -	$ 4.67	$ -	$ 4.67	$ -	$ 55.91	$ -	$ 26.11	$ -
149	SA048	pack, minimum multi-specialty visit																				
150	SA061	tray, biopsy procedure	1						1				1						1			
151	SB001	cap, surgical							3										3			
152	SB004	cover, thermometer probe	1						1				1						1			
153	SB005	cover-condom, transducer or ultrasound probe																				
154	SB008	drape, sterile, c-arm, fluoro			1		1		1						1		1					
155	SB012	drape, sterile, for Mayo stand							1										1			
156	SB014	drape, sterile, three-quarter sheet							1										1			
157	SB019	drape-towel, sterile 18in x 26in							2										2			
158	SB022	gloves, non-sterile	1		1		1		1				1						1			
159	SB024	gloves, sterile	2						2				2						2			
160	SB026	gown, patient	1						1				1						1			
161	SB027	gown, staff, impervious							2										2			
162	SB030	lab coat, staff	2										2									
163	SB033	mask, surgical	1										1									
164	SB034	mask, surgical, with face shield							2										2			
165	SB039	shoe covers, surgical							3										3			
166	SB044	underpad 2ft x 3ft (Chux)							1										1			
167	SC022	Mammotome probe guide																				
168	SC029	needle, 18-27g																				
169	SC101	ultrasound needle																				
170	SC035	needle, Chiba	2						3		3		2						3		3	
171	SC051	syringe 10-12ml	3						2		3		3						2		3	
172	SD086	grids																	1			
173	SG021	bandage, strip 0.75in x 3in (Bandaid)									1										1	
174	SG037	dressing, 4in x 4.75in (Tegaderm)																				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)																				
176	SH030	Emla cream																				
177	SJ029	ice pack, instant																				
178	SJ033	lubricating jelly (Surgilube)																				
179	SJ041	povidone soln (Betadine)	10								10		10								10	
180	SJ053	swab-pad, alcohol	4						1				4						1			

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Practice Expense Spreadsheet - REVISED at MEET		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	10022		77002		77002		10007		+10008		10022		77012		77012		10009		+10010	
3		RUC Collaboration Website	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE																				
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	47	0	29	0	29	0	82	0	45	0	47	0	36	0	36	0	98	0	50	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME							4													
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME																	4			
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME			4		4								3		3					
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	47	0		0		0	22	0	45	0	47	0	1	0	1	0	26	0	50	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																	68			
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME			25		25		56						32		32					
18		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
19		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
181	SJ089	ultrasound transmission gel, sterile (single use)																				
182	SK062	patient education booklet	1										1									
183	SL036	cup, biopsy-specimen sterile 4oz																				
184	SL071	fixative spray																				
185	SL120	slide container (for 20 microscope slides)																				
186	SL122	slide, microscope																				
187	SL154	alcohol ethyl 100%																				
188	SL180	phosphate buffered saline (PBS)																				
189	SM012	disinfectant spray (Transeptic)							10										10			
190	SM013	disinfectant, surface (Envirocide, Sanizide)			1		1								1		1					
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0										0									
192	SM021	sanitizing cloth-wipe (patient)																				
193	NEW	MREYE CHIBA BIOPSY NEEDLE																				
194																						

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Practice Expense Spreadsheet - REVISED at MEET		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	10022		77002		77002		10007		+10008		10022		77012		77012		10009		+10010	
3		RUC Collaboration Website	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE																				
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	47	0	29	0	29	0	82	0	45	0	47	0	36	0	36	0	98	0	50	0
8		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~							4													
9		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~																				
10		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~																	4			
11		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~																				
12		~~TOTAL PRE-SERVICE CLINICAL STAFF TIME~~			4		4								3		3					
13		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~	47	0		0		0	22	0	45	0	47	0	1	0	1	0	26	0	50	0
14		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~																				
15		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~																	68			
16		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~																				
17		~~TOTAL SERVICE PERIOD CLINICAL STAFF TIME~~			25		25		56						32		32					
18		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~																				
19		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~																				
20		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		~~TOTAL POST-SERVICE CLINICAL STAFF TIME~~																				
197	Equipment Code	EQUIPMENT																				
198		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.06	$ -	$ 31.20	$ -	$ 31.20	$ -	$ 64.28	$ -	$ 29.59	$ -	$ 0.06	$ -	$ 139.42	$ -	$ 139.42	$ -	$ 208.04	$ -	$ 123.66	$ -
199	EF023	table, exam																				
200	ED050	PACS Workstation Proxy			25		25		49		25				32		32		55		25	
201	ED053	Professional PACS Workstation							32		20				43		43		42		25	
202	EL007	room, CT													28		28		42		25	
203	EL008	room, MR																				
204	EL014	room, radiographic-fluoroscopic			22		22		44		20											
205	EQ250	ultrasound unit, portable																				
206	EF015	mayo stand	47						44		20		47						52		25	
207																						
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

CT Scan for Needle Biopsy

In October 2016, the Relativity Assessment Workgroup expanded the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015 Medicare utilization data. CPT code 77012 was identified via this screen for review.

Compelling Evidence
The specialty society presented compelling evidence for CPT code 77012. The society noted that the prior methodology for valuing these codes is unknown and considered flawed, as the source is CMS/Other. As the RUC has noted previously during review of other services, codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; their physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown methodology. The specialty society also noted that an increase in value for this code is justified by the survey data and comparisons with the key reference services. The RUC accepted that there is compelling evidence that CPT code 77012 was originally valued using a flawed methodology.

77012 ***Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation***
The RUC reviewed the survey results from 93 physicians and agreed with the following physician time component: pre-service evaluation time of 15 minutes, intra-service time of 35 minutes, and post-service time of 5 minutes. The RUC reviewed the recommended work RVU of 1.50, which is the 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 1.50, the RUC referenced MPC code 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family* (work RVU= 1.50, pre-service time of 5 minutes, intra-service time of 25 minutes, and post-time of 10 minutes, total of 40 minutes) and noted that both services require similar physician work and time to perform and therefore should be valued similarly. The RUC also reviewed CPT code 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* (work RVU= 1.54, pre-service time of 10 minutes, intra-service time of 29 minutes, and post-service time of 10 minutes) and noted that both services have similar work RVUs, intra-service, and post times, further supporting a work RVU at the 25th percentile of 1.50 for the survey code. **The RUC recommends a work RVU of 1.50 for CPT code 77012.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Practice Expense
The RUC reviewed the direct practice expenses and made no amendments. The RUC recommends the direct practice expense inputs as reviewed by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	XXX	1.50

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77012 Tracking Number Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: XXX Current Work RVU: **1.16** RUC Recommended RVU: **1.50**

CPT Descriptor: Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with a right upper lobe nodule that is suspicious for lung cancer. The patient is referred for a CT guided lung biopsy.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Confirm appropriateness of imaging guidance and determine appropriate protocol and approach. Assess need for contrast administration to assist guidance. Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving contrast as needed. Discuss with the patient (and family) the risks due to radiation exposure and use of contrast dye (if needed) relative to other potential imaging modalities. Discuss the equipment being used, the close proximity of the CT gantry and potential for claustrophobia, prolonged immobility and repositioning to ensure optimal imaging for guidance and interpretation. Provide instructions for the radiologic technologists regarding patient positioning and proper settings for the imaging equipment. Confirm patient positioning and imaging setup, ensuring the entire area necessary can be imaged and that equipment and patient can be repositioned as needed during sterile procedure (i.e. the field must be clear of impediments to table motion for movement into and out of the CT gantry). The physician dresses in radiation safety attire.

Description of Intra-Service Work: Supervise and interpret scout views of area to be imaged to select appropriate field of view. Obtain and interpret preliminary CT images acquired to assess appropriate approach to the target(s), evaluate for unexpected findings, interval changes in target lesion(s), and adjust patient positioning or protocol as needed. The skin entry site is marked and prepped in sterile fashion. Perform intermittent or continuous CT guidance to direct needle to target(s) and reposition as necessary. Confirm satisfactory needle placement in the target(s). Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies. Dictate report for medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Kurt A. Schoppe, MD; Daniel Wessell, MD; Michael Hall, MD; Tim Swan, MD					
Specialty(s):	American College of Radiology, Society of Interventional Radiology					
CPT Code:	77012					
Sample Size:	1728	**Resp N:** 93	**Response:** 5.3 %			
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform CT imaging). The SIR surveyed a random sample of 978 members.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	30.00	**80.00**	150.00	700.00
Survey RVW:		0.39	1.50	**2.00**	3.00	12.00
Pre-Service Evaluation Time:				**15.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		10.00	30.00	**35.00**	45.00	90.00
Immediate Post Service-Time:	**15.00**					

Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77012	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73722	XXX	1.62	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74170	XXX	1.40	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**RUC Time**	95,554,488

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	41,858

CPT Descriptor 2 Needle electromyography; 2 extremities with or without related paraspinal areas

Other Reference CPT Code	Global	Work RVU	Time Source
74150	XXX	1.19	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 31.1 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 22.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 77012	Top Key Reference CPT Code: 73722	2nd Key Reference CPT Code: 74170
Median Pre-Service Time	15.00	8.50	5.00
Median Intra-Service Time	35.00	20.00	18.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**38.50**	**28.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	17%	83%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	41%	14%	45%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3%	14%	83%
Urgency of medical decision making	3%	0%	97%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	3%	93%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	0%	100%
Outcome depends on the skill and judgment of physician	0%	3%	97%
Estimated risk of malpractice suit with poor outcome	0%	10%	90%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	5%	24%	71%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	43%	19%	38%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	10%	24%	67%
Urgency of medical decision making	0%	14%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	0%	100%
Outcome depends on the skill and judgment of physician	0%	10%	90%
Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
CPT Code 77012 *(Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation)* was identified as potentially mis-valued through the CMS/Other - Utilization over 100,000 screen.

Survey Process
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who perform CT imaging. Both societies assembled an expert panel to review the data and develop the following recommendations.

Compelling Evidence
We are requesting an increase in value for this code. The prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other.

There is a significant difference between the work and time values currently listed for this code compared with the survey responses. The median survey work and time values were nearly double and triple the current values, respectively. We believe this indicates that the prior work and time values were incorrectly assigned and/or that the nature of work for this code has changed sufficiently that the prior values are no longer accurate.

An increase in value for this code is justified by the survey data, comparisons with both KRS codes, and to maintain relativity within the RBRVS for codes with similar times and physician work.

Work RVU Recommendation:
We recommend a work RVU of 1.50, which is the 25th percentile survey value and an increase from the existing value of 1.16 wRVU.

Time Recommendation:
We recommend the median survey times of 15 minutes pre-service and 35 minutes intra-service. We recommend a post-service time of 5 minutes, which accurately reflects the time required to perform the post-service work related to CT guidance.

Key Reference Services:
Our recommendation compares favorably to the three most commonly chosen key reference services (KRS): 73722 *(Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)),* chosen by 31% of respondents, 74170 *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections),* chosen by 23% of respondents, and 74150 *(Computed tomography, abdomen; without contrast material)* , also chosen by 23% of respondents.

Our recommended work value for 77012 is bracketed by these key reference services, while the surveyed code has 15 more minutes of intra-service time compared to the highest valued KRS. Additionally, there is more pre-service time in the surveyed code compared with all three key reference services. Given that the survey respondents indicated the surveyed code is much more intense overall than the key reference services, the

recommended value is appropriate since there is some non-intense work inherent to the service (e.g. scan time and repositioning). So even with a longer intra-service time, the surveyed code is appropriately valued less than the highest valued KRS.

All four codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74150	CT Abdomen without contrast	1.19	20	3	12	5	0.084
74170	CT Abdomen with and without contrast	1.40	28	5	18	5	0.065
77012	**CT guidance for needle placement**	**1.50**	**55**	**15**	**35**	**5**	**0.030**
73722	MRI lower extremity joint with contrast	1.62	38.5	8.5	20	10	0.060

MPC Codes:
The surveyed code compares well with two non-radiology MPC codes: 99214 *(Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.)*, which has the same wRVU, but less overall service times, and 95861 *(Needle electromyography; 2 extremities with or without related paraspinal areas)*, which has a higher wRVU, but lower total time than the surveyed code.

The surveyed code (77012) has more intra-service period time than either of the MPC codes, while it has a similar value. Other MPC codes with similar intra-service period times are valued between 2.11 and 2.35 wRVU (99215 and 99310, respectively). These comparisons and the recommended value for the surveyed code (77012) are appropriate because the work being performed for 77012 has both highly intense components and some less intense periods. While this adds up to a longer intra-service time, the work of the service in 77012 is not uniformly intense and therefore should be valued similarly to these MPC codes.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99214	Outpatient E&M, established patient, moderate to high severity	1.50	40	5	25	10	0.047
77012	**CT guidance for needle placement**	**1.50**	**55**	**15**	**35**	**5**	**0.030**
95861	Needle electromyography, 2 areas	1.54	49	10	29	10	0.038

Conclusion:
The compelling evidence, survey results, and comparison with applicable codes support an increase in value for 77012 (CT guided needle placement) to the 25th percentile survey value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 591321
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 77012 provided nationally in a one-year period is estimated to be 591,321.

Specialty Diagnostic Radiology Frequency 491325 Percentage 83.08 %

Specialty Interventional Radiology Frequency 85666 Percentage 14.48 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 197,107 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 77012 is billed approximately 197,107 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 163775 Percentage 83.08 %

Specialty Interventional Radiology Frequency 28555 Percentage 14.48 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Chest

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77012

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: CT Scan for Needle Biopsy

TAB: 29

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	73722	Magnetic resonance (eg, proton) imaging, any joint of	29	0.060			1.62			38.5	8.5					20			10
2nd REF	74170	Computed tomography, abdomen; without contrast	21	0.065			1.40			28	5					18			5
3rd REF	74150	Computed tomography, abdomen; without contrast	21	0.084			1.19			20	3					12			5
CMS/Other	77012	Computed tomography guidance for needle placement		0.000			1.16			22									
ACR/SIR-SVY	77012	Computed tomography guidance for needle placement	93	0.038	0.39	1.50	2.00	3.00	12.00	65	15			10	30	35	45	90	15
SIR -SVY	77012	Computed tomography guidance for needle placement	55	0.038	0.49	1.50	2.00	3.00	12.00	65	15			10	30	35	45	90	15
ACR- SVY	77012	Computed tomography guidance for needle placement	38	0.036	0.39	1.64	1.99	3.00	5.60	66	15			15	30	37	45	90	14
REC	77012	Computed tomography guidance for needle placement		0.030			1.50			55	15					35			5

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
5	ISSUE:	Excision of bone																																						
6	TAB:	84																																						
7						RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
8	source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
9	1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0								1						
10	2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0								1	1					
11	CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0								1						
12	SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0								1						
13	REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1						
14																																								
15																																								
16																																								
17																																								
18																																								
19																																								

CPT Code: 77012
Specialty Society: ACR, SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

Global Period: XXX   Meeting Date: April 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The American College of Radiology (ACR) and Society of Interventional Radiology (SIR) convened a consensus panel to finalize the practice expense data for the CT needle biopsy CPT code 77012.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

The societies included the existing PE inputs for CPT code 77012 on the spreadsheet to serve as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** – CMS finalized a standard of 3 minutes for services involving CTs which are considered "intermediate" in the CY 2017 MPFS Final Rule.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Prepare room, equipment and supplies (CA013):** time increased to the standard 2 minutes.
- **Confirm order, protocol exam (CA014):** clinically necessary for performing the procedure. Standard is 1 minute.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page:** time increased to the standard 2 minutes.
- **Review examination with interpreting MD/DO:** time increased to the standard 2 minutes.
- **Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue:** time increased to the standard 1 minute.
- **Professional PACS Workstation (ED053):** In the CY 2017 MPFS Final Rule, CMS finalized an equipment time for the PACS Professional Workstation which is equal to half the preservice physician work time and the full intra-service physician work time.
- **PACS Workstation Proxy (ED050):** CMS finalized an equipment time for the PACS Workstation Proxy which is equal to the clinical staff service period time.
- **Room, CT (EL007):** highly technical equipment formula used.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here:

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:
- Confirm availability of prior images/studies

Service Period Clinical Activities:

Pre-Service (of Service Period):
- Provide education/obtain consent
- Prepare room, equipment and supplies
- Confirm order, protocol exam
- Prepare, set-up and start IV, initial positioning and monitoring of patient

Intra-Service (of Service Period):
- Perform procedure/service—NOT directly related to physician work

Post-Service (of Service Period):
- Clean room/equipment by clinical staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD/DO
- Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.

Post-Service Period Clinical Activities:

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

After positioning patient on the CT table at the direction of the radiologist, the technologist loads the CT protocol and chooses an appropriate field of view. Scout images of the procedure area are acquired and reviewed in consultation with the radiologist. Thereafter, axial CT images are acquired through an appropriately selected region. These images are reviewed with the radiologist and the parameters of the biopsy scans are chosen (slice thickness, number of slices, level of imaging, field of view, window widths/levels) and prepared for the viewing screen in the CT room.

While the radiologist initiates the procedure and uses CT guidance for needle placement, the technologist assists the physician by opening additional equipment items (e.g. needles, fiducials, etc.), changing CT scan parameters or repositioning the patient as needed. For each repeated CT scan during needle guidance, the technologist confirms the agreed upon settings and acquires the axial CT data, which is then presented to the radiologist. This series of activities is repeated for any change in position or separate biopsy site as needed.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

- **PACS Workstation Proxy (ED050)** [Other formula]: Equal to the total clinical service period time
- **Professional PACS Workstation Proxy (ED053)** [Other formula]: Equal to the physician work intra service time + ½ of the physician work pre-service time.
- **Room, CT (EL007)** [Highly technical equipment formula]

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	G	I
1	RUC Practice Expense Spreadsheet				CURRENT	RECOMMENDED
2		**Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at*			77012	77012
3		*RUC Collaboration Website*				
4	Clinical Activity Code	Meeting Date: April 2017 Tab: 29 - CT Scan for Needle Biopsy Specialty: ACR, SIR	Clinical Staff Type Code	Clinical Staff Type	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (January 2004)	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (April 2017)
5		LOCATION			Non Fac	Non Fac
6		GLOBAL PERIOD			XXX	XXX
7		TOTAL CLINICAL STAFF TIME	L041B	Radiologic Technologist	30.0	36.0
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	1.0	1.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	3.0	3.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	1.0	1.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	26.0	32.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.0	0.0
13		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.0	0.0
15		PRE-SERVICE PERIOD				
16		Start: Following visit when decision for surgery or procedure made				
22	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	3	3
23	CA007	Review patient clinical extant information and questionnaire				
24	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
31		End: When patient enters office/facility for surgery/procedure				
32		SERVICE PERIOD				
33		Start: When patient enters office/facility for surgery/procedure:				
34		Pre-Service (of service period)				
35	CA009	Greet patient, provide gowning, ensure appropriate medical records are available				
36	CA010	Obtain vital signs				
37	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	1	1
38	CA012	Review requisition, assess for special needs				
39	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	1	2
40	CA014	Confirm order, protocol exam	L041B	Radiologic Technologist		1
41	CA015	Setup scope (nonfacility setting only)				
42	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	2	2
43	CA017	Sedate/apply anesthesia				
50		Intra-service (of service period)				
54	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	18	18

	A	B	D	E	G	I
1	RUC Practice Expense Spreadsheet				CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at*			77012	77012
3		*RUC Collaboration Website*				
4	Clinical Activity Code	Meeting Date: April 2017 Tab: 29 - CT Scan for Needle Biopsy Specialty: ACR, SIR	Clinical Staff Type Code	Clinical Staff Type	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (January 2004)	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (April 2017)
5		LOCATION			Non Fac	Non Fac
6		GLOBAL PERIOD			XXX	XXX
7		TOTAL CLINICAL STAFF TIME	L041B	Radiologic Technologist	30.0	36.0
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	1.0	1.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	3.0	3.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	1.0	1.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	26.0	32.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.0	0.0
13		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.0	0.0
61		Post-Service (of service period)				
64	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	3	3
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	2	3
71	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist		2
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist		1
73	CA033	Perform regulatory mandated quality assurance activity (service period)				
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)				
75	CA035	Review home care instructions, coordinate visits/prescriptions				
76	CA036	Discharge day management			n/a	n/a
83		End: Patient leaves office				
84		POST-SERVICE PERIOD				
101		End: with last office visit before end of global period				
102	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT		
103	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz	1	1
104	SB008	drape, sterile, c-arm, fluoro	4.504	item		1
105						
109		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*				
110	Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA		
111	ED053	Professional PACS Workstation	14616.9	Other Formula	11	43
112	ED050	PACS Workstation Proxy	5557	Other Formula	26	32
113	EL007	room, CT	1284000	Highly Technical Equipment Formula	9	28
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*				

AMA/Specialty Society RVS Update RUC Summary of Recommendations
Final Rule for 2015

October 2015

Fluoroscopic Guidance

In May 2015, the CPT Editorial Panel deleted 62310, 62311, 62318 and 62319, and created eight new codes for epidural injections to differentiate injections with and without imaging guidance. CPT codes 77001, 77002 and 77003 were included as part of this family to review. The specialty societies requested that these services be reviewed independently from the epidural injection codes since only 77003 relates to spine interventions, 77002 involves body interventions and 77001 relates to central venous catheters. Additionally, CMS requested that all three services be surveyed as add-on (ZZZ global period) services. CMS indicated that while these codes have been classified as stand-alone XXX codes previously, they believe that their vignettes and CPT Manual parentheticals are consistent with an add-on code as has been established for 77001. Therefore, the global periods for 77002 and 77003 reflect an add-on code global of ZZZ with modifications to the vignettes and parentheticals anticipated at the upcoming October 2015 CPT Editorial Panel meeting. The specialty societies performed this survey based on the anticipated update to the vignette.

The RUC discussed the issues with the physician pre-service and post-service time recommended for these ZZZ global period services. The RUC noted that add-on services rarely include pre- and post-service time as that is associated with the base code in which these are reported. The RUC noted that the recommendations for the related epidural injection codes with and without fluoroscopic guidance, reviewed at this meeting, established a difference of two additional minutes of pre-service positioning time for the fluoroscopic guidance as the only difference in physician time. After much deliberation on whether additional pre and post-service time are included in these services the RUC determined that it would be difficult to now recommend 7 minutes pre-service time and 5 minutes immediate post-service time as indicated by the survey respondents. The RUC also discussed the same physician time for all three services (77001, 77002 and 77003) and agreed with the specialty societies that the physician work, intensity and complexity of 7700,1 the central venous catheter code, is less compared to 77002 and, likewise, the physician work, intensity and complexity for 77002 is less than that required to perform 77003. The intensity regarding guidance relates to the nature of the base code with which these services were reported. The intensity and complexity increases as one moves through the body where there are additional anatomy considerations, superficial and deep structures to consider with 77002 and then additional neuro and spinal structures to consider when performing 77003.

77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC reviewed the survey results from 52 physicians and recommends maintaining the current work RVU of 0.38 for CPT code 77001. The RUC recommends 2 minutes of positioning time, the additional pre-service time as established for the epidural injection with fluoroscopic guidance codes, and 15 minutes intra-service time. The RUC noted that the 15 minutes of intra-service time is appropriate to account for physician time required to review previous imaging, which the physician only reviews if performing an intervention using fluoroscopic guidance, confirmation of appropriate imaging equipment settings, applying lead gowns to the patient and the physician, draping and placing a shield on the fluoro machine as well as selecting the proper images for documentation; which would typically be included in the intra-service time for add-on codes, not as separate pre- and post-service time. The RUC referenced ZZZ-global period CPT code 93320 *Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete* (work RVU = 0.38 and 15 minutes intra-service time) and MPC codes 92025 *Computerized corneal topography, unilateral or bilateral, with interpretation and report* (work RVU = 0.35) and 95874 *Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)* (work RVU = 0.37) to support the recommended physician work and time recommended for CPT code 77001. **The RUC recommends a work RVU of 0.38 for CPT code 77001.**

77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 72 physicians and recommends maintaining the current work RVU of 0.54 for CPT code 77002. The RUC recommends 2 minutes of positioning time, the additional pre-service time as established for the epidural injection with fluoroscopic guidance codes, and 15 minutes intra-service time. The RUC noted that the 15 minutes of intra-service time is appropriate to account for physician time required to review previous imaging which the physician only reviews if performing an intervention using fluoroscopic guidance, confirmation of appropriate settings, applying lead gowns to the patient and the physician, draping and placing a shield on the fluoro machine as well as selecting the proper images for documentation; which would typically be included in the intra-service time for add-on codes not as separate pre- and post-service time. The RUC referenced ZZZ-global period CPT code 96571 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)* (work RVU = 0.55 and 15 minutes intra-service time) and MPC codes 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU = 0.52) and 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56) to support the recommended physician work and time recommended for CPT code 77002. **The RUC recommends a work RVU of 0.54 for CPT code 77002.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 114 physicians and recommends maintaining the current work RVU of 0.60 for CPT code 77003. The RUC recommends 2 minutes of positioning time, the additional pre-service time as established for the epidural injection with fluoroscopic guidance codes, and 15 minutes intra-service time. The RUC noted that the 15 minutes of intra-service time is appropriate to account for physician time required to review previous imaging which the physician only reviews if performing an intervention using fluoroscopic guidance, confirmation of appropriate settings, applying lead gowns to the patient and the physician, draping and placing a shield on the fluoro machine as well as selecting the proper images for documentation; which would typically be included in the intra-service time for add-on codes not as separate pre- and post-service time. The RUC referenced ZZZ-global period CPT code 96571 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)* (work RVU = 0.55 and 15 minutes intra-service time) and MPC codes 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56) and 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81) to support the recommended physician work and time recommended for CPT code 77003. **The RUC recommends a work RVU of 0.60 for CPT code 77003.**

Work Neutrality

The RUC noted that CPT code 77003 was bundled into the new epidural injection codes which will result in an 83% decrease in 77003 being reported alone. The RUC's recommendation for the epidural injection codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense

The PE Subcommittee made one minor modification correcting the equipment minutes for the PACS workstation. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
77001(f)	D9	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	ZZZ	0.38 (No Change)
77002(f)	D10	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) *(See appropriate surgical code for procedure and anatomic location)* (Use 77002 in conjunction with 10022, 10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27370, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 64505, 64508, ~~64517~~ 64600, 64605) *(77002 is included in all arthrography radiological supervision and interpretation codes. See **Administration of Contrast Material[s]** introductory guidelines for reporting of arthrography procedures)* ~~*(Do not report 77002 in conjunction with 10030, 19081*~~	~~XXX~~ ZZZ	0.54 (No Change)

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		~~19086, 19281-19288,20982, 20983, 32554, 32555, 32556, 32557, 70332, 73040, 73085, 73115, 73525, 73580, 73615, 0232T)~~ ~~(For injection(s) of platelet rich plasma, use 0232T)~~ ~~(77002 is included in the organ/anatomic specific radiological supervision and interpretation procedures 49440, 74355, 74445, 74470, 75809, 75810, 75885,75887, 75989)~~		
77003(f)	D11	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure) (Use 77003 in conjunction with 61050, 61055, 62267, 62268, 62269, 62270, 62272, 62273, 62280, 62281, 62282, 62284, 62310, 62311, 64510, 64517, 64520, 64610) ~~(Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 27096, 62263, 62264, 62267, 62270-62282, 62310-62319)~~ ~~(Fluoroscopic guidance for subarachnoid puncture for diagnostic radiographic myelography is included in supervision and interpretation codes 72240-72270)~~ ~~(For epidural or subarachnoid needle or catheter placement and injection, see 62270-62282, 62310-62319)~~ ~~(For sacroiliac joint arthrography, see 27096)~~ ~~(For paravertebral facet joint injection, see 64490-64495. For paravertebral facet joint nerve destruction by neurolysis, see 64633-64636. For transforaminal epidural needle~~	~~XXX~~ ZZZ	0.60 (No Change)

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		~~*placement and injection, see 64479-64484)*~~ ~~*(Do not report 77002, 77003 in conjunction with 10030, 22586, 27096, 64479, 64484, 64490-64495, 64633-64636, 0195T, 0196T, 0309T)*~~ ~~*(For percutaneous or endoscopic lysis of epidural adhesions, 62263, 62264 include fluoroscopic guidance and localization)*~~		

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77001 Tracking Number Original Specialty Recommended RVU: **0.38**
Presented Recommended RVU: **0.38**
Global Period: ZZZ RUC Recommended RVU: **0.38**

CPT Descriptor: Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old male presents in need of hemodialysis. Tunneled central venous access placement is performed (the catheter placement is reported separately) during which fluoroscopic guidance is used to facilitate the catheter and wire manipulations and ensure proper positioning of the catheter.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 63%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 42%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (eg, radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's anatomy to plan for central venous catheter placement including potential contra-indications. The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: Following achievement of venous access (reported separately), use fluoroscopy and angulation of the image intensifier to manipulate the guidewire and subsequently the catheter into an appropriate central venous position. Include any contrast injection through access site (via needle, catheter, or sheath) for venographic evaluation and mapping of appropriate path. Additional fluoroscopy after venography may be necessary for optimal positioning. Perform spot film or other radiographic confirmation of final catheter position.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient’s medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Marc L. Leib, MD, JD; Richard Rosenquist, MD; Michael Hall, MD
Specialty(s):	American College of Radiology, American Society of Anesthesiologists, Society of Interventional Radiology
CPT Code:	77001
Sample Size:	1750
Resp N:	52
Response:	2.9 %
Description of Sample:	Random

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**60.00**	163.00	1200.00
Survey RVW:	0.25	0.50	**0.95**	1.03	3.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77001	**Recommended Physician Work RVU: 0.38**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76937	ZZZ	0.30	**RUC Time**

CPT Descriptor Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19282	ZZZ	1.00	**RUC Time**

CPT Descriptor Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92025	XXX	0.35	**RUC Time**	155,005

CPT Descriptor 1 Computerized corneal topography, unilateral or bilateral, with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95874	ZZZ	0.37	**RUC Time**	61,705

CPT Descriptor 2 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93923	XXX	0.45	**RUC Time**

CPT Descriptor Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume

plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 48.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 77001	Top Key Reference CPT Code: 76937	2nd Key Reference CPT Code: 19282
Median Pre-Service Time	2.00	0.00	5.00
Median Intra-Service Time	15.00	10.00	20.00
Median Immediate Post-service Time	0.00	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**14.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Mental Effort and Judgment (Mean)

	Top Key Ref Code	2nd Key Ref Code
The number of possible diagnosis and/or the number of management options that must be considered	0.32	0.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.12	0.63

Urgency of medical decision making	0.28	1.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.28	0.88
Physical effort required	0.32	0.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.48	1.13
Outcome depends on the skill and judgment of physician	0.36	0.38
Estimated risk of malpractice suit with poor outcome	0.29	0.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.36	0.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

THE ADDITIONAL RATIONALE BELOW IS THE ORIGINAL RATIONALE SUBMITTED BY THE SPECIALTY SOCIETY(IES) PRIOR TO THE RUC MEETING AND DOES NOT NECESSARILY REPRESENT THE RATIONALE FOR THE RUC RECOMMENDATION. TO VIEW THE RUC'S RATIONALE, PLEASE REVIEW THE SEPARATE RUC RECOMMENDATION DOCUMENT.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) *(List separately in addition to code for primary procedure)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.38 which is below the survey 25th percentile value.

Service Period Times

The panel recommends the following service period times for 77001, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey median for the pre and intra, and the same as the survey median for the post, an increase over the current service period times.

Key Reference Service

The most commonly selected key reference service is 76937 *(Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure))*, which is also an imaging guidance code used in central venous catheter placements. This ZZZ code was selected by nearly half of those surveyed, and it has a comparable RVU of 0.30 and similar intra- and post-service times of 10 and 4 minutes, respectively.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
76937	Ultrasound guidance for vascular access	0.30	0	10	4	14	0.021

MPC Code

The panel recommendation of 0.38 RVUs for 77001 is bracketed by three MPC codes with XXX and ZZZ global periods: 92025 *(Computerized corneal topography, unilateral or bilateral, with interpretation and report)*, 95874 *(Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure))*, and 93923 *(Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia))*.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
92025	Computerized corneal topography	0.35	5	12	0	17	0.020	XXX
95874	EMG during chemodenervation	0.37	0	20	0	20	0.019	ZZZ
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007	ZZZ
93923	Doppler/duplex extremity	0.45	3	10	3	16	0.032	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77001

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1291900

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 77001 provided nationally in a one-year period is estimated to be 1,291,900.

Specialty Diagnostic Radiology Frequency 727500 Percentage 56.31 %

Specialty Interventional Radiology Frequency 171500 Percentage 13.27 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 430,633 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 77001 was billed approximately 430,600 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 242489 Percentage 56.30 %

Specialty Interventional Radiology Frequency 57200 Percentage 13.28 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77001

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77002 Tracking Number Original Specialty Recommended RVU: **0.54**
Presented Recommended RVU: **0.54**
Global Period: ZZZ RUC Recommended RVU: **0.54**

CPT Descriptor: Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with hip pain and suspected joint effusion is referred for joint aspiration. Fluoroscopic guidance is used to advance a needle into the joint space, after which joint fluid is aspirated (needle aspiration is reported separately).

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 33%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 29%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (eg, radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's anatomy to plan an appropriate trajectory for the needle placement (including access site, pertinent landmarks, and variant anatomy). The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: The patient is placed on a fluoroscopy table and positioned appropriately depending on the type of procedure to be performed. Preliminary fluoroscopy including angulation of the image intensifier is performed to identify the appropriate level and approach for the initial needle placement, and the skin entry site is prepped and marked. Sterile drapes are applied. During the needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. When the needle position appears correct, radiographic contrast may be injected to confirm the proper position or tissue samples may be acquired and reviewed. If the position is not correct, additional fluoroscopy is utilized to guide repositioning until the proper position is achieved.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Barry Smith, MD; Marc L. Leib, MD; Richard Rosenquist, MD; Michael Hall, MD				
Specialty(s):	American College of Radiology, American Academy of Physical Medicine & Rehabilitation, American Society of Anesthesiologists, Society of Interventional Radiology				
CPT Code:	77002				
Sample Size:	2250	**Resp N:**	72	**Response:** 3.2 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	100.00	600.00
Survey RVW:	0.20	0.80	**1.00**	1.00	2.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	23.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77002	**Recommended Physician Work RVU: 0.54**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64484	ZZZ	1.00	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19286	ZZZ	0.85	**RUC Time**

CPT Descriptor Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93224	XXX	0.52	**RUC Time**	414,026

CPT Descriptor 1 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	766,859

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 26.3 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 20.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 77002	Top Key Reference CPT Code: 64484	2nd Key Reference CPT Code: 19286
Median Pre-Service Time	2.00	0.00	5.00
Median Intra-Service Time	15.00	10.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**10.00**	**19.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.05	0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.05	0.20
Urgency of medical decision making	0.05	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.05	0.13

Physical effort required	-0.05	0.13

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.16	0.67
Outcome depends on the skill and judgment of physician	0.00	0.13
Estimated risk of malpractice suit with poor outcome	-0.26	-0.07

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.05	0.27

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

THE ADDITIONAL RATIONALE BELOW IS THE ORIGINAL RATIONALE SUBMITTED BY THE SPECIALTY SOCIETY(IES) PRIOR TO THE RUC MEETING AND DOES NOT NECESSARILY REPRESENT THE RATIONALE FOR THE RUC RECOMMENDATION. TO VIEW THE RUC'S RATIONALE, PLEASE REVIEW THE SEPARATE RUC RECOMMENDATION DOCUMENT.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) *(List separately in addition to code for primary procedure)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.54 which is below the survey 25thpercentile value.

Service Period Times

The panel recommends the following service period times for 77002, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey

median for the pre, and the same as the survey median for the intra and post, the same as the current service period times.

Key Reference Services

The most commonly selected key reference service is 64484, *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure))*. This ZZZ code has a higher RVU of 1.00 and a lower intraservice time of 10 minutes, reflecting the higher intensity of spine procedures than body procedures.
The second key reference is 19286 *(Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)*, at 0.85 RVUs and 14 minutes intra-service time.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
19286	Clip placement, breast; using US guidance	0.85	5	14	0	19	0.057
64484	Injection, transforaminal epidural; lumbar or sacral	1.00	0	10	0	10	0.100

MPC Code

The panel recommendation of 0.54 RVUs for 77002 is bracketed by two MPC codes with XXX global periods: 93224 *(External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional)* and 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation).*

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
93224	EKG monitoring	0.52	2	15	7	24	0.021	XXX
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018	ZZZ
76536	Head and neck u/s	0.56	4	10	4	18	0.038	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77002

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology　　How often? Commonly

Specialty Anesthesiology　　How often? Commonly

Specialty Physical Medicine & Rehabilitation　　How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1144600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 77002 provided nationally in a one-year period is estimated to be 1,144,600.

Specialty Diagnostic Radiology　　Frequency 550800　　Percentage 48.12 %

Specialty Anesthesiology　　Frequency 111000　　Percentage 9.69 %

Specialty Physical Medicine & Rehabilitation Frequency 76000 Percentage 6.63 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 381,540 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 77002 was billed approximately 381,500 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 183640 Percentage 48.13 %

Specialty Anesthesiology Frequency 37000 Percentage 9.69 %

Specialty Physical Medicine & Rehabilitation Frequency 25300 Percentage 6.63 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77002

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77003 Tracking Number Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: ZZZ RUC Recommended RVU: **0.60**

CPT Descriptor: Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Fluoroscopic guidance is utilized for needle placement during a separately reported underlying procedure involving the spine (eg, biopsy, aspiration, injection).

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 38%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 15%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's spine anatomy (numbering of levels, anatomic variants, prior surgery, pathology, etc). The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: Place patient on a fluoroscopy table in the prone, decubitus, or prone oblique position, depending on the type of injection to be performed. Perform preliminary fluoroscopy including angulation of the image intensifier to identify the appropriate level and approach for initial needle placement, and mark the skin entry site. During the needle/catheter placement, use intermittent fluoroscopy and angulation of the image intensifier to confirm the correct approach and need for needle repositioning or realignment. When the needle position appears correct, inject the radiographic contrast to confirm proper position. If position is not correct, provide additional fluoroscopy during repositioning until proper position is achieved. If a catheter is to be placed, provide additional fluoroscopic guidance during and after the catheter positioning to confirm proper positioning, and perform additional contrast injections as necessary.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015					
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Marc Leib, MD; Richard Rosenquist, MD; Barry Smith; MD; Gregory N. Nicola, MD; Eduardo Fraifeld, MD; Michael Hall, MD					
Specialty(s):	American College of Radiology, American Society of Anesthesiologists, American Academy of Physical Medicine & Rehabilitation, American Society of Neuroradiology, American Academy of Pain Medicine, Society of Interventional Radiology					
CPT Code:	77003					
Sample Size:	3692	**Resp N:** 114		**Response:** 3.0 %		
Description of Sample:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**60.00**	188.00	1900.00
Survey RVW:		0.25	1.00	**1.00**	1.16	2.00
Pre-Service Evaluation Time:				**10.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		2.00	10.00	**15.00**	30.00	60.00
Immediate Post Service-Time:	**5.00**					

Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77003	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64484	ZZZ	1.00	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64491	ZZZ	1.16	**RUC Time**

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	766,859

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	999,613

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 53 **% of respondents:** 46.4 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 27.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 77003	Top Key Reference CPT Code: 64484	2nd Key Reference CPT Code: 64491
Median Pre-Service Time	2.00	0.00	0.00
Median Intra-Service Time	15.00	10.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**10.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.26	0.52
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.17	0.52
Urgency of medical decision making	0.19	0.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.32	0.45
Physical effort required	0.15	0.39

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.21	0.45
Outcome depends on the skill and judgment of physician	0.17	0.61
Estimated risk of malpractice suit with poor outcome	0.25	0.48

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.30	0.61

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

THE ADDITIONAL RATIONALE BELOW IS THE ORIGINAL RATIONALE SUBMITTED BY THE SPECIALTY SOCIETY(IES) PRIOR TO THE RUC MEETING AND DOES NOT NECESSARILY REPRESENT THE RATIONALE FOR THE RUC RECOMMENDATION. TO VIEW THE RUC'S RATIONALE, PLEASE REVIEW THE SEPARATE RUC RECOMMENDATION DOCUMENT.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) *(List separately in addition to code for primary procedure)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers “pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts.” This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over “complete procedure” coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.60 which is below the survey 25^{th}percentile value.

Service Period Times

The panel recommends the following service period times for 77003, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey

median for the pre, and the same as the survey median for the intra and post, the same as the current service period times.

Key Reference Service

The most commonly selected key reference service is 64484 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure))*. This ZZZ code has a higher RVU of 1.00 and a lower intra service time of 10 minutes reflecting the higher intensity of a nerve block versus a more general spine procedure.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022
64484	Injection, transforaminal epidural; lumbar or sacral	1.00	0	10	0	10	0.100

MPC Code

The panel recommendation of 0.60 RVUs for 77003 is bracketed by two MPC codes with XXX global periods: 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)* and 76700 *(Ultrasound, abdominal, real time with image documentation; complete).*

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
76536	Head and neck u/s	0.56	4	10	4	18	0.038	XXX
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022	ZZZ
76700	Abdominal u/s; complete	0.81	5	11	5	21	0.053	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77003

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 480,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 77003 provided nationally in a one-year period is estimated to be 480,000

Specialty Diagnostic Radiology Frequency 58128 Percentage 12.11 %

Specialty Anesthesiology Frequency 171072 Percentage 35.64 %

Specialty Physical Medicine & Rehabilitation Frequency 51456 Percentage 10.72 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 160,372 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. With the bundling fluoroscopic guidance in the epidural injection codes the utilization for 77003 alone will decrease by 83%.

Specialty Diagnostic Radiology Frequency 19421 Percentage 12.10 %

Specialty Anesthesiology Frequency 57156 Percentage 35.63 %

Specialty Physical Medicine & Rehabilitation Frequency 17191 Percentage 10.71 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Other

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77003

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Fluoroscopic Guidance

TAB: 13

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
16	REF	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	25	0.021			0.30			14						10			4					
17	REF	19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	8	0.047			1.00			25		1	4			20								
18	Apr 2013 RUC	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and		0.032			0.38			13						9			4					
19	SVY	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and	52	0.031	0.25	0.50	0.95	1.03	3.00	35	10			2	15	20	30	60	5	0	2	60	163	1200
20	REC		Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)		0.022			0.38			17		2				15			0					

	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
24	REF	64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	19	0.100			1.00			10						10								
25	REF	19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	15	0.057			0.85			19		1	4			14								
26	Apr 2013 RUC	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)		0.018			0.54			27	7					15			5					
27	SVY	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	72	0.044	0.20	0.80	1.00	1.00	2.00	30	10			3	10	15	23	60	5	0	20	50	100	600
28	REC		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15			0					

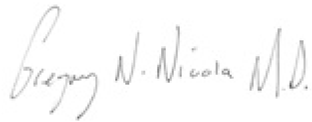
	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
32	REF	64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	53	0.100			1.00			10						10								
33	REF	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	31	0.077			1.16			15						15								
34	Apr 2013 RUC	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)		0.022			0.60			27	7					15			5					
35	SVY	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in	114	0.044	0.25	1.00	1.00	1.16	2.00	30	10			2	10	15	30	60	5	0	10	60	188	1900
36	REC		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)		0.037			0.60			17		2				15			0					

Tab Number: 13
Issue: Fluoroscopic Guidance
Code Range: 77003

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



____
Signature

Greg Nicola, MD
____
Printed Signature

American Society of Neuroradiology
____
Specialty Society

8/17/2015
____
Date

4
5
12
13
14
Tab Number

Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Kurt A. Schoppe, MD___________________________
Printed Signature

American College of Radiology___________________
Specialty Society

September 8, 2015
Date

4
5
12
13
14
Tab Number

Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Ezequiel Silva, III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77001-77003
Code Range

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Signature

Marc Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 08, 2015
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77001-77003
Code Range

Attestation Statement

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Signature

Richard Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 8, 2015
Date

Tab 4 Percutaneous Biliary Procedures Bundling (47531-47544)
Tab 5 Intracranial Endovascular Intervention (61460 – 61462)
Tab 12 Abdominal Aorta Ultrasound Screening (767X1)
Tab 13 Fluoroscopic Guidance (77001-77003)
Tab 14 Moderate Sedation Services (991X1X-991X4X)

Attestation Statement

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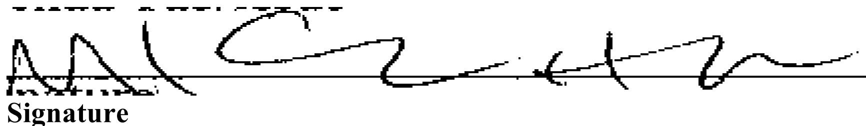

Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

9/04/2015
Date

10_& 13________
Tab Number

Epidural Injections_& _Fluoroscopic Guidance_
Issue

Attestation Statement

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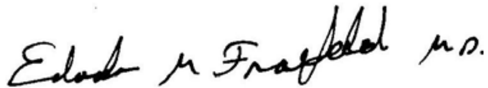
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Signature

Eduardo Fraifeld, M.D.________________________________
Printed Signature

AAPM____
Specialty Society

__9.1.15____
Date

______13____
Tab Number

_Fluoroscopic Guidance
Issue

___77003____
Code Range

Attestation Statement

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____
Signature

Barry Smith, MD
____
Printed Signature

AAPM&R
____
Specialty Society

_______________9-8-15___________________________
Date

CPT Code: 77001,77002,77003
Specialty Society(‘s)_ACR, ASA, AAPM, SIR, AAPMR and ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: _ZZZ__ Meeting Date: _October 2015

77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) *(List separately in addition to code for primary procedure)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR), the Society of Interventional Radiology (SIR), the American Society of Anesthesiologists (ASA), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), the American Society of Neuroradiology (ASNR) and the American Academy of Pain Medicine (AAPM) convened a consensus panel to finalize the practice expense data for fluoroscopic guidance codes 77001-77003.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The societies included the existing PE inputs for 77001, 77002, and 77003 on the spreadsheet to serve as a reference. We also included surgical codes to the PE for reference, consistent with our PE from April 2013, and to avoid any duplication of activities.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Availability of prior images confirmed**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Proposed Rule.

- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Prepare room, equipment, supplies**- In order to maintain consistency across the code family, the standard time of 2 minutes was allocated to code 77003.

- **Prepare and position patient/ monitor patient/ set up IV**- In order to maintain consistency across the code family, a standard time of 2 minutes was allocated to code 77003.

- **Acquire Images** - In order to maintain consistency across the code family, 15 minutes was allocated to code 77001.

- **Clean room/equipment by physician staff**- In order to maintain consistency across the code family, the standard time of 3 minutes was allocated to code 77003.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Review examination with interpreting MD**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue**- For this code family, CMS proposed a standard of 1 minute as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Proposed Rule.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	H	J
		AMA Specialty Society Recommendation						
1	REVISED AT RUC 10/1/15			REFERENCE CODE		EFERENCE COD	REFERENCE CODE	
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			36556 (April 2013 RUC)		76937 (April 2013 RUC)	77001 (April 2013 RUC)	77001 (Oct 2015 RUC)
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**37.0**	**3.0**	**15.0**	**21.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**		**0.0**	**3.0**	**4.0**
8		**L037D**	RN/LPN/MTA	**6.0**	**0.0**			
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**	**0.0**	**15.0**	**18.0**	**27.0**
10		**L037D**	RN/LPN/MTA	**28.0**				
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**				
12		**L037D**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**
13	**PRE-SERVICE**							
14	**Start: Following visit when decision for surgery or procedure made**							
15	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA					
16	Coordinate pre-surgery services							
17	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA					
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA					
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA					
20	Availability of prior images confirmed	**L041B**	RadTech				**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech					**2**
22	Other Clinical Activity - *specify:*							
23	**End: When patient enters office/facility for surgery/procedure**							
24	**SERVICE PERIOD**							
25	**Start: When patient enters office/facility for surgery/procedure:**							
26	Greet patient, provide gowning, ensure appropriate medical records are available							
27	Obtain vital signs							
28	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA					
29	Prepare room, equipment, supplies	**L041B**	RadTech				**2**	**2**
30	Setup scope (non facility setting only)							
31	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA					
32	Prepare and position patient/ monitor patient/ set up IV	**L041B**	RadTech				**2**	**2**
33	Sedate/apply anesthesia							
34	Other Clinical Activity - specify:							
35	**Intra-service**							
36	Assist physician with fluoro and image acquisition	**L037D**	RN/LPN/MTA					
37	Assist physician with fluoro and image acquisition	**L041B**	RadTech				**9**	
38	Acquire images	**L041B**	RadTech					**15**

AMA Specialty Society Recommendation

	A	B	C	D	E	F	H	J
1	REVISED AT RUC 10/1/15			REFERENCE CODE		REFERENCE CODE	REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36556** **(April 2013 RUC)**		**76937** **(April 2013 RUC)**	**77001** **(April 2013 RUC)**	**77001** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
39	**Post-Service**							
40	Monitor pt. following moderate sedation							
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)							
42	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA					
43	Clean room/equipment by physician staff	**L041B**	RadTech				**3**	**3**
44	Clean Scope							
45	Clean Surgical Instrument Package							
46	Complete diagnostic forms, lab & X-ray requisitions							
47	Review/read X-ray, lab, and pathology reports							
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA					
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	RadTech					**2**
50	Review examination with interpreting MD	**L041B**	RadTech					**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech					**1**
52	Other Clinical Activity - *specify:*							
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*	**L041B**	RadTech				**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**			**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**			**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**			**n/a**	**n/a**
57	**End: Patient leaves office**	**L037D**	RN/LPN/MTA					

	A	B	C	D	E	F	H	J
1	REVISED AT RUC 10/1/15			REFERENCE CODE		EFERENCE COD	REFERENCE CODE	
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			36556 (April 2013 RUC)		76937 (April 2013 RUC)	77001 (April 2013 RUC)	77001 (Oct 2015 RUC)
3	Meeting Date: October 2015 Tab: 13 - Fluoroscopic Guidance Specialty: American College of Radiology	CMS Code	Staff Type	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	LOCATION			Non Fac	Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			000	000	ZZZ	ZZZ	ZZZ
58	POST-SERVICE Period							
59	Start: Patient leaves office/facility							
60	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA					
61	*Office visits: List Number and Level of Office Visits*			# visits			# visits	# visits
62	99211 16 minutes		16					
63	99212 27 minutes		27					
64	99213 36 minutes		36					
65	99214 53 minutes		53					
66	99215 63 minutes		63					
67	Total Office Visit Time			0.0			0.0	0.0
68	Other Clinical Activity - *specify:*							
69	End: with last office visit before end of global period							
70	MEDICAL SUPPLIES*	CODE	UNIT					
71	kit, CVA catheter, non-tunneled	SA009	kit	1				
72	pack, minimum multi-specialty visit	SA048	pack	1				
73	tray, lumbar puncture	SA065	tray					
74	tray, shave prep	SA067	tray	1				
75	cap, surgical	SB001	item	1			1	1
76	cover-condom, transducer or ultrasound probe	SB005	item			1		
77	drape, non-sterile, sheet 40in x 60in	SB006	item					
78	drape, sterile barrier 16in x 29in	SB007	item	1		2	1	1
79	drape, sterile, c-arm, fluoro	SB008	item				1	1
80	gloves, non-sterile	SB022	item					
81	gloves, sterile	SB024	pair	1			1	1
82	gown, staff, impervious	SB027	item	1				
83	gown, surgical, sterile	SB028	item				1	1
84	mask, surgical	SB033	item				1	1
85	mask, surgical, with face shield	SB034	item	1				
86	shoe covers, surgical	SB039	item	1			1	1
87	iv tubing (extension)	SC019	foot			3		
88	needle, 18-27g	SC029	item	1				
89	spinal manometer	SC048	item					
90	syringe 1ml	SC052	item	1				
91	syringe 3ml	SC055	item	1				
92	syringe 50-60ml	SC056	item			1		
93	syringe 5-6ml	SC057	item					
94	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	1				
95	gauze, sterile 4in x 4in	SG055	item	3				
96	gauze, sterile 4in x 4in (10 pack uou)	SG056	item					
97	tape, surgical paper 1in (Micropore)	SG079	inch	12				
98	heparin 1,000 units-ml inj	SH039	ml	5				
99	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	1				
100	sodium chloride 0.9% flush syringe	SH065	item	1				
101	hydrogen peroxide	SJ028	ml	20				
102	lubricating jelly (K-Y) (5gm uou)	SJ032	item			6		
103	povidone soln (Betadine)	SJ041	ml	10				
104	swab-pad, alcohol	SJ053	item	2				
105	ultrasound transmission gel	SJ062	ml			150		
106	disinfectant, surface (Envirocide, Sanizide)	SM013	item				1	1
107	sanitizing cloth-wipe (patient)	SM021	item			5		
108	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item			2		
109	EQUIPMENT	CODE						
110	PACS Workstation Proxy	ED050				15	18	27
111	table, exam	EF023		30				
112	room, radiographic-fluoroscopic	EL014					16	24
113	light, exam	EQ168		30				
114	ultrasound unit, portable	EQ250				10		

	A	CMS Code	Staff Type	L	M	N	P
1	REVISED AT RUC 10/1/15			REFERENCE CODE		REFERENCE COD	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**19.0**	**3.0**	**27.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	RadTech			**3.0**	**4.0**
8		**L037D**	RN/LPN/MTA	**0.0**	**0.0**		
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	RadTech		**0.0**	**24.0**	**27.0**
10		**L037D**	RN/LPN/MTA	**16.0**			
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	RadTech				
12		**L037D**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**
13	**PRE-SERVICE**						
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA				
16	Coordinate pre-surgery services						
17	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA				
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA				
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA				
20	Availability of prior images confirmed	**L041B**	RadTech			**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech				**2**
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available						
27	Obtain vital signs						
28	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**3**			
29	Prepare room, equipment, supplies	**L041B**	RadTech			**2**	**2**
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA	**2**			
32	Prepare and position patient/ monitor patient/ set up IV	**L041B**	RadTech			**2**	**2**
33	Sedate/apply anesthesia						
34	Other Clinical Activity - specify:						
35	**Intra-service**						
36	Assist physician with fluoro and image acquisition	**L037D**	RN/LPN/MTA	**5**			
37	Assist physician with fluoro and image acquisition	**L041B**	RadTech			**15**	
38	Acquire images	**L041B**	RadTech				**15**

	A	B	C	L	M	N	P
1	REVISED AT RUC 10/1/15			REFERENCE CODE		REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			20610 (April 2012 RUC)		77002 (2015 RUC DB)	77002 (Oct 2015 RUC)
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
39	**Post-Service**						
40	Monitor pt. following moderate sedation						
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
42	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA	**3**			
43	Clean room/equipment by physician staff	**L041B**	RadTech			**3**	**3**
44	Clean Scope						
45	Clean Surgical Instrument Package						
46	Complete diagnostic forms, lab & X-ray requisitions						
47	Review/read X-ray, lab, and pathology reports						
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA	**3**			
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	RadTech				**2**
50	Review examination with interpreting MD	**L041B**	RadTech				**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech				**1**
52	Other Clinical Activity - *specify:*						
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*	**L041B**	RadTech			**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	**n/a**
57	**End: Patient leaves office**	**L037D**	RN/LPN/MTA				

	A		C	L	M	N	P
1	REVISED AT RUC 10/1/15			REFERENCE CODE		REFERENCE CODE	
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			20610 (April 2012 RUC)		77002 (2015 RUC DB)	77002 (Oct 2015 RUC)
3	Meeting Date: October 2015 Tab: 13 - Fluoroscopic Guidance Specialty: American College of Radiology	CMS Code	Staff Type	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	LOCATION			Non Fac	Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			000	000	XXX	ZZZ
58	POST-SERVICE Period						
59	Start: Patient leaves office/facility						
60	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3		
61	*Office visits: List Number and Level of Office Visits*					# visits	# visits
62	99211 16 minutes		16				
63	99212 27 minutes		27				
64	99213 36 minutes		36				
65	99214 53 minutes		53				
66	99215 63 minutes		63				
67	Total Office Visit Time					0.0	0.0
68	Other Clinical Activity - *specify:*						
69	End: with last office visit before end of global period						
70	MEDICAL SUPPLIES*	CODE	UNIT				
71	kit, CVA catheter, non-tunneled	SA009	kit				
72	pack, minimum multi-specialty visit	SA048	pack				
73	tray, lumbar puncture	SA065	tray				
74	tray, shave prep	SA067	tray				
75	cap, surgical	SB001	item				
76	cover-condom, transducer or ultrasound probe	SB005	item				
77	drape, non-sterile, sheet 40in x 60in	SB006	item				
78	drape, sterile barrier 16in x 29in	SB007	item	1			
79	drape, sterile, c-arm, fluoro	SB008	item			1	1
80	gloves, non-sterile	SB022	item			1	1
81	gloves, sterile	SB024	pair	1			
82	gown, staff, impervious	SB027	item				
83	gown, surgical, sterile	SB028	item				
84	mask, surgical	SB033	item				
85	mask, surgical, with face shield	SB034	item				
86	shoe covers, surgical	SB039	item				
87	iv tubing (extension)	SC019	foot				
88	needle, 18-27g	SC029	item	2			
89	spinal manometer	SC048	item				
90	syringe 1ml	SC052	item				
91	syringe 3ml	SC055	item				
92	syringe 50-60ml	SC056	item				
93	syringe 5-6ml	SC057	item	1			
94	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	1			
95	gauze, sterile 4in x 4in	SG055	item				
96	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1			
97	tape, surgical paper 1in (Micropore)	SG079	inch				
98	heparin 1,000 units-ml inj	SH039	ml				
99	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	5			
100	sodium chloride 0.9% flush syringe	SH065	item				
101	hydrogen peroxide	SJ028	ml				
102	lubricating jelly (K-Y) (5gm uou)	SJ032	item				
103	povidone soln (Betadine)	SJ041	ml	10			
104	swab-pad, alcohol	SJ053	item	2			
105	ultrasound transmission gel	SJ062	ml				
106	disinfectant, surface (Envirocide, Sanizide)	SM013	item			1	1
107	sanitizing cloth-wipe (patient)	SM021	item				
108	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item				
109	EQUIPMENT	CODE					
110	PACS Workstation Proxy	ED050				24	27
111	table, exam	EF023		16			
112	room, radiographic-fluoroscopic	EL014				22	24
113	light, exam	EQ168		16			
114	ultrasound unit, portable	EQ250					

AMA Specialty Society Recommendation

	A	B	C	R	S	T	V
1	REVISED AT RUC 10/1/15			REFERENCE CODE		REFERENCE CODE	
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			62270 (March 2003 PEAC)		77003 (2015 RUC DB)	77003 (Oct 2015 RUC)
3	Meeting Date: October 2015 Tab: 13 - Fluoroscopic Guidance Specialty: American College of Radiology	CMS Code	Staff Type	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			Non Fac	Facility	Non Fac	Non Fac
5	**GLOBAL PERIOD**			000	000	XXX	ZZZ
6	**TOTAL CLINICAL LABOR TIME**			49.0	17.0	23.0	31.0
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L041B	RadTech			3.0	4.0
8		L037D	RN/LPN/MTA	11.0	14.0		
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L041B	RadTech	0.0	0.0	20.0	27.0
10		L037D	RN/LPN/MTA	35.0			
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L041B	RadTech				
12		L037D	RN/LPN/MTA	3.0	3.0	0.0	0.0
13	**PRE-SERVICE**						
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3		
16	Coordinate pre-surgery services						
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5	5		
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3		
20	Availability of prior images confirmed	L041B	RadTech			3	2
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech				2
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available						
27	Obtain vital signs						
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				
29	Prepare room, equipment, supplies	L041B	RadTech			1	2
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA				
32	Prepare and position patient/ monitor patient/ set up IV	L041B	RadTech			1	2
33	Sedate/apply anesthesia						
34	Other Clinical Activity - specify:						
35	**Intra-service**						
36	Assist physician with fluoro and image acquisition	L037D	RN/LPN/MTA				
37	Assist physician with fluoro and image acquisition	L041B	RadTech			15	
38	Acquire images	L041B	RadTech				15

	A	B	C	R	S	T	V
1	REVISED AT RUC 10/1/15			REFERENCE CODE		REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			62270 (March 2003 PEAC)		77003 (2015 RUC DB)	77003 (Oct 2015 RUC)
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
39	**Post-Service**						
40	Monitor pt. following moderate sedation						
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
42	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA				
43	Clean room/equipment by physician staff	**L041B**	RadTech			**1**	**3**
44	Clean Scope						
45	Clean Surgical Instrument Package						
46	Complete diagnostic forms, lab & X-ray requisitions						
47	Review/read X-ray, lab, and pathology reports						
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA				
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	RadTech				**2**
50	Review examination with interpreting MD	**L041B**	RadTech				**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech				**1**
52	Other Clinical Activity - *specify:*						
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*	**L041B**	RadTech			**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	**n/a**
57	**End: Patient leaves office**	**L037D**	RN/LPN/MTA	**35**			

	A	AMA Specialty Society Recommendation		R	S	T	V
1	REVISED AT RUC 10/1/15			REFERENCE CODE		REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62270** **(March 2003 PEAC)**		**77003** **(2015 RUC DB)**	**77003** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
58	**POST-SERVICE Period**						
59	**Start: Patient leaves office/facility**						
60	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA	**3**	**3**		
61	***Office visits: List Number and Level of Office Visits***					**# visits**	**# visits**
62	99211 16 minutes		16				
63	99212 27 minutes		27				
64	99213 36 minutes		36				
65	99214 53 minutes		53				
66	99215 63 minutes		63				
67	**Total Office Visit Time**					**0.0**	**0.0**
68	Other Clinical Activity - *specify:*						
69	**End: with last office visit before end of global period**						
70	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
71	**kit, CVA catheter, non-tunneled**	**SA009**	kit				
72	**pack, minimum multi-specialty visit**	**SA048**	pack	**1**			
73	**tray, lumbar puncture**	**SA065**	tray	**1**			
74	**tray, shave prep**	**SA067**	tray				
75	**cap, surgical**	**SB001**	item				
76	**cover-condom, transducer or ultrasound probe**	**SB005**	item				
77	**drape, non-sterile, sheet 40in x 60in**	**SB006**	item	**1**			
78	**drape, sterile barrier 16in x 29in**	**SB007**	item				
79	**drape, sterile, c-arm, fluoro**	**SB008**	item			**1**	**1**
80	**gloves, non-sterile**	**SB022**	item			**1**	**1**
81	**gloves, sterile**	**SB024**	pair	**2**			
82	**gown, staff, impervious**	**SB027**	item	**1**			
83	**gown, surgical, sterile**	**SB028**	item				
84	**mask, surgical**	**SB033**	item				
85	**mask, surgical, with face shield**	**SB034**	item				
86	**shoe covers, surgical**	**SB039**	item				
87	**iv tubing (extension)**	**SC019**	foot				
88	**needle, 18-27g**	**SC029**	item	**1**			
89	**spinal manometer**	**SC048**	item	**1**			
90	**syringe 1ml**	**SC052**	item	**1**			
91	**syringe 3ml**	**SC055**	item				
92	**syringe 50-60ml**	**SC056**	item				
93	**syringe 5-6ml**	**SC057**	item				
94	**bandage, strip 0.75in x 3in (Bandaid)**	**SG021**	item				
95	**gauze, sterile 4in x 4in**	**SG055**	item				
96	**gauze, sterile 4in x 4in (10 pack uou)**	**SG056**	item				
97	**tape, surgical paper 1in (Micropore)**	**SG079**	inch				
98	**heparin 1,000 units-ml inj**	**SH039**	ml				
99	**lidocaine 1%-2% inj (Xylocaine)**	**SH047**	ml				
100	**sodium chloride 0.9% flush syringe**	**SH065**	item				
101	**hydrogen peroxide**	**SJ028**	ml				
102	**lubricating jelly (K-Y) (5gm uou)**	**SJ032**	item				
103	**povidone soln (Betadine)**	**SJ041**	ml				
104	**swab-pad, alcohol**	**SJ053**	item	**1**			
105	**ultrasound transmission gel**	**SJ062**	ml				
106	**disinfectant, surface (Envirocide, Sanizide)**	**SM013**	item			**1**	**1**
107	**sanitizing cloth-wipe (patient)**	**SM021**	item				
108	**sanitizing cloth-wipe (surface, instruments, equipment)**	**SM022**	item				
109	**EQUIPMENT**	**CODE**					
110	**PACS Workstation Proxy**	**ED050**				**20**	**27**
111	**table, exam**	**EF023**		**35**			
112	**room, radiographic-fluoroscopic**	**EL014**				**18**	**24**
113	**light, exam**	**EQ168**					
114	**ultrasound unit, portable**	**EQ250**					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other – Utilization over 500,000 / NPRM for 2014

April 2014

Ultrasound Guidance for Needle Placement

In April 2011, this service was identified through the CMS/Other codes with Medicare utilization over 500,000 screen. The specialty societies initially recommended a delay in surveying 76942 since 76942 has been recently bundled into a number of services including paracentesis, thoracentesis, chest tube placement, breast biopsy and most recently arthrocentesis. The RUC recommended to review the survey instrument at the Research Subcommittee October 2013 and to survey for work and develop direct practice expense inputs by April 2014.

Prior to valuing this service, the RUC reviewed the specialty societies' compelling evidence that the current value for this procedure may be misvalued. The specialty societies explained that a flawed methodology was used to arrive at the current work value of 0.67. Prior to this survey, 76942 had not been reviewed by the RUC and was originally valued using a CMS/Other crosswalk methodology. Since it is unknown how CMS valued this service originally, the RUC agreed that this represents a flawed methodology. Furthermore, there has been a significant change in the dominant providers of this service since its initial valuation. In 1993, two specialties, urologists and diagnostic radiologists provided the vast majority of services. In 2013, there was a plurality of performing specialties with the dominant providers being orthopedic surgeons and rheumatologists. The RUC agreed that there is compelling evidence that CPT code 76942 may be misvalued.

76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
The RUC reviewed the survey results from 255 diagnostic and interventional radiologists, endocrinologists, anesthesiologists, rheumatologists, urologists and breast surgeons and agreed with the specialty societies that the following physician time components are accurate for 76942: pre-service time of 7 minutes, intra-service time of 15 minutes and immediate post-service time of 5 minutes. The pre-service and post-service times were reduced from the survey median in order to render them compatible with other recently reviewed XXX global image guidance codes 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device* and 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid).*

The RUC reviewed the survey respondents' estimated physician work values and agreed that while compelling evidence exists that 76942 is potentially misvalued, the survey median work RVU of 0.76 was not appropriate. Therefore, the RUC agreed that the current work RVU of 0.67 accurately values this procedure. To justify a value of 0.67, the RUC compared the surveyed code to key reference code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and noted that since 76536 has less intra-service time than the surveyed code, 10 minutes compared to 15 minutes, the reference code is appropriately valued less than 76942. The RUC also reviewed CPT codes 76881 *Ultrasound, extremity, nonvascular, real-time with image documentation; complete* (work RVU= 0.63,

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intra time= 15 minutes) and MPC code 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU= 0.85, intra time= 15 minutes) and agreed that both reference codes, with identical intra-service time compared to the surveyed code, provide appropriate brackets below and above the recommended value for 76942, respectively. Finally, the RUC compared 76942 to other image guidance for needle placement codes and agreed that a recommended work value of 0.67 accurately places this service in the mid-range of guidance codes, slightly above the less intense and complex CPT code 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)* (work RVU= 0.60, intra time= 15 minutes). **The RUC recommends a work RVU of 0.67 for CPT code 76942.**

Practice Expense

The RUC reviewed the direct PE inputs and noted a slight increase in clinical labor time for 76942 due to the increase of 5 minutes of intra-service time from the survey. The RUC approved the direct practice expense with no modifications as approved by the Practice Expense Subcommittee.

Medicare Utilization

The RUC noted that CMS identified 76942 as being potentially misvalued in the 2014 NPRM because of the high frequency that it is billed with CPT code 20610 *Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa),* which has a shorter clinical staff intra-service time than the ultrasound guidance procedure. In response, the specialty societies created a bundled code for arthrocentesis performed with ultrasound guidance which will be a new service in CY2015. As the expected billing pattern for 76942 as a stand-alone service is unknown, the RUC agreed to monitor the future utilization of 76942 to ensure that the services commonly billed with it do not include clinical staff times which is non –congruent with the clinical staff times of the ultrasound guidance service.

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	XXX	0.67

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76942 Tracking Number Original Specialty Recommended RVU: **0.76**
Presented Recommended RVU: **0.76**
Global Period: XXX RUC Recommended RVU: **0.67**

CPT Descriptor: Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Ultrasonic guidance is utilized for needle placement during a separately reported underlying procedure (eg, biopsy, aspiration, injection).

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 23%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 5%

Description of Pre-Service Work: The physician instructs the diagnostic medical sonographer in the ultrasound equipment required, including appropriate transducers, needle guides and probe covers, as well as the proper settings for the ultrasound equipment.

Description of Intra-Service Work: Preliminary ultrasound is performed to identify the appropriate approach for the initial needle placement. Ultrasound is used to confirm the correct trajectory for needle advancement to the target anatomic location, with care taken to avoid vascular structures and non-target organs. Intermittent ultrasound visualization may take place during the separately reportable intervention which necessitated the needle placement. Permanent images are recorded.

Description of Post-Service Work: A report describing the ultrasound guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Howard Lando, MD; Barry Smith, MD; David Lenrow, MD; Fredrica Smith, MD; Tim Laing, MD; Marc Leib, MD; Richard Rosenquist, MD; Eric Whitacre, MD, FACS; Norm Smith, MD; Tom Turk, MD; Jerry Niedzwiecki, MD; Michael Hall, MD; Allan Glass, MD					
Specialty(s):	American College of Radiology, American Association of Clinical Endocrinologists, American Academy of Physical Medicine & Rehabilitation, American College of Rheumatology, American Society of Anesthesiologists, American Society of Breast Surgeons, American Urological Association, Society of Interventional Radiology, The Endocrine Society					
CPT Code:	76942					
Sample Size:	3634	**Resp N:** 255		**Response:** 7.0 %		
Description of Sample:	Random Sample					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	63.00	**100.00**	250.00	5000.00
Survey RVW:	0.22	0.62	**0.76**	0.99	4.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	5.00	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76942	**Recommended Physician Work RVU: 0.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76536	XXX	0.56	**RUC Time**

CPT Descriptor Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76817	XXX	0.75	**RUC Time**	18,907

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76816	XXX	0.85	**RUC Time**	17,491

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

Other Reference CPT Code	Global	Work RVU	Time Source
76881	XXX	0.63	**RUC Time**

CPT Descriptor Ultrasound, extremity, nonvascular, real-time with image documentation; complete

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 52 **% of respondents:** 20.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 76942	Key Reference CPT Code: 76536	Source of Time RUC Time
Median Pre-Service Time	7.00	4.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	5.00	4.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**27.00**	**18.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean) **(of those that selected Key Reference code)**

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.27	3.37
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.08	2.96
Urgency of medical decision making	3.08	2.69

Technical Skill/Physical Effort (Mean)

Technical skill required	4.21	3.75
Physical effort required	3.48	2.92

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.25	2.40
Outcome depends on the skill and judgment of physician	3.92	3.58
Estimated risk of malpractice suit with poor outcome	3.06	2.71

INTENSITY/COMPLEXITY MEASURES

Time Segments (Mean)

	CPT Code	Reference Service 1
Pre-Service intensity/complexity	3.17	2.85
Intra-Service intensity/complexity	3.83	3.52

Post-Service intensity/complexity	2.96	2.56

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
CPT code 76942 *(Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation)* was identified by the CMS/Other – Utilization over 500,000 screen, and an action plan was requested by the RAW. For the February 2012 RUC meeting, the specialty societies submitted an action plan requesting a delay in surveying, pending the effects of the recent bundling of 76942 into the newly created thoracentesis and paracentesis codes. 76942 was also discussed extensively in the CY2014 NPRM, leading to submission of another action plan for the October 2013 RUC meeting. At that time, the specialty societies addressed the concerns raised in the NPRM but agreed to survey 76942 for April of 2014.

76942 has been performed together with a wide variety of underlying procedures and by a large number of different specialties. In the past two years, many of the most common procedures reported with 76942 have had their CPT codes modified to bundle the ultrasound guidance into the underlying codes. Consequently, for this large group of procedures, which includes thoracentesis, paracentesis, arthrocentesis, and breast biopsy, ultrasound guidance is no longer reported separately as 76942. As a result of these CPT code changes, the total utilization and the specialty distribution of 76942 is changing rapidly.

Survey Process
Nine specialty societies (American College of Radiology, American Association of Clinical Endocrinologists, American Academy of Physical Medicine & Rehabilitation, American College of Rheumatology, American Society of Anesthesiologists, American Society of Breast Surgeons, American Urological Association, Society of Interventional Radiology, The Endocrine Society) randomly surveyed their respective members using an RSL and vignette approved by the Research Subcommittee. A total of 255 complete surveys across seven specialties were received and analyzed. An expert panel, including physicians familiar with these services from each specialty, reviewed the survey data and developed the recommendations contained in the SOR.

Compelling Evidence
The specialty societies are recommending an increase in work RVU over the current value. The RUC database indicates the time source for 76942 as "CMS/Other ", indicating that this code was not Harvard valued and has never been surveyed. We believe that the requirement for compelling evidence is met since 76942 meets the criterion, "a flawed mechanism or methodology used in the previous valuation".

Work Recommendation:
The specialty societies recommend the median survey work RVU of 0.76, an increase of 0.09 RVU over the existing value of 0.67 RVU.

Service Period Time Recommendations:
Based on the analysis of the expert panel, the specialty societies recommend a pre-service time of 7 minutes, which is less than the survey median pre-service time of 10 minutes, in order to render the pre-time of 76942 compatible with two other recently reviewed XXX image guidance codes, 77002 *(Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device))* and 77003 *(Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid))*. The societies also recommend intra-service time of 15 minutes (survey median) and the post service time of 5 minutes (survey median).

Key Reference Service:

Two separate key reference services were chosen by a nearly identical number of survey respondents: 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)* and 76881 *(Ultrasound, extremity, nonvascular, real-time with image documentation; complete)*, both of which support our recommendation.

76536 has 0.56 RVU, with less pre-time and intra time than 76942. However, our societies believe that guiding a needle into a specific location in an internal organ (e.g. thyroid), as is done with 76942, is of considerably greater intensity and complexity than 76536, which is a non-invasive, involving only visual observation of an internal structure (e.g. thyroid). This increased intensity/complexity of 76942 as compared to 76536, coupled with the increased time involved, accounts for the slightly higher work RVU value for 76942.

76881 is a diagnostic ultrasound code involving evaluation of the extremity. 76881 has the same intra-service and post-service time as 76942 and 2 minutes less pre-service time. In October of 2008, the RUC accepted and recommended to CMS an RVU of 0.72 RVU for 76881. However, CMS lowered the value to its current 0.63 RVU. The original RUC recommended value of 0.72, supported by a specialty society survey, supports our recommendation for 76942.

Code	RUC-approved RVU	CMS-lowered RVU	Pre	Intra	Post	Total	IWPUT
76536	0.56	0.56	4	10	4	18	0.0381
76881	0.72	0.63	5	15	5	25	0.0271
76942		**0.67**	**7**	**15**	**5**	**27**	**0.0327**

MPC Codes:

Our recommendation is bracketed by two ultrasound codes on the MPC list: 76817 *(Ultrasound, pregnant uterus, real time with image documentation, transvaginal)* and 76816 *(Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus)*. 76817 has a comparable RVU of 0.75 and a lower intra time and total time. 76816 has a slightly higher RVU, the same intra time, more total time and a higher RVU.

Code	RVU	Pre	Intra	Post	Total	IWPUT
76817	0.75	5	10	8	23	0.0459
76942	**0.67**	**7**	**15**	**5**	**27**	**0.0327**
76816	0.85	6	15	10	31	0.0328

Comparison to other image guidance codes

Our recommendation compares favorably to the other RUC surveyed XXX imaging guidance codes and our expert panel believes that ultrasound guidance is more technically demanding than fluoroscopic guidance, requiring the manipulation of an ultrasound transducer with one hand and the needle / biopsy system with the other. Practiced, coordinated maneuvering is required to maintain visualization of the needle along its entire length to ensure proper target sampling and avoidance of non-target structures.

The entire family is summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Meeting

76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	0.30		10	4	14	0.0210	Apr 2003
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	0.54	7	15	5	27	0.0181	Apr 2013
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	0.60	7	15	5	27	0.0221	Apr 2013
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	**0.67**	**7**	**15**	**5**	**27**	**0.0327**	**Apr 2014**
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	1.16				22		CMS/Other
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	1.50	20	42.5	15	77.5	0.0168	Apr 2000

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Urology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 5070400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that this service will be provided 5,070,400 times nationally in a one-year period.

Specialty Radiology Frequency 1227500 Percentage 24.20 %

Specialty Anesthesiology Frequency 675000 Percentage 13.31 %

Specialty Urology Frequency 468000 Percentage 9.23 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,690,154 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2012 Medicare utilization data, it is estimated that this service will be provided to Medicare patients 1,690,154 times nationally within a one-year period. For 2013 and later, the utilization of 76942 will be less than these 2012 data as a result of new bundled codes for breast biopsy, thoracentesis, and arthrocentesis.

Specialty Radiology Frequency 409200 Percentage 24.21 %

Specialty Anesthesiology Frequency 225000 Percentage 13.31 %

Specialty Urology Frequency 156000 Percentage 9.22 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76942

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: US Guidance for Needle Placement

TAB: 35

Row	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
						MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
16	Apr-09	76536	Ultrasound, s	52	0.038			0.56			18	4					10			4					
17	Apr-10	76881	Ultrasound, e	51	0.027			0.63			25	5					15			5					
18	CMS/Other	76942	Ultrasonic guidance		0.022			0.67			30						30								
19	ACR/SIR-SVY	76942	Ultrasonic gui	93	0.028	0.22	0.58	0.75	1.00	2.00	30	10			3	10	15	20	60	5	0	100	120	300	1000
20	ASBS- SVY	76942	Ultrasonic gui	31	0.009	0.39	0.60	0.69	0.99	1.20	40	15			4	13	15	25	60	10	3	55	100	200	500
21	AAPMR- SVY	76942	Ultrasonic gui	16	0.026	0.30	0.56	0.66	0.96	2.10	28	10			5	10	10	16	45	8	0	19	87	140	500
22	ASA- SVY	76942	Ultrasonic gui	9	0.051	0.63	0.70	0.85	1.00	3.50	25	10			10	10	10	15	20	5	25	174	200	300	1000
23	AUA- SVY	76942	Ultrasonic gui	15	0.040	0.56	0.69	0.69	0.75	4.00	23	5			7	10	10	18	40	8	0	53	60	88	150
24	ACRh- SVY	76942	Ultrasonic gui	45	0.037	0.35	0.70	0.85	1.00	2.00	28	8			5	10	15	20	30	5	3	50	176	478	5000
25	TES/AACE-SVY	76942	Ultrasonic gui	46	0.024	0.30	0.70	0.85	1.00	3.42	37	10			5	13	17	30	60	10	10	71	101	200	1500
26	COMBINED - SVY	76942	Ultrasonic gui	255	0.028	0.22	0.62	0.76	0.99	4.00	30	10			3	10	15	20	60	5	0	63	100	250	5000
27	REC	76942	Ultrasonic guidance		0.0267			0.67			27	7					15			5					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
5	ISSUE:	Excision of bone																																						
6	TAB:	84																																						
7						RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
8	source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
9	REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0								1						
10	HVD	55555	abc		0.053			5.00			133	17					27			8					1	1.0								1						
11	SVY	55555	abc		0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0								1						
12	REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1						
13																																								
14																																								
15																																								
16																																								
17																																								
18																																								

35
Tab Number

Ultrasound Guidance for Needle Placement
Issue

76942
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Marc L. Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

April 1, 2014
Date

35
Tab Number

Ultrasound Guidance for Needle Placement
Issue

76942
Code Range

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Signature

Richard W. Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

April 1, 2014
Date

Issue	Tab Number
Cryoablation Treatment of the Bone Tumors	4
Percutaneous Vertebroplasty and Augmentation	6
Transcatheter Placement of Carotid Stents	12
Cryoablation of Liver Tumor	15
Myelography	17
Breast Tomosynthesis	19
Carotid Intima-Media Thickness Ultrasound	26
Duplex Scans	33
Ultrasound Guidance	34
Ultrasound Guidance for Needle Placement	35
Endovenous Ablation	38
CT Angiography – Head & Neck	39
Doppler Flow Testing	40
CT – Maxillofacial	41
X-Ray Exams	42
Transluminal Balloon Angioplasty	43
CT Abdomen and Pelvis	44

2098X1, 20982
25510X – 25515X
37218X, 37215, 37216, 37217, 37235, 37236, 37237, 0075T, 0076T
47383X
6228X1 – 6228X4, 62284, 72240, 72255, 72265, 72270
77055, 77056, 77057, G0202, G0204, G0206, 7705XX1 – 7705XX3
938XX
98880, 93882, 93886, 93888, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979
76930, 76932, 76940, 76948, 76965
76942
36475, 36476, 36478, 36479
70496, 70498
93990
70486, 70487, 70488
71100, 72070, 73060, 73565, 73590, 73600
75978
72194, 74160, 74177
Code Range

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Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

April 1, 2014
Date

4
6
12
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42
43
44

Tab Number

Cryoablation Treatment of the Bone Tumors
Percutaneous Vertebroplasty and Augmentation
Transcatheter Placement of Carotid Stents
Cryoablation of Liver Tumor
Myelography
Breast Tomosynthesis
Carotid Intima-Media Thickness Ultrasound
Duplex Scans
Ultrasound Guidance
Ultrasound Guidance for Needle Placement
Endovenous Ablation
CT Angiography – Head & Neck
Doppler Flow Testing
CT – Maxillofacial
X-Ray Exams
Transluminal Balloon Angioplasty
CT Abdomen and Pelvis

Issue

2098X1, 20982
25510X – 25515X
37218X, 37215, 37216, 37217, 37235, 37236, 37237, 0075T, 0076T
47383X
6228X1 – 6228X4, 62284, 72240, 72255, 72265, 72270
77055, 77056, 77057, G0202, G0204, G0206, 7705XX1 – 7705XX3
938XX
98880, 93882, 93886, 93888, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979
76930, 76932, 76940, 76948, 76965
76942
36475, 36476, 36478, 36479
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93990
70486, 70487, 70488
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Code Range

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____
Signature

Ezequiel Silva, MD____________________________
Printed Signature

American College of Radiology____
Specialty Society

April 1, 2014____
Date

4, 6, 12, 15, 35, 38 and 43
Tab Number

Cryoablation of the Bone
Percutaneou Vertebroplasty and Augmentation
Transcatheter Placement of Carotid Stents
Cryoablation of the Liver
US Guidance for Needle Placement
Endovenous Ablation
Transluminal Balloon Angioplasty
Issue

2098X1
22510X-22515X
37218X
47383X
76942
36475, 36476, 36478 and 36479
75978
Code Range

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Signature

Gerald Niedzwiecki, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

April 1, 2014
Date

35__________
Tab Number
Ultrasound Guidance for Needle Placement

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Issue
76942

____
Code Range

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Signature

Norm Smith, MD
____
Printed Signature

American Urological Association
____
Specialty Society

April 1, 2014
____
Date

35
Tab Number

Ultrasound Guidance for Needle Placement
Issue

76942
Code Range

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Eric B. Whitacre
Signature

Eric Whitacre, MD, FACS
Printed Signature

American Society of Breast Surgeons
Specialty Society

April 1, 2014
Date

CPT Code: _76942_______

Specialty Society('s)__ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, TES_

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

Global Period:_XXX____ Meeting Date: _April 2014_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, and TES convened a consensus panel to finalize the practice expense data for CPT code 76942.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The basis for the April 2014 PE inputs is the existing PE inputs for 76942, as approved by the February 2005 PEAC. The clinical labor time has been updated to capture CMS' recent refinement of the intra service time from 45 minutes to 10 minutes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Clinical Staff Time

- **Acquire Images** - increase to be consistent with the recommended physician intra service time, based on the survey median.

Supplies.

- **Lubricating jelly (Surgilube) (SJ033) -** clinically necessary for ultrasound examinations.

Equipment

- **Film processor, dry, laser (ED024) –** The time reflects typical use exclusive to a patient. The slight increase to the intra service time is reflected in the slight increase in equipment time.
- **Film alternator (motorized film viewbox) (ER029) –** The time reflects typical use exclusive to a patient. The slight increase to the intra service time is reflected in the slight increase in equipment time.

- **Ultrasound unit, portable (EQ250) -** The time reflects typical use exclusive to a patient. The slight increase to the intra service time is reflected in the slight increase in equipment time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed

Intra-Service Clinical Labor Activities:

- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	F
1				REFERENCE CODE	
2	**more please bold the item name and CMS code.**			**76942**	**76942**
3	**Meeting Date: April 2014** **Tab: 35** **Specialty: ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, TES**	**CMS Code**	**Staff Type**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(RUC DB)**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(April 2014)**
4	**LOCATION**			**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**26.0**	**29.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**3.0**	**2.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**23.0**	**27.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms				
13	Coordinate pre-surgery services				
14	Schedule space and equipment in facility				
15	Provide pre-service education/obtain consent				
16	Follow-up phone calls & prescriptions				
17	Availability of prior images confirmed	L051B	RN/DMS	**3**	**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist				
19	*Other Clinical Activity - *specify:*				
20	**End: When patient enters office/facility for surgery/procedure**				
21	**SERVICE PERIOD**				
22	**Start: When patient enters office/facility for surgery/procedure:**				
23	Greet patient, provide gowning, ensure appropriate medical records are available				
24	Obtain vital signs				
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies	L051B	RN/DMS	**2**	**2**
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV	L051B	RN/DMS	**3**	**2**
29	Sedate/apply anesthesia				
30	*Other Clinical Activity - specify:				
31	**Intra-service**				
32	Acquire images	L051B	RN/DMS	**10**	**15**
33	**Post-Service**				
34	Monitor pt. following moderate sedation				
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)				
36	Clean room/equipment by physician staff	L051B	RN/DMS	**3**	**3**
37	Clean Scope				
38	Clean Surgical Instrument Package				
39	Complete diagnostic forms, lab & X-ray requisitions				
40	Review/read X-ray, lab, and pathology reports				
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
42	*Other Clinical Activity - *specify:*				
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/DMS		**2**
44	Review examination with interpreting MD	L051B	RN/DMS	**5**	**2**
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L051B	RN/DMS		**1**
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**
49	**End: Patient leaves office**				

	A	B	C	D	F
1				REFERENCE CODE	
2	**more please bold the item name and CMS code.**			**76942**	**76942**
3	**Meeting Date: April 2014** **Tab: 35** **Specialty: ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, TES**	**CMS Code**	**Staff Type**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(RUC DB)**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(April 2014)**
4	**LOCATION**			**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
50	**POST-SERVICE Period**				
65	**MEDICAL SUPPLIES****	**CODE**	**UNIT**		
66	cover-condom, transducer or ultrasound probe	SB005	item	**1**	**1**
67	pillow case	SB037	item	**1**	
68	lubricating jelly (Surgilube)	SJ033	oz	**1**	**4**
69	film, 8inx10in (ultrasound, MRI)	SK022	item	**2**	**2**
70	film, x-ray 14in x 17in	SK034	item	**3**	**3**
71	x-ray developer solution	SK089	oz	**1**	**1**
72	x-ray envelope	SK091	item	**1**	**1**
73	disinfectant spray (Transeptic)	SM012	ml	**10**	**10**
74	sanitizing cloth-wipe (patient)	SM021	item	**2**	**2**
75	gloves, non-sterile	SB022	pair		
76	**EQUIPMENT**	**CODE**			
77	film processor, dry, laser	ED024		**23**	**24**
78	film alternator (motorized film viewbox)	ER029		**23**	**24**
79	ultrasound unit, portable	EQ250		**23**	**24**
80	room, ultrasound, general	EL015			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth / CMS High Expenditure Procedural Codes

October 2017

Knee Arthrography Injection

In 2008, CPT code 27370 was initially identified on the high volume growth screen. In February 2009, this procedure was referred to CPT for possible deletion of 73580 and 27370 and creation of a new code accurately describing the procedure that is being performed, including the radiologic guidance in the procedure codes. In October 2009, the RUC recommended that the specialty society develop a CPT Assistant article to address misuse reporting of arthrography codes. In October 2013, CPT code 27370 appeared on the second iteration of the high volume growth screen. The RUC recommended to survey. At the February 2014 CPT Editorial Panel meeting this services was editorially revised. In October 2015, AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on 2014 Medicare claims data and this service was identified. The RAW determined that this service will be placed on the next level of interest form to survey. This service was also identified as a service on the third iteration of the high volume growth screen. In October 2016, the RUC went through the history of this code. The specialty societies explained that the high volume growth for this procedure is likely due to its being reported incorrectly as arthrocentesis or aspiration. The correct reporting of those services is CPT code 20610 *Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance* (work RVU= 0.79). The RUC extensively discussed the appropriate options to address the rising inappropriate utilization of this procedure. The RUC noted that deleting this code and then bundling it into the arthrography base procedures would not be ideal because it would involve edits to over 70 codes. The RUC also discussed that this procedure could become an add-on code. However, the RUC came to an agreement that this code should be referred to CPT for deletion and be replaced by a new code. The members agreed that this is the most efficient way to stem the rising inappropriate volume. The RUC recommended that CPT code 27370 be referred to the CPT Editorial Panel for deletion and be replaced with a new code. In June 2017, the CPT Editorial Panel deleted the injection of contrast for knee arthrography code, 27370, and replaced it with a new code, 27369, to report injection procedure for knee arthrography or enhanced CT/MRI knee arthrography.

27369 *Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography*
The RUC reviewed the survey results from 34 physicians and agreed with the following physician time component: pre-service time of 8 minutes, intra-service time of 15 minutes, and post-service time of 5 minutes, for a total of 28 minutes. The RUC reviewed the recommended work RVU of 0.96 which is below the survey 25th percentile but is the existing work RVU for the deleted code, 27370 *Injection of contrast for knee arthrography* (work RVU= 0.96). The RUC agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 0.96, the RUC reviewed CPT code 27370 and noted that both services should be valued identically rather than seeking the survey 25th

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percentile, which would have necessitated a compelling evidence argument. The RUC agreed that the survey code work RVU should reflect that of the deleted code and the survey code physician time component should parallel the physician times of the top key reference service code, 23350 *Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography* (pre-service time of 8 minutes, intra-service time of 15 minutes, and post-service time of 5 minutes), noting that the top key reference code involves an identical amount of both intra-service time and total time, as well as a similar amount of physician work, further supporting a work RVU of 0.96 for the survey code. **The RUC recommends a work RVU of 0.96 for CPT code 27369.**

CPT Referral
At the October 2017 RUC meeting, code 27369 *Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography* was discussed. In an effort to support accurate reporting for codes 20610, 20611, it was suggested that the parenthetical note currently placed under new code 27369 also be placed after the deletion note for code 27370.

(For arthrocentesis of the knee or injection of any material other than contrast for subsequent arthrography, see 20610, 20611)

Practice Expense
The specialty society originally recommended 14 minutes of clinical staff time for clinical activity CA021, *Perform procedure/service---NOT directly related to physician work time.* The PE Subcommittee determined that this was clinical staff time spent assisting the physician not working independently and moved the clinical staff time to clinical activity CA018, *Assist physician or other qualified healthcare professional---directly related to physician work time (100%).* This change caused the time to increase from 14 to 15 minutes because it is directly tied to the physician work intra-service time of 15 minutes. The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee for CPT code 27369.

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

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **Introduction or Removal**				
20610		*Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without*		

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ultrasound guidance

20611 *with ultrasound guidance, with permanent recording and reporting*

(Do not report 20610, 20611 in conjunction with 27369 ~~27370~~, 76942)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●27369	H1	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography (Use 27369 in conjunction with 73580, 73701, 73702, 73722, 73723) (Do not report 27369 in conjunction with 20610, 20611, 29871) (For radiographic arthrography, radiological supervision and interpretation, use 73580) (When fluoroscopic-guided injection is performed for enhanced CT arthrography, use 27369, 77002, and 73701 or 73702) (When fluoroscopic guided injection is performed for enhanced MR arthrography, use 27369, 77002, and 73722 or 73723) (For arthrocentesis of the knee or injection of any material other than contrast for subsequent arthrography, see 20610, 20611) (For arthroscopic lavage and drainage of the knee, use 29871)	000	0.96
~~D27370~~	-	~~Injection of contrast for knee arthrography~~ ~~(Do not report 27370 in conjunction with 20610, 20611, 29871)~~	000	N/A (2017 Work RVU = 0.96)

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		~~(For arthrocentesis of the knee or injection other than contrast, see 20610, 20611)~~ ~~(For arthroscopic lavage and drainage of the knee, use 29871)~~ (27370 has been deleted) (For injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography, use 27369)		

29871 *Arthroscopy, knee, surgical; for infection, lavage and drainage*

(Do not report 29871 in conjunction with 27369 ~~27370~~)

✚*77002* *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)*

(See appropriate surgical code for procedure and anatomic location)

(Use 77002 in conjunction with 10022, 10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27369 ~~27370~~, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64505, 64508, 64600, 64605)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27369 Tracking Number H1 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **0.96**

CPT Descriptor: Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with a prior meniscal tear repair presents with new onset knee pain. There is clinical concern for recurrent meniscal tear. A contrast injection into the knee joint is requested for a subsequent arthrography exam.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review reason for the examination and any pertinent clinical history, including any allergies. Review any prior imaging studies and plan the procedure. Explain the procedure and its purpose to the patient, including potential complications. Obtain and document informed consent.

Description of Intra-Service Work: Position the patient on the fluoroscopy table. Perform a time-out procedure to ensure correct patient, procedure, and site. Prepare contrast mixtures for the test injection and the arthrogram injection. The affected knee is prepped and sterilely draped.
Under fluoroscopic guidance (separately reported with 73580 for plain film arthrography or with 77002 for subsequent CT or MR arthrography), the needle is inserted into the knee joint. Perform a test injection to confirm intraarticular positioning of the needle tip and proper distribution of contrast (needle is repositioned as necessary). Inject the arthrogram contrast material into knee joint (typically 40-60 mL). Confirm proper distribution of contrast in the joint and adequate joint distention with intermittent imaging. Remove the needle and apply a dressing at the injection site.

Description of Post-Service Work: Provide instructions to the patient on joint care. Transport the patient to appropriate imaging suite for arthrogram while avoiding excess joint manipulation or loading.
Dictate the injection procedure report. Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Gregory Nicola, MD, FACR
Specialty(s):	American College of Radiology
CPT Code:	27369
Sample Size: 750	Resp N: 34 Response: 4.5 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform in the modalities of musculoskeletal and/or radiography/fluoroscopy).

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**9.00**	14.00	50.00
Survey RVW:	0.79	1.00	**1.10**	1.17	2.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**4.00**		
Intra-Service Time:	4.00	10.00	**15.00**	15.00	22.00

Immediate Post Service-Time:	5.00	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code: 27369	Recommended Physician Work RVU: 0.96		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	5.00	13.00	-8.00
Pre-Service Positioning Time:	1.00	1.00	0.00
Pre-Service Scrub, Dress, Wait Time:	2.00	6.00	-4.00
Intra-Service Time:	15.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	5.00	18.00	-13.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
23350	000	1.00	**RUC Time**

CPT Descriptor Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20611	000	1.10	**RUC Time**

CPT Descriptor Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11042	000	1.01	**RUC Time**	1,719,960

CPT Descriptor 1 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12011	000	1.07	**RUC Time**	92,069

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 38.2 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 29.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 27369	Top Key Reference CPT Code: 23350	2nd Key Reference CPT Code: 20611
Median Pre-Service Time	10.00	8.00	12.00
Median Intra-Service Time	15.00	15.00	10.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**28.00**	**27.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	92%	8%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	31%	46%	23%
Physical effort required	0%	92%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	77%	0%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	30%	70%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	0%	70%	30%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	30%	70%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

CPT Code 27370 *(Injection procedure for knee arthrography)* was identified through the April 2013 Relativity Assessment Workgroup (RAW) screen for all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. It was felt that miscoding explained the growth of this code. At the October 2013 CPT meeting, the descriptor of code 27370 was revised from “injection procedure for knee arthrography” to “injection of contrast for knee arthrography.” This change was reflected in the 2015 CPT manual.
Subsequently, CPT code 27370 *(Injection of contrast for knee arthrography)* was identified by CMS as potentially mis-valued in the 2016 MPFS NPRM. It was recommended that CPT Code 27370 be deleted.

CPT Code 27369 *(Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography)* was created to replace CPT Code 27370 *(Injection of contrast for knee arthrography).*

Survey Process:
The American College of Radiology (ACR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform musculoskeletal radiology and/or radiography/fluoroscopy procedures. The ACR assembled an expert panel to review the data and develop the following recommendations.

Compelling Evidence:
This code replaces CPT Code 27370 *(Injection of contrast for knee arthrography)*. For this new code, we are requesting a value identical to shoulder arthrography, CPT code 23350, to avoid rank order anomalies between injection codes. Additionally, the dominant specialty of the new code will be radiology, while the deleted code was predominantly performed by Family Practice (23.75%), Physical Medicine and Rehabilitation (19.17%), and General Practice (8.18%).

Work RVU Recommendation:
We recommend a work RVU of 1.00, which is the 25th percentile survey value and an increase from deleted code value of 0.96 wRVU.

Time Recommendation:
We recommend the median survey times of 10 minutes pre-service, 15 minutes intra-service, and 5 minutes post-service, for a total time of 30 minutes. In the pre-service period, we recommend 5, 3, and 2 minutes, allocated to Evaluation, Positioning, and Scrub/Dress/Wait, respectively.

Key Reference Services:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS):

- 23350 *(Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography)* chosen by 38% of respondents, and
- 20611 *(Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting)* chosen by 29% of respondents.

Our recommended work value of 1.00 wRVU for 27369 is identical to the first key reference service, CPT code 23350, which is also an MPC code. Additionally, the recommended value for 27369 is below the second key reference service, CPT code 20611, which has a wRVU of 1.10. While 27369 has 2 more minutes of pre-service time compared to 23350, the intra service times are identical, and the total times and overall intensity are similar, indicating that the recommended value is appropriate. Additionally, the higher intra-service time compared to 20611 reflects greater time and effort required to confirm contrast injection into the joint.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total	Pre	Intra	Post	IWPUT

			Time				
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	1.00	28	8	15	5	0.049
27369	**Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography**	**1.00**	**30**	**10**	**15**	**5**	**0.046**
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	1.10	27	12	10	5	0.079

MPC Codes:
The most commonly chosen KRS for 27369 is 23350, which is also an MPC code and has the same work RVU as our recommendation.

The surveyed code (27369) also compares well with two non-radiology MPC codes:

- 11042 *(Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less)* and
- 12011 *(Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less)*.

The surveyed code (27369) has the same intra-service period as MPC code 11042, and nearly identical wRVUs (1.00 for 27369 and 1.01 for 11042, respectively).

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
27369	**Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography**	**1.00**	**30**	**10**	**15**	**5**	**0.046**
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	36	11	15	10	0.037
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.07	24	7	12	5	0.068

Conclusion:
The compelling evidence, survey results, and comparison with applicable codes support the recommended value for 27369 *(Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography)* at the 25th percentile survey value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 27369 is typically reported with fluoroscopic guidance code 77002 and an imaging code.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27370

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Sometimes

Specialty Physical Medicine and Rehabilitation How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 93000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 27369 provided nationally in a one-year period is estimated to be 93,000 .

Specialty Diagnostic Radiology Frequency 79050 Percentage 85.00 %

Specialty Orthopedic Surgery Frequency 9300 Percentage 10.00 %

Specialty Physical Medicine and Rehabilitation Frequency 4650 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 31,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The ACR recommends that CPT code 27369 is billed approximately 31,000 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 26350 Percentage 85.00 %

Specialty Orthopedic Surgery Frequency 3100 Percentage 10.00 %

Specialty Physical Medicine and Rehabilitation Frequency 1550 Percentage 5.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 23350

SS Rec Summary

ISSUE: Knee Arthrography Injection

TAB: 5

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	13	0.049			1.00			28	5	1	2			15			5					
2nd REF	20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	10	0.079			1.10			27	5	2	5			10			5					
Harvard	27370	Injection of contrast for knee arthrography		0.022			0.96			43	6					24			13					
SVY	27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	34	0.037	0.79	1.00	1.10	1.17	2.00	42	15	3	4	4	10	15	15	22	5	0	2	9	14	50
Targeted	27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	29	0.032	0.79	1.00	1.05	1.17	2.00	43	16	3	4	4	10	15	16	22	5	0	3	10	15	50
Random	27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	5	0.063	0.80	1.10	1.10	1.15	1.26	33	12	3	3	7	10	10	15	15	5	0	2	2	5	15
REC	27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography		0.046			0.96			28	5	1	2			15			5					

SS Rec Summary

ISSUE: **Excision of bone**

TAB: **84**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
7						RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
8	source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
9	1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0								1						
10	2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0								1	1					
11	CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0								1						
12	SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0								1						
13	REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1						

CPT Code: 27369
Specialty Society: ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography

Global Period: XXX   Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for the knee arthrography injection CPT code 27369.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The society included the existing PE inputs for CPT code 27370, the current code for 27369, on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?

   No. CPT code 27370 was typically billed with an E/M service (Non-Fac only) 41% of the time. The new code, 27369, was created to correct miscoding issues and is expected to be billed with an E/M service much less frequently.

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)

   CPT code 27369 was created and is being reviewed by the RUC due to issues with miscoding of the now deleted old code, 27370. The RUC Database currently shows family practice as being the dominant provider of 27370, but this will not accurately reflect the dominant provider of the new code. Radiology should be the dominant provider for this new code.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

n/a

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   The clinical staff monitors the patient throughout the injection procedure. In addition, the clinical staff assists the physician in drawing up all medications used during the procedure (e.g. short acting anesthetic, long acting anesthetic, saline, steroid, x-ray contrast and MR contrast). This includes safety checks of medication type, dosage, expiration dates and patient allergies as well as documenting administered doses. The clinical staff positions the patient as directed by the physician (e.g. knee flexion, extension, internal or external rotation) in order to facilitate injection distribution. The clinical staff monitors patient pain during procedure and documents pain at end of procedure.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   n/a

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    n/a

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    n/a

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    n/a

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    n/a

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Room, radiographic-fluoroscopic (EL014):** highly technical formula

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    n/a

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    n/a

	A	B
1	RUC Practice Expense Spreadsheet REVISED AT RUC	
2		**Please see brief summaries of the standards/guidelines in column C. For more complete*
3		*RUC Collaboration Website*
4	**Clinical**	**Meeting Date: October 2017**
5		**LOCATION**
6		**GLOBAL PERIOD**
7		**TOTAL CLINICAL STAFF TIME**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**
12		**PRE-SERVICE PERIOD**
13		**Start: Following visit when decision for surgery or procedure made**
14	CA001	Complete pre-service diagnostic and referral forms
15	CA002	Coordinate pre-surgery services (including test results)
16	CA003	Schedule space and equipment in facility
17	CA004	Provide pre-service education/obtain consent
18	CA005	Complete pre-procedure phone calls and prescription
19	CA006	Confirm availability of prior images/studies
20	CA007	Review patient clinical extant information and questionnaire
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)
22		*Other activity: please include short clinical description here and type new in column A*
23		*Other activity: please include short clinical description here and type new in column A*
24		*Other activity: please include short clinical description here and type new in column A*
25		**End: When patient enters office/facility for surgery/procedure**
26		**SERVICE PERIOD**
27		**Start: When patient enters office/facility for surgery/procedure:**
28		**Pre-Service (of service period)**
29	CA009	Greet patient, provide gowning, ensure appropriate medical records are available
30	CA010	Obtain vital signs
31	CA011	Provide education/obtain consent
32	CA012	Review requisition, assess for special needs
33	CA013	Prepare room, equipment and supplies
34	CA014	Confirm order, protocol exam
35	CA015	Setup scope (nonfacility setting only)
36	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient
37	CA017	Sedate/apply anesthesia
38		*Other activity: please include short clinical description here and type new in column A*
39		*Other activity: please include short clinical description here and type new in column A*
40		*Other activity: please include short clinical description here and type new in column A*
41		**Intra-service (of service period)**
42	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time
43	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time
44	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time
45	CA021	Perform procedure/service---NOT directly related to physician work time
46		*Other activity: please include short clinical description here and type new in column A*
47		*Other activity: please include short clinical description here and type new in column A*
48		*Other activity: please include short clinical description here and type new in column A*
49		**Post-Service (of service period)**
50	CA022	Monitor patient following procedure/service, multitasking 1:4
51	CA023	Monitor patient following procedure/service, no multitasking
52	CA024	Clean room/equipment by clinical staff
53	CA025	Clean scope
54	CA026	Clean surgical instrument package
55	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions
56	CA028	Review/read post-procedure x-ray, lab and pathology reports
57	CA029	Check dressings, catheters, wounds
58	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page
59	CA031	Review examination with interpreting MD/DO
60	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work
61	CA033	Perform regulatory mandated quality assurance activity (service period)

	A	B
1	RUC Practice Expense Spreadsheet REVISED AT RUC	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete
3		RUC Collaboration Website
4	**Clinical**	**Meeting Date: October 2017**
5		**LOCATION**
6		**GLOBAL PERIOD**
7		**TOTAL CLINICAL STAFF TIME**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**
62	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)
63	CA035	Review home care instructions, coordinate visits/prescriptions
64	CA036	Discharge day management
65		*Other activity: please include short clinical description here and type new in column A*
66		*Other activity: please include short clinical description here and type new in column A*
67		*Other activity: please include short clinical description here and type new in column A*
68		**End: Patient leaves office**
69		**POST-SERVICE PERIOD**
70		**Start: Patient leaves office/facility**
71	CA037	Conduct patient communications
72	CA038	Coordinate post-procedure services
73		***Office visits: List Number and Level of Office Visits***
74		99211 16 minutes
75		99212 27 minutes
76		99213 36 minutes
77		99214 53 minutes
78		99215 63 minutes
79	CA039	Post-operative visits (total time)
80		
81		
82		
83		*Other activity: please include short clinical description here and type new in column A*
84		*Other activity: please include short clinical description here and type new in column A*
85		*Other activity: please include short clinical description here and type new in column A*
86		**End: with last office visit before end of global period**
87	**Medical**	**MEDICAL SUPPLIES**
88		**TOTAL COST OF SUPPLY QUANTITY x PRICE**
89	SA060	tray, arthrogram
90	SB022	gloves, non-sterile
91	SB024	gloves, sterile
92	SB026	gown, patient
93	SH021	bupivacaine 0.25% inj (Marcaine)
94	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)
95	SJ041	povidone soln (Betadine)
96		
97		
98		
99		*Other supply item: please include the name of the item consistent with the paid invoice here and type*
100		
101	**Equipment**	**EQUIPMENT**
102		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**
103	EL014	room, radiographic-fluoroscopic
104		*Other equipment item: please include the name of the item consistent with the paid invoice here and*

	A	B	
1	RUC Practice Expense Spreadsheet REVISED AT RUC		
2		*Please see brief summaries of the standards/guidelines in column C. For more complete	
3		*RUC Collaboration Website*	
4	**Clinical**	**Meeting Date: October 2017**	**Standa**
5		**LOCATION**	
6		**GLOBAL PERIOD**	
7		**TOTAL CLINICAL STAFF TIME**	
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	
12		**PRE-SERVICE PERIOD**	
13		**Start: Following visit when decision for surgery or procedure made**	
14	CA001	Complete pre-service diagnostic and referral forms	90 DA
15	CA002	Coordinate pre-surgery services (including test results)	90 DA
16	CA003	Schedule space and equipment in facility	90 DA
17	CA004	Provide pre-service education/obtain consent	90 DA
18	CA005	Complete pre-procedure phone calls and prescription	90 DA
19	CA006	Confirm availability of prior images/studies	Standa
20	CA007	Review patient clinical extant information and questionnaire	Standa
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	No sta
22		*Other activity: please include short clinical description here and type new in column A*	
23		*Other activity: please include short clinical description here and type new in column A*	
24		*Other activity: please include short clinical description here and type new in column A*	
25		**End: When patient enters office/facility for surgery/procedure**	
26		**SERVICE PERIOD**	
27		**Start: When patient enters office/facility for surgery/procedure:**	
28		**Pre-Service (of service period)**	
29	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standar
30	CA010	Obtain vital signs	Vital Sig
31	CA011	Provide education/obtain consent	Include
32	CA012	Review requisition, assess for special needs	No stan
33	CA013	Prepare room, equipment and supplies	2 minute
34	CA014	Confirm order, protocol exam	Standar
35	CA015	Setup scope (nonfacility setting only)	5 minute
36	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute
37	CA017	Sedate/apply anesthesia	2 minute
38		*Other activity: please include short clinical description here and type new in column A*	
39		*Other activity: please include short clinical description here and type new in column A*	
40		*Other activity: please include short clinical description here and type new in column A*	
41		**Intra-service (of service period)**	
42	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	100% of
43	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time	67% of
44	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time	other%
45	CA021	Perform procedure/service---NOT directly related to physician work time	No stan
46		*Other activity: please include short clinical description here and type new in column A*	
47		*Other activity: please include short clinical description here and type new in column A*	
48		*Other activity: please include short clinical description here and type new in column A*	
49		**Post-Service (of service period)**	
50	CA022	Monitor patient following procedure/service, multitasking 1:4	For mor
51	CA023	Monitor patient following procedure/service, no multitasking	No stan
52	CA024	Clean room/equipment by clinical staff	3 minute
53	CA025	Clean scope	Standar
54	CA026	Clean surgical instrument package	Standar
55	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	No stan
56	CA028	Review/read post-procedure x-ray, lab and pathology reports	No stan
57	CA029	Check dressings, catheters, wounds	Standar
58	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	No stan
59	CA031	Review examination with interpreting MD/DO	Standar
60	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work	Standar
61	CA033	Perform regulatory mandated quality assurance activity (service period)	No stan

	A	B	
1	**RUC Practice Expense Spreadsheet REVISED AT RUC**		
2		***Please see brief summaries of the standards/guidelines in column C. For more complete**	
3		***RUC Collaboration Website***	
4	**Clinical**	**Meeting Date: October 2017**	**Standa**
5		**LOCATION**	
6		**GLOBAL PERIOD**	
7		**TOTAL CLINICAL STAFF TIME**	
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	
62	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	No stand
63	CA035	Review home care instructions, coordinate visits/prescriptions	Standar
64	CA036	Discharge day management	Dischrg
65		*Other activity: please include short clinical description here and type new in column A*	
66		*Other activity: please include short clinical description here and type new in column A*	
67		*Other activity: please include short clinical description here and type new in column A*	
68		**End: Patient leaves office**	
69		**POST-SERVICE PERIOD**	
70		**Start: Patient leaves office/facility**	
71	CA037	Conduct patient communications	Phone c
72	CA038	Coordinate post-procedure services	No stand
73		***Office visits: List Number and Level of Office Visits***	
74		99211 16 minutes	
75		99212 27 minutes	
76		99213 36 minutes	
77		99214 53 minutes	
78		99215 63 minutes	
79	CA039	Post-operative visits (total time)	
80			
81			
82			
83		*Other activity: please include short clinical description here and type new in column A*	
84		*Other activity: please include short clinical description here and type new in column A*	
85		*Other activity: please include short clinical description here and type new in column A*	
86		**End: with last office visit before end of global period**	
87	**Medical**	**MEDICAL SUPPLIES**	
88		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	
89	SA060	tray, arthrogram	
90	SB022	gloves, non-sterile	
91	SB024	gloves, sterile	
92	SB026	gown, patient	
93	SH021	bupivacaine 0.25% inj (Marcaine)	
94	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	
95	SJ041	povidone soln (Betadine)	
96			
97			
98			
99		*Other supply item: please include the name of the item consistent with the paid invoice here and type*	
100			
101	**Equipment**	**EQUIPMENT**	Please s
102		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	
103	EL014	room, radiographic-fluoroscopic	Highly T
104		*Other equipment item: please include the name of the item consistent with the paid invoice here and*	

	A	B	D
1	RUC Practice Expense Spreadsheet REVISED AT RUC		
2		***Please see brief summaries of the standards/guidelines in column C. For more complete***	
3		***RUC Collaboration Website***	
4	**Clinical**	**Meeting Date: October 2017**	**Clinic**
5		**LOCATION**	
6		**GLOBAL PERIOD**	
7		**TOTAL CLINICAL STAFF TIME**	L041
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L041
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L041
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	
12		**PRE-SERVICE PERIOD**	
13		**Start: Following visit when decision for surgery or procedure made**	
14	CA001	Complete pre-service diagnostic and referral forms	
15	CA002	Coordinate pre-surgery services (including test results)	
16	CA003	Schedule space and equipment in facility	
17	CA004	Provide pre-service education/obtain consent	
18	CA005	Complete pre-procedure phone calls and prescription	
19	CA006	Confirm availability of prior images/studies	L041
20	CA007	Review patient clinical extant information and questionnaire	L041
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
22		*Other activity: please include short clinical description here and type new in column A*	
23		*Other activity: please include short clinical description here and type new in column A*	
24		*Other activity: please include short clinical description here and type new in column A*	
25		**End: When patient enters office/facility for surgery/procedure**	
26		**SERVICE PERIOD**	
27		**Start: When patient enters office/facility for surgery/procedure:**	
28		**Pre-Service (of service period)**	
29	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041
30	CA010	Obtain vital signs	
31	CA011	Provide education/obtain consent	L041
32	CA012	Review requisition, assess for special needs	
33	CA013	Prepare room, equipment and supplies	L041
34	CA014	Confirm order, protocol exam	L041
35	CA015	Setup scope (nonfacility setting only)	
36	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041
37	CA017	Sedate/apply anesthesia	
38		*Other activity: please include short clinical description here and type new in column A*	
39		*Other activity: please include short clinical description here and type new in column A*	
40		*Other activity: please include short clinical description here and type new in column A*	
41		**Intra-service (of service period)**	
42	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	L041
43	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time	
44	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time	
45	CA021	Perform procedure/service---NOT directly related to physician work time	L041
46		*Other activity: please include short clinical description here and type new in column A*	
47		*Other activity: please include short clinical description here and type new in column A*	
48		*Other activity: please include short clinical description here and type new in column A*	
49		**Post-Service (of service period)**	
50	CA022	Monitor patient following procedure/service, multitasking 1:4	
51	CA023	Monitor patient following procedure/service, no multitasking	
52	CA024	Clean room/equipment by clinical staff	L041
53	CA025	Clean scope	
54	CA026	Clean surgical instrument package	
55	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
56	CA028	Review/read post-procedure x-ray, lab and pathology reports	
57	CA029	Check dressings, catheters, wounds	
58	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041
59	CA031	Review examination with interpreting MD/DO	L041
60	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work	L041
61	CA033	Perform regulatory mandated quality assurance activity (service period)	

	A	B	D
1	RUC Practice Expense Spreadsheet REVISED AT RUC		
2		**Please see brief summaries of the standards/guidelines in column C. For more complete*	
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4	**Clinical**	**Meeting Date: October 2017**	**Clinic**
5		**LOCATION**	
6		**GLOBAL PERIOD**	
7		**TOTAL CLINICAL STAFF TIME**	L041
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L041
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L041
62	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	
63	CA035	Review home care instructions, coordinate visits/prescriptions	L041
64	CA036	Discharge day management	L041
65		*Other activity: please include short clinical description here and type new in column A*	
66		*Other activity: please include short clinical description here and type new in column A*	
67		*Other activity: please include short clinical description here and type new in column A*	
68		**End: Patient leaves office**	
69		**POST-SERVICE PERIOD**	
70		**Start: Patient leaves office/facility**	
71	CA037	Conduct patient communications	
72	CA038	Coordinate post-procedure services	L041
73		***Office visits: List Number and Level of Office Visits***	**MINUT**
74		99211 16 minutes	16
75		99212 27 minutes	27
76		99213 36 minutes	36
77		99214 53 minutes	53
78		99215 63 minutes	63
79	CA039	Post-operative visits (total time)	
80			
81			
82			
83		*Other activity: please include short clinical description here and type new in column A*	
84		*Other activity: please include short clinical description here and type new in column A*	
85		*Other activity: please include short clinical description here and type new in column A*	
86		**End: with last office visit before end of global period**	
87	**Medical**	**MEDICAL SUPPLIES**	**PRIC**
88		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	
89	SA060	tray, arthrogram	18.8
90	SB022	gloves, non-sterile	0.084
91	SB024	gloves, sterile	0.84
92	SB026	gown, patient	0.533
93	SH021	bupivacaine 0.25% inj (Marcaine)	0.254
94	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.7
95	SJ041	povidone soln (Betadine)	0.008
96			
97			
98			
99		*Other supply item: please include the name of the item consistent with the paid invoice here and type*	
100			
101	**Equipment**	**EQUIPMENT**	**Purcha**
102		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	
103	EL014	room, radiographic-fluoroscopic	36766
104		*Other equipment item: please include the name of the item consistent with the paid invoice here and*	

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1	RUC Practice Expense Spreadsheet REVISED AT RUC		
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3		*RUC Collaboration Website*	
4	**Clinical**	**Meeting Date: October 2017**	**Clin**
5		**LOCATION**	
6		**GLOBAL PERIOD**	
7		**TOTAL CLINICAL STAFF TIME**	Radiolo
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	Radiolo
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	Radiolo
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	
12		**PRE-SERVICE PERIOD**	
13		**Start: Following visit when decision for surgery or procedure made**	
14	CA001	Complete pre-service diagnostic and referral forms	
15	CA002	Coordinate pre-surgery services (including test results)	
16	CA003	Schedule space and equipment in facility	
17	CA004	Provide pre-service education/obtain consent	
18	CA005	Complete pre-procedure phone calls and prescription	
19	CA006	Confirm availability of prior images/studies	Radiolo
20	CA007	Review patient clinical extant information and questionnaire	Radiolo
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
22		*Other activity: please include short clinical description here and type new in column A*	
23		*Other activity: please include short clinical description here and type new in column A*	
24		*Other activity: please include short clinical description here and type new in column A*	
25		**End: When patient enters office/facility for surgery/procedure**	
26		**SERVICE PERIOD**	
27		**Start: When patient enters office/facility for surgery/procedure:**	
28		**Pre-Service (of service period)**	
29	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Radiolo
30	CA010	Obtain vital signs	
31	CA011	Provide education/obtain consent	Radiolo
32	CA012	Review requisition, assess for special needs	
33	CA013	Prepare room, equipment and supplies	Radiolo
34	CA014	Confirm order, protocol exam	Radiolo
35	CA015	Setup scope (nonfacility setting only)	
36	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	Radiolo
37	CA017	Sedate/apply anesthesia	
38		*Other activity: please include short clinical description here and type new in column A*	
39		*Other activity: please include short clinical description here and type new in column A*	
40		*Other activity: please include short clinical description here and type new in column A*	
41		**Intra-service (of service period)**	
42	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	Radiolo
43	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time	
44	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time	
45	CA021	Perform procedure/service---NOT directly related to physician work time	Radiolo
46		*Other activity: please include short clinical description here and type new in column A*	
47		*Other activity: please include short clinical description here and type new in column A*	
48		*Other activity: please include short clinical description here and type new in column A*	
49		**Post-Service (of service period)**	
50	CA022	Monitor patient following procedure/service, multitasking 1:4	
51	CA023	Monitor patient following procedure/service, no multitasking	
52	CA024	Clean room/equipment by clinical staff	Radiolo
53	CA025	Clean scope	
54	CA026	Clean surgical instrument package	
55	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
56	CA028	Review/read post-procedure x-ray, lab and pathology reports	
57	CA029	Check dressings, catheters, wounds	
58	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	Radiolo
59	CA031	Review examination with interpreting MD/DO	Radiolo
60	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work	Radiolo
61	CA033	Perform regulatory mandated quality assurance activity (service period)	

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4	Clinical	Meeting Date: October 2017	Clin
5		LOCATION	
6		GLOBAL PERIOD	
7		TOTAL CLINICAL STAFF TIME	Radiolo
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	Radiolog
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	Radiolog
62	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	
63	CA035	Review home care instructions, coordinate visits/prescriptions	Radiolog
64	CA036	Discharge day management	Radiolog
65		Other activity: please include short clinical description here and type new in column A	
66		Other activity: please include short clinical description here and type new in column A	
67		Other activity: please include short clinical description here and type new in column A	
68		End: Patient leaves office	
69		POST-SERVICE PERIOD	
70		Start: Patient leaves office/facility	
71	CA037	Conduct patient communications	
72	CA038	Coordinate post-procedure services	Radiolog
73		Office visits: List Number and Level of Office Visits	
74		99211 16 minutes	
75		99212 27 minutes	
76		99213 36 minutes	
77		99214 53 minutes	
78		99215 63 minutes	
79	CA039	Post-operative visits (total time)	
80			
81			
82			
83		Other activity: please include short clinical description here and type new in column A	
84		Other activity: please include short clinical description here and type new in column A	
85		Other activity: please include short clinical description here and type new in column A	
86		End: with last office visit before end of global period	
87	Medical	MEDICAL SUPPLIES	UN
88		TOTAL COST OF SUPPLY QUANTITY x PRICE	
89	SA060	tray, arthrogram	tra
90	SB022	gloves, non-sterile	pa
91	SB024	gloves, sterile	pa
92	SB026	gown, patient	ite
93	SH021	bupivacaine 0.25% inj (Marcaine)	m
94	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	ite
95	SJ041	povidone soln (Betadine)	m
96			
97			
98			
99		Other supply item: please include the name of the item consistent with the paid invoice here and type	
100			
101	Equipment	EQUIPMENT	Equip
102		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	
103	EL014	room, radiographic-fluoroscopic	Highly
104		Other equipment item: please include the name of the item consistent with the paid invoice here and	

	A	B	F
1	RUC Practice Expense Spreadsheet REVISED AT RUC		
2		*Please see brief summaries of the standards/guidelines in column C. For more complete	
3		RUC Collaboration Website	
4	Clinical	Meeting Date: October 2017	Clini
5		LOCATION	
6		GLOBAL PERIOD	
7		TOTAL CLINICAL STAFF TIME	0.4
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.4
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.4
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	
12		PRE-SERVICE PERIOD	
13		Start: Following visit when decision for surgery or procedure made	
14	CA001	Complete pre-service diagnostic and referral forms	
15	CA002	Coordinate pre-surgery services (including test results)	
16	CA003	Schedule space and equipment in facility	
17	CA004	Provide pre-service education/obtain consent	
18	CA005	Complete pre-procedure phone calls and prescription	
19	CA006	Confirm availability of prior images/studies	0.4
20	CA007	Review patient clinical extant information and questionnaire	0.4
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
22		*Other activity: please include short clinical description here and type new in column A*	
23		*Other activity: please include short clinical description here and type new in column A*	
24		*Other activity: please include short clinical description here and type new in column A*	
25		End: When patient enters office/facility for surgery/procedure	
26		SERVICE PERIOD	
27		Start: When patient enters office/facility for surgery/procedure:	
28		Pre-Service (of service period)	
29	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	0.4
30	CA010	Obtain vital signs	
31	CA011	Provide education/obtain consent	0.4
32	CA012	Review requisition, assess for special needs	
33	CA013	Prepare room, equipment and supplies	0.4
34	CA014	Confirm order, protocol exam	0.4
35	CA015	Setup scope (nonfacility setting only)	
36	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	0.4
37	CA017	Sedate/apply anesthesia	
38		*Other activity: please include short clinical description here and type new in column A*	
39		*Other activity: please include short clinical description here and type new in column A*	
40		*Other activity: please include short clinical description here and type new in column A*	
41		Intra-service (of service period)	
42	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	0.4
43	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time	
44	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time	
45	CA021	Perform procedure/service---NOT directly related to physician work time	0.4
46		*Other activity: please include short clinical description here and type new in column A*	
47		*Other activity: please include short clinical description here and type new in column A*	
48		*Other activity: please include short clinical description here and type new in column A*	
49		Post-Service (of service period)	
50	CA022	Monitor patient following procedure/service, multitasking 1:4	
51	CA023	Monitor patient following procedure/service, no multitasking	
52	CA024	Clean room/equipment by clinical staff	0.4
53	CA025	Clean scope	
54	CA026	Clean surgical instrument package	
55	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
56	CA028	Review/read post-procedure x-ray, lab and pathology reports	
57	CA029	Check dressings, catheters, wounds	
58	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	0.4
59	CA031	Review examination with interpreting MD/DO	0.4
60	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work	0.4
61	CA033	Perform regulatory mandated quality assurance activity (service period)	

	A	B	F
1	RUC Practice Expense Spreadsheet REVISED AT RUC		
2		*Please see brief summaries of the standards/guidelines in column C. For more complete	
3		RUC Collaboration Website	
4	Clinical	Meeting Date: October 2017	Clini
5		LOCATION	
6		GLOBAL PERIOD	
7		TOTAL CLINICAL STAFF TIME	0.4
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.4
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.4
62	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	
63	CA035	Review home care instructions, coordinate visits/prescriptions	0.4
64	CA036	Discharge day management	0.4
65		*Other activity: please include short clinical description here and type new in column A*	
66		*Other activity: please include short clinical description here and type new in column A*	
67		*Other activity: please include short clinical description here and type new in column A*	
68		**End: Patient leaves office**	
69		**POST-SERVICE PERIOD**	
70		**Start: Patient leaves office/facility**	
71	CA037	Conduct patient communications	
72	CA038	Coordinate post-procedure services	0.4
73		***Office visits: List Number and Level of Office Visits***	
74		99211 16 minutes	
75		99212 27 minutes	
76		99213 36 minutes	
77		99214 53 minutes	
78		99215 63 minutes	
79	CA039	Post-operative visits (total time)	
80			
81			
82			
83		*Other activity: please include short clinical description here and type new in column A*	
84		*Other activity: please include short clinical description here and type new in column A*	
85		*Other activity: please include short clinical description here and type new in column A*	
86		**End: with last office visit before end of global period**	
87	Medical	**MEDICAL SUPPLIES**	
88		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	
89	SA060	tray, arthrogram	
90	SB022	gloves, non-sterile	
91	SB024	gloves, sterile	
92	SB026	gown, patient	
93	SH021	bupivacaine 0.25% inj (Marcaine)	
94	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	
95	SJ041	povidone soln (Betadine)	
96			
97			
98			
99		*Other supply item: please include the name of the item consistent with the paid invoice here and type*	
100			
101	Equipment	**EQUIPMENT**	Cost
102		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	
103	EL014	room, radiographic-fluoroscopic	1.39308
104		*Other equipment item: please include the name of the item consistent with the paid invoice here and*	

	A	B	
1	RUC Practice Expense Spreadsheet REVISED AT RUC		RE
2		*Please see brief summaries of the standards/guidelines in column C. For more complete	
3		*RUC Collaboration Website*	Injecti
4	**Clinical**	**Meeting Date: October 2017**	
5		**LOCATION**	**No**
6		**GLOBAL PERIOD**	**(**
7		**TOTAL CLINICAL STAFF TIME**	**3**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**3**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$**
12		**PRE-SERVICE PERIOD**	
13		**Start: Following visit when decision for surgery or procedure made**	
14	CA001	Complete pre-service diagnostic and referral forms	
15	CA002	Coordinate pre-surgery services (including test results)	
16	CA003	Schedule space and equipment in facility	
17	CA004	Provide pre-service education/obtain consent	
18	CA005	Complete pre-procedure phone calls and prescription	
19	CA006	Confirm availability of prior images/studies	
20	CA007	Review patient clinical extant information and questionnaire	
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
22		*Other activity: please include short clinical description here and type new in column A*	
23		*Other activity: please include short clinical description here and type new in column A*	
24		*Other activity: please include short clinical description here and type new in column A*	
25		**End: When patient enters office/facility for surgery/procedure**	
26		**SERVICE PERIOD**	
27		**Start: When patient enters office/facility for surgery/procedure:**	
28		**Pre-Service (of service period)**	
29	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	
30	CA010	Obtain vital signs	
31	CA011	Provide education/obtain consent	
32	CA012	Review requisition, assess for special needs	
33	CA013	Prepare room, equipment and supplies	
34	CA014	Confirm order, protocol exam	
35	CA015	Setup scope (nonfacility setting only)	
36	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	
37	CA017	Sedate/apply anesthesia	
38		*Other activity: please include short clinical description here and type new in column A*	
39		*Other activity: please include short clinical description here and type new in column A*	
40		*Other activity: please include short clinical description here and type new in column A*	
41		**Intra-service (of service period)**	
42	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	
43	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time	
44	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time	
45	CA021	Perform procedure/service---NOT directly related to physician work time	
46		*Other activity: please include short clinical description here and type new in column A*	
47		*Other activity: please include short clinical description here and type new in column A*	
48		*Other activity: please include short clinical description here and type new in column A*	
49		**Post-Service (of service period)**	
50	CA022	Monitor patient following procedure/service, multitasking 1:4	
51	CA023	Monitor patient following procedure/service, no multitasking	
52	CA024	Clean room/equipment by clinical staff	
53	CA025	Clean scope	
54	CA026	Clean surgical instrument package	
55	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
56	CA028	Review/read post-procedure x-ray, lab and pathology reports	
57	CA029	Check dressings, catheters, wounds	
58	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	
59	CA031	Review examination with interpreting MD/DO	
60	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work	
61	CA033	Perform regulatory mandated quality assurance activity (service period)	

	A	B	
1	RUC Practice Expense Spreadsheet REVISED AT RUC		RE
2		*Please see brief summaries of the standards/guidelines in column C. For more complete	
3		*RUC Collaboration Website*	Injecti
4	**Clinical**	**Meeting Date: October 2017**	
5		**LOCATION**	**No**
6		**GLOBAL PERIOD**	**0**
7		**TOTAL CLINICAL STAFF TIME**	**3**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**3**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	
62	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	
63	CA035	Review home care instructions, coordinate visits/prescriptions	
64	CA036	Discharge day management	
65		*Other activity: please include short clinical description here and type new in column A*	
66		*Other activity: please include short clinical description here and type new in column A*	
67		*Other activity: please include short clinical description here and type new in column A*	
68		**End: Patient leaves office**	
69		**POST-SERVICE PERIOD**	
70		**Start: Patient leaves office/facility**	
71	CA037	Conduct patient communications	
72	CA038	Coordinate post-procedure services	
73		***Office visits: List Number and Level of Office Visits***	**# v**
74		99211 16 minutes	
75		99212 27 minutes	
76		99213 36 minutes	
77		99214 53 minutes	
78		99215 63 minutes	
79	CA039	Post-operative visits (total time)	
80			
81			
82			
83		*Other activity: please include short clinical description here and type new in column A*	
84		*Other activity: please include short clinical description here and type new in column A*	
85		*Other activity: please include short clinical description here and type new in column A*	
86		**End: with last office visit before end of global period**	
87	**Medical**	**MEDICAL SUPPLIES**	
88		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$**
89	SA060	tray, arthrogram	
90	SB022	gloves, non-sterile	
91	SB024	gloves, sterile	
92	SB026	gown, patient	
93	SH021	bupivacaine 0.25% inj (Marcaine)	
94	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	
95	SJ041	povidone soln (Betadine)	
96			
97			
98			
99		*Other supply item: please include the name of the item consistent with the paid invoice here and type*	
100			
101	**Equipment**	**EQUIPMENT**	
102		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$**
103	EL014	room, radiographic-fluoroscopic	
104		*Other equipment item: please include the name of the item consistent with the paid invoice here and*	

	A	B	H
1	RUC Practice Expense Spreadsheet REVISED AT RUC		CODE
2		*Please see brief summaries of the standards/guidelines in column C. For more complete	
3		*RUC Collaboration Website*	re for kn
4	Clinical	**Meeting Date: October 2017**	phy
5		**LOCATION**	Facili
6		**GLOBAL PERIOD**	000
7		**TOTAL CLINICAL STAFF TIME**	0.0
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	0.0
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	0.0
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	0.0
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	$
12		**PRE-SERVICE PERIOD**	
13		**Start: Following visit when decision for surgery or procedure made**	
14	CA001	Complete pre-service diagnostic and referral forms	
15	CA002	Coordinate pre-surgery services (including test results)	
16	CA003	Schedule space and equipment in facility	
17	CA004	Provide pre-service education/obtain consent	
18	CA005	Complete pre-procedure phone calls and prescription	
19	CA006	Confirm availability of prior images/studies	
20	CA007	Review patient clinical extant information and questionnaire	
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
22		*Other activity: please include short clinical description here and type new in column A*	
23		*Other activity: please include short clinical description here and type new in column A*	
24		*Other activity: please include short clinical description here and type new in column A*	
25		**End: When patient enters office/facility for surgery/procedure**	
26		**SERVICE PERIOD**	
27		**Start: When patient enters office/facility for surgery/procedure:**	
28		**Pre-Service (of service period)**	
29	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	
30	CA010	Obtain vital signs	
31	CA011	Provide education/obtain consent	
32	CA012	Review requisition, assess for special needs	
33	CA013	Prepare room, equipment and supplies	
34	CA014	Confirm order, protocol exam	
35	CA015	Setup scope (nonfacility setting only)	
36	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	
37	CA017	Sedate/apply anesthesia	
38		*Other activity: please include short clinical description here and type new in column A*	
39		*Other activity: please include short clinical description here and type new in column A*	
40		*Other activity: please include short clinical description here and type new in column A*	
41		**Intra-service (of service period)**	
42	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	
43	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time	
44	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time	
45	CA021	Perform procedure/service---NOT directly related to physician work time	
46		*Other activity: please include short clinical description here and type new in column A*	
47		*Other activity: please include short clinical description here and type new in column A*	
48		*Other activity: please include short clinical description here and type new in column A*	
49		**Post-Service (of service period)**	
50	CA022	Monitor patient following procedure/service, multitasking 1:4	
51	CA023	Monitor patient following procedure/service, no multitasking	
52	CA024	Clean room/equipment by clinical staff	
53	CA025	Clean scope	
54	CA026	Clean surgical instrument package	
55	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
56	CA028	Review/read post-procedure x-ray, lab and pathology reports	
57	CA029	Check dressings, catheters, wounds	
58	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	
59	CA031	Review examination with interpreting MD/DO	
60	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work	
61	CA033	Perform regulatory mandated quality assurance activity (service period)	

	A	B	H
1	RUC Practice Expense Spreadsheet REVISED AT RUC		CODE
2		**Please see brief summaries of the standards/guidelines in column C. For more complete*	
3		***RUC Collaboration Website***	re for kn
4	**Clinical**	**Meeting Date: October 2017**	phy
5		**LOCATION**	**Facili**
6		**GLOBAL PERIOD**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**
62	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	
63	CA035	Review home care instructions, coordinate visits/prescriptions	
64	CA036	Discharge day management	
65		*Other activity: please include short clinical description here and type new in column A*	
66		*Other activity: please include short clinical description here and type new in column A*	
67		*Other activity: please include short clinical description here and type new in column A*	
68		**End: Patient leaves office**	
69		**POST-SERVICE PERIOD**	
70		**Start: Patient leaves office/facility**	
71	CA037	Conduct patient communications	
72	CA038	Coordinate post-procedure services	
73		***Office visits: List Number and Level of Office Visits***	**# visi**
74		99211 16 minutes	
75		99212 27 minutes	
76		99213 36 minutes	
77		99214 53 minutes	
78		99215 63 minutes	
79	CA039	Post-operative visits (total time)	**0.0**
80			
81			
82			
83		*Other activity: please include short clinical description here and type new in column A*	
84		*Other activity: please include short clinical description here and type new in column A*	
85		*Other activity: please include short clinical description here and type new in column A*	
86		**End: with last office visit before end of global period**	
87	**Medical**	**MEDICAL SUPPLIES**	
88		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$**
89	SA060	tray, arthrogram	
90	SB022	gloves, non-sterile	
91	SB024	gloves, sterile	
92	SB026	gown, patient	
93	SH021	bupivacaine 0.25% inj (Marcaine)	
94	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	
95	SJ041	povidone soln (Betadine)	
96			
97			
98			
99		*Other supply item: please include the name of the item consistent with the paid invoice here and type*	
100			
101	**Equipment**	**EQUIPMENT**	
102		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$**
103	EL014	room, radiographic-fluoroscopic	
104		*Other equipment item: please include the name of the item consistent with the paid invoice here and*	

	A	B	
1	RUC Practice Expense Spreadsheet REVISED AT RUC		R
2		**Please see brief summaries of the standards/guidelines in column C. For more complete*	
3		***RUC Collaboration Website***	Injection
4	**Clinical**	**Meeting Date: October 2017**	knee a
5		**LOCATION**	No
6		**GLOBAL PERIOD**	
7		**TOTAL CLINICAL STAFF TIME**	3
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	3
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	$
12		**PRE-SERVICE PERIOD**	
13		**Start: Following visit when decision for surgery or procedure made**	
14	CA001	Complete pre-service diagnostic and referral forms	
15	CA002	Coordinate pre-surgery services (including test results)	
16	CA003	Schedule space and equipment in facility	
17	CA004	Provide pre-service education/obtain consent	
18	CA005	Complete pre-procedure phone calls and prescription	
19	CA006	Confirm availability of prior images/studies	
20	CA007	Review patient clinical extant information and questionnaire	
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
22		*Other activity: please include short clinical description here and type new in column A*	
23		*Other activity: please include short clinical description here and type new in column A*	
24		*Other activity: please include short clinical description here and type new in column A*	
25		**End: When patient enters office/facility for surgery/procedure**	
26		**SERVICE PERIOD**	
27		**Start: When patient enters office/facility for surgery/procedure:**	
28		**Pre-Service (of service period)**	
29	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	
30	CA010	Obtain vital signs	
31	CA011	Provide education/obtain consent	
32	CA012	Review requisition, assess for special needs	
33	CA013	Prepare room, equipment and supplies	
34	CA014	Confirm order, protocol exam	
35	CA015	Setup scope (nonfacility setting only)	
36	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	
37	CA017	Sedate/apply anesthesia	
38		*Other activity: please include short clinical description here and type new in column A*	
39		*Other activity: please include short clinical description here and type new in column A*	
40		*Other activity: please include short clinical description here and type new in column A*	
41		**Intra-service (of service period)**	
42	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	
43	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time	
44	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time	
45	CA021	Perform procedure/service---NOT directly related to physician work time	
46		*Other activity: please include short clinical description here and type new in column A*	
47		*Other activity: please include short clinical description here and type new in column A*	
48		*Other activity: please include short clinical description here and type new in column A*	
49		**Post-Service (of service period)**	
50	CA022	Monitor patient following procedure/service, multitasking 1:4	
51	CA023	Monitor patient following procedure/service, no multitasking	
52	CA024	Clean room/equipment by clinical staff	
53	CA025	Clean scope	
54	CA026	Clean surgical instrument package	
55	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
56	CA028	Review/read post-procedure x-ray, lab and pathology reports	
57	CA029	Check dressings, catheters, wounds	
58	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	
59	CA031	Review examination with interpreting MD/DO	
60	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work	
61	CA033	Perform regulatory mandated quality assurance activity (service period)	

	A	B	
1	RUC Practice Expense Spreadsheet REVISED AT RUC		R
2		*Please see brief summaries of the standards/guidelines in column C. For more complete	
3		*RUC Collaboration Website*	Injection
4	**Clinical**	**Meeting Date: October 2017**	knee a
5		**LOCATION**	No
6		**GLOBAL PERIOD**	
7		**TOTAL CLINICAL STAFF TIME**	
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	
62	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	
63	CA035	Review home care instructions, coordinate visits/prescriptions	
64	CA036	Discharge day management	
65		*Other activity: please include short clinical description here and type new in column A*	
66		*Other activity: please include short clinical description here and type new in column A*	
67		*Other activity: please include short clinical description here and type new in column A*	
68		**End: Patient leaves office**	
69		**POST-SERVICE PERIOD**	
70		**Start: Patient leaves office/facility**	
71	CA037	Conduct patient communications	
72	CA038	Coordinate post-procedure services	
73		***Office visits: List Number and Level of Office Visits***	#
74		99211 16 minutes	
75		99212 27 minutes	
76		99213 36 minutes	
77		99214 53 minutes	
78		99215 63 minutes	
79	CA039	Post-operative visits (total time)	
80			
81			
82			
83		*Other activity: please include short clinical description here and type new in column A*	
84		*Other activity: please include short clinical description here and type new in column A*	
85		*Other activity: please include short clinical description here and type new in column A*	
86		**End: with last office visit before end of global period**	
87	**Medical**	**MEDICAL SUPPLIES**	
88		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	$
89	SA060	tray, arthrogram	
90	SB022	gloves, non-sterile	
91	SB024	gloves, sterile	
92	SB026	gown, patient	
93	SH021	bupivacaine 0.25% inj (Marcaine)	
94	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	
95	SJ041	povidone soln (Betadine)	
96			
97			
98			
99		*Other supply item: please include the name of the item consistent with the paid invoice here and type*	
100			
101	**Equipment**	**EQUIPMENT**	
102		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	$
103	EL014	room, radiographic-fluoroscopic	
104		*Other equipment item: please include the name of the item consistent with the paid invoice here and*	

	A	B	J
1	RUC Practice Expense Spreadsheet REVISED AT RUC		DED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete	
3		*RUC Collaboration Website*	for contr
4	Clinical	Meeting Date: October 2017	or contra
5		LOCATION	
6		GLOBAL PERIOD	000
7		TOTAL CLINICAL STAFF TIME	0.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$
12		PRE-SERVICE PERIOD	
13		Start: Following visit when decision for surgery or procedure made	
14	CA001	Complete pre-service diagnostic and referral forms	
15	CA002	Coordinate pre-surgery services (including test results)	
16	CA003	Schedule space and equipment in facility	
17	CA004	Provide pre-service education/obtain consent	
18	CA005	Complete pre-procedure phone calls and prescription	
19	CA006	Confirm availability of prior images/studies	
20	CA007	Review patient clinical extant information and questionnaire	
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
22		*Other activity: please include short clinical description here and type new in column A*	
23		*Other activity: please include short clinical description here and type new in column A*	
24		*Other activity: please include short clinical description here and type new in column A*	
25		End: When patient enters office/facility for surgery/procedure	
26		SERVICE PERIOD	
27		Start: When patient enters office/facility for surgery/procedure:	
28		Pre-Service (of service period)	
29	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	
30	CA010	Obtain vital signs	
31	CA011	Provide education/obtain consent	
32	CA012	Review requisition, assess for special needs	
33	CA013	Prepare room, equipment and supplies	
34	CA014	Confirm order, protocol exam	
35	CA015	Setup scope (nonfacility setting only)	
36	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	
37	CA017	Sedate/apply anesthesia	
38		*Other activity: please include short clinical description here and type new in column A*	
39		*Other activity: please include short clinical description here and type new in column A*	
40		*Other activity: please include short clinical description here and type new in column A*	
41		Intra-service (of service period)	
42	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	
43	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time	
44	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time	
45	CA021	Perform procedure/service---NOT directly related to physician work time	
46		*Other activity: please include short clinical description here and type new in column A*	
47		*Other activity: please include short clinical description here and type new in column A*	
48		*Other activity: please include short clinical description here and type new in column A*	
49		Post-Service (of service period)	
50	CA022	Monitor patient following procedure/service, multitasking 1:4	
51	CA023	Monitor patient following procedure/service, no multitasking	
52	CA024	Clean room/equipment by clinical staff	
53	CA025	Clean scope	
54	CA026	Clean surgical instrument package	
55	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
56	CA028	Review/read post-procedure x-ray, lab and pathology reports	
57	CA029	Check dressings, catheters, wounds	
58	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	
59	CA031	Review examination with interpreting MD/DO	
60	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work	
61	CA033	Perform regulatory mandated quality assurance activity (service period)	

	A	B	J
1	RUC Practice Expense Spreadsheet REVISED AT RUC		DED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete*	
3		*RUC Collaboration Website*	for contr
4	**Clinical**	**Meeting Date: October 2017**	or contra
5		**LOCATION**	
6		**GLOBAL PERIOD**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**
62	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	
63	CA035	Review home care instructions, coordinate visits/prescriptions	
64	CA036	Discharge day management	
65		*Other activity: please include short clinical description here and type new in column A*	
66		*Other activity: please include short clinical description here and type new in column A*	
67		*Other activity: please include short clinical description here and type new in column A*	
68		**End: Patient leaves office**	
69		**POST-SERVICE PERIOD**	
70		**Start: Patient leaves office/facility**	
71	CA037	Conduct patient communications	
72	CA038	Coordinate post-procedure services	
73		***Office visits: List Number and Level of Office Visits***	**# visit**
74		99211 16 minutes	
75		99212 27 minutes	
76		99213 36 minutes	
77		99214 53 minutes	
78		99215 63 minutes	
79	CA039	Post-operative visits (total time)	**0.0**
80			
81			
82			
83		*Other activity: please include short clinical description here and type new in column A*	
84		*Other activity: please include short clinical description here and type new in column A*	
85		*Other activity: please include short clinical description here and type new in column A*	
86		**End: with last office visit before end of global period**	
87	**Medical**	**MEDICAL SUPPLIES**	
88		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$**
89	SA060	tray, arthrogram	
90	SB022	gloves, non-sterile	
91	SB024	gloves, sterile	
92	SB026	gown, patient	
93	SH021	bupivacaine 0.25% inj (Marcaine)	
94	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	
95	SJ041	povidone soln (Betadine)	
96			
97			
98			
99		*Other supply item: please include the name of the item consistent with the paid invoice here and type*	
100			
101	**Equipment**	**EQUIPMENT**	
102		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**
103	EL014	room, radiographic-fluoroscopic	
104		*Other equipment item: please include the name of the item consistent with the paid invoice here and*	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes

October 2017

Breast MRI with Computer-Aided Detection

In the NPRM for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In preparation to survey CPT codes 77058 and 77059, the specialty societies noted that the clinical indications had changed for these exams. Additionally, the technology had advanced such that there were changes in physician work, practice expense, and work flow. Further, these codes did not parallel the structure of other MRI codes. Finally, computer-aided detection (CAD) had become typical for the without and with contrast examinations. The RUC recommended CPT code 77058 and 77059 be referred to the CPT Editorial Panel. In June 2017 the CPT Editorial Panel deleted codes 0159T, 77058, and 77059 and created two new codes to report breast MRI without contrast and two new breast MRI without and with contrast material codes (including computer-aided detection).

Compelling Evidence
The specialty society presented compelling evidence for codes 77048 and 77049. The society noted that their compelling evidence argument is based on a change in patient population and change in technology. This code family was last valued by the RUC in 1995 with both 77058 *MRI breast; unilateral* and 77059 *MRI breast; bilateral* assigned a work RVU of 1.63, with total times of 50 and 55 minutes respectively. At that time, the indications for breast MRI were far more limited and were not even sufficiently differentiated between the assessment of implant integrity and the detection and evaluation of breast cancer to necessitate the creation of separate CPT codes. As dynamic contrast enhanced sequences became available, MRI has proven to be the most sensitive tool for detection of breast cancer. These developments were made possible by the development of new software, hardware, and physician skill. Some of this additional physician work and practice expense was initially described in a Category III code, 0159T, which has been used since July 2006. The specialty society believes that 0159T now meets all the requirements of a Category I Code, including FDA approval, widespread usage by many physicians across the United States, being performed with frequency consistent with intended clinical use, and documented clinical efficacy in the literature. This Category III code has been bundled with the unilateral and bilateral breast MRI without and with contrast material (77048 and 77049). The RUC accepted that there is compelling evidence for codes 77048 and 77049.

77046 *Magnetic resonance imaging, breast, without contrast material; unilateral*
The RUC reviewed the survey results from 49 physicians and agreed with the following physician time component: pre-service time of 5 minutes, intra-service time of 25 minutes, and post-service time of 5 minutes. The RUC reviewed the recommended work RVU of 1.45

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which is the survey 25th percentile and agreed that this value appropriately accounts for the physician work involved. The RUC compared CPT codes 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU= 1.74, pre-service time of 5 minutes, intra-service time of 22 minutes, and post-service time of 5 minutes) and 74177 *Computed tomography, abdomen and pelvis; with contrast material(s)* (work RVU=1.82, pre-service time of 5 minutes, intra-service time of 25 minutes, and post-service time of 5 minutes) and noted that the recommended work RVU for the surveyed code is appropriately less than the top two key reference services. Additionally, the RUC also reviewed MPC code 92014 *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits* (work RVU= 1.42, pre-service time of 5 minutes, intra-service time of 24 minutes, and post-service time of 8 minutes) and noted that these services require similar physician work and time to perform, further supporting a work RVU of 1.45 for the surveyed code. **The RUC recommends a work RVU of 1.45 for CPT code 77046.**

77047 ***Magnetic resonance imaging, breast, without contrast material; bilateral***
The RUC reviewed the survey results from 49 physicians and agreed with the following physician time component: pre-service time of 5 minutes, intra-service time of 30 minutes, and post-service time of 5 minutes. The RUC reviewed the recommended work RVU of 1.60 which is the survey 25th percentile and agreed that this value appropriately accounts for the physician work involved. The RUC compared the survey code to CPT code 78452 *Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection* (work RVU= 1.62, pre-service time of 10 minutes, intra-service time of 20 minutes, post-service time of 10 minutes, and total time of 40 minutes) and noted that both services have similar work RVUs and identical total physician time, and therefore should be valued similarly. The RUC also reviewed CPT code 73719 *Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)* (work RVU= 1.62, pre-service time of 10 minutes, intra-service time of 20 minutes, post-service time of 10 minutes, and total time of 40 minutes) and noted that both services also have similar work RVUs and identical total physician time, further supporting the recommended value of 1.60 for the survey code. **The RUC recommends a work RVU of 1.60 for CPT code 77047.**

77048 ***Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral***
The RUC reviewed the survey results from 49 physicians and agreed with the following physician time component: pre-service time of 8 minutes, intra-service time of 32 minutes, and post-service time of 8 minutes. The RUC reviewed the recommended work RVU of 2.10, the survey 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 2.10, the RUC referenced the most commonly chosen key reference services, codes 74178 *Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions* (work RVU= 2.01, pre-service time of 5 minutes, intra-service time of 30 minutes, and post-service time of 5 minutes) and 71552 *Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences* (work RVU= 2.26, pre-service time of 7.5 minutes, intra-service time of 24 minutes, and post-service time of 10 minutes) and noted that the survey code

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has 2 more minutes of intra-service time and 6 more total minutes of pre and post-service time compared to code 74178. CPT code 74178 is also an MPC code. The recommended value for the survey code is appropriately higher than code 74178 at 2.10, compared to 2.01 for the key reference service. Additionally, code 71552 has less intra-service time and less total time compared to the survey code, but more overall intensity/ complexity and a higher work value. Both key reference and MPC services support the recommended value for the surveyed code. **The RUC recommends a work RVU of 2.10 for CPT code 77048.**

77049 ***Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral***
The RUC reviewed the survey results from 49 physicians and agreed with the following physician time component: pre-service time of 8 minutes, intra-service time of 42 minutes, post-service time of 8 minutes, and a total time of 58 minutes. The RUC reviewed the recommended work RVU of 2.30 which is the survey 25th percentile and agreed that this value appropriately accounts for the physician work involved. To justify the work RVU of 2.30, the RUC referenced CPT code 75557 *Cardiac magnetic resonance imaging for morphology and function without contrast material;* (work RVU= 2.35, pre-service time of 10 minutes, intra-service time of 40 minutes, post-service time of 10 minutes, and total time of 60 minutes) and noted that both services have similar intra-service times and similar total physician times. The recommended work RVU and the physician time of the survey code is slightly lower than the reference code, therefore a work RVU of 2.30 for the survey code is appropriate. To further support a work RVU of 2.30 for the survey code, the RUC also reviewed CPT code 99386 *Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years* (work RVU= 2.33, pre-service time of 10 minutes, intra-service time of 40 minutes, post-service time of 10 minutes, and total time of 60 minutes) and noted that both services involve similar physician work, further supporting a work RVU of 2.30 for the survey code. **The RUC recommends a work RVU of 2.30 for CPT code 77049.**

Practice Expense
The PE Subcommittee made the following modifications to the PE spreadsheet:

- **77048:** Removal of SG021 (bandage, strip 0.75in x 3in [Bandaid]), removal of SG053 (gauze, sterile 2in x 2in), removal of SG079 (tape, surgical paper 1in [Micropore]), and removal of SJ043 (providone swabsticks [3 pack uou])

- **77049:** Removal of SG021 (bandage, strip 0.75in x 3in [Bandaid]), removal of SG053 (gauze, sterile 2in x 2in), removal of SG079 (tape, surgical paper 1in [Micropore]), and removal of SJ043 (providone swabsticks [3 pack uou])

The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee for CPT codes 77048 and 77049.

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New Technology/New Services
These services will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology Diagnostic Radiology (Diagnostic Imaging) Chest				
71550		*Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)*		
71551		*with contrast material(s)*		
71552		*without contrast material(s), followed by contrast material(s) and further sequences*		
		(For breast MRI, see 77046, 77047, 77048, 77049, ~~77058~~, ~~77059~~)		
Other Procedures				
76376		*3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation*		
		(Use 76376 in conjunction with code[s] for base imaging procedure[s])		
		(Do not report 76376 in conjunction with 31627, 34839, 70496, 70498, 70544, 70545, 70546, 70547, 70548, 70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261, 74262, 74263, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76377, 77046, 77047, 77048, 77049, 77061, 77062, 77063, 78012-78999, 93355, ~~0159T~~)		
76377		*requiring image postprocessing on an independent workstation*		
		(Use 76377 in conjunction with code[s] for base imaging procedure[s])		

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(Do not report 76377 in conjunction with 34839, 70496, 70498, 70544, 70545, 70546, 70547, 70548, 70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261, 74262, 74263, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76376, 77046, 77047, 77048, 77049, 77061, 77062, 77063, 78012-78999, 93355, ~~0159T~~)

~~(To report computer-aided detection, including computer algorithm analysis of MRI data for lesion detection/characterization, pharmacokinetic analysis, breast MRI, use Category III code 0159T)~~

(76376, 76377 require concurrent supervision of image postprocessing 3D manipulation of volumetric data set and image rendering)

Breast, Mammography

~~(77058, 77059 have been deleted. To report, see 77046, 77047, 77048, 77049)~~

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●77046	I1	Magnetic resonance imaging, breast, without contrast material; unilateral	XXX	1.45
●77047	I2	bilateral	XXX	1.60
●77048	I3	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral	XXX	2.10
●77049	I4	bilateral	XXX	2.30
~~D77058~~	-	~~Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral~~	XXX	N/A (2017 Work RVU = 1.63)

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D77059	-	bilateral (77058 has been deleted. To report, see 77046, 77048) (77059 has been deleted. To report, see 77047, 77049)	XXX	N/A (2017 Work RVU = 1.63)
D0159T	-	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure) *Sunset January 2017* (Use 0159T in conjunction with 77058, 77059) (Do not report 0159T in conjunction with 76376, 76377) (0159T has been deleted. To report, see 77048, 77049)	ZZZ	N/A (2017 Work RVU = 0.00)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77046 Tracking Number I1 Original Specialty Recommended RVU: **1.45**

Presented Recommended RVU: **1.45**

Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **1.45**

CPT Descriptor: Magnetic resonance imaging, breast, without contrast material; unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old female status-post right mastectomy with implant reconstruction and suspected implant rupture.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness, and review the clinical history as well as any prior applicable studies. Review patient history questionnaire and technologist notes. Assess patient risk factors from questionnaire. Confirm that there is no contraindication for an MRI. Communicate the protocol to the technologist.

Description of Intra-Service Work: Interpret images, evaluating implant integrity and for evidence of intra- or extra-capsular implant rupture. Evaluate for etiology of clinical exam findings or abnormalities questioned on previous imaging. Assess the breast tissue for any abnormalities. Evaluate remainder of structures in the visualized anatomy, including the axilla, internal mammary lymph node chain, skin, pectoral muscles and chest wall, bones, visualized mediastinum and upper abdomen.
Compare the current imaging to all pertinent available prior studies. Dictate a report, utilizing standardized lexicon to describe findings and formulating a final recommendation according to standardized reporting system (BIRADS).

Description of Post-Service Work: Review and sign the final report. Communicate the findings with the referring physician and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD,PhD; Gregory Nicola, MD, FACR; Dana Smetherman, MD, FACR; Lauren Golding, MD				
Specialty(s):	American College of Radiology				
CPT Code:	77046				
Sample Size:	1250	**Resp N:** 49		**Response:** 3.9 %	
Description of Sample:	The ACR surveyed a total of 1250 members (a random sample of 625 members and a separate random sample of 625 members who perform in the modalities of mammography, magnetic resonance imaging, and breast imaging).				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**6.00**	20.00	100.00
Survey RVW:	0.90	1.45	**1.75**	2.00	3.00
Pre-Service Evaluation Time:			**7.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	12.00	**25.00**	35.00	50.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77046	**Recommended Physician Work RVU: 1.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74176	XXX	1.74	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74177	XXX	1.82	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92014	XXX	1.42	**RUC Time**	12,335,635

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**RUC Time**	101,770,225

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 20.4 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 77046	Top Key Reference CPT Code: 74176	2nd Key Reference CPT Code: 74177
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	25.00	22.00	25.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**32.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	30%	10%	60%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	30%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	10%	70%
Physical effort required	30%	60%	10%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	40%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	71%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	29%	71%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	29%	57%
Physical effort required	0%	43%	57%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	29%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
In the past, two codes have been used to describe Breast MRI - 77058 *(Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral)* and 77059 *(Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral).* In addition, one Category III Code (0159T) has been used to describe Breast MRI Computer Aided Detection (CAD). CPT code 77059 was identified as potentially misvalued in the NPRM 2016 High Expenditure by Specialty Screen, and the family was expanded to include CPT code 77058. The family was then referred to the CPT Editorial Panel for review, and four new codes were created to describe Breast MRI:

- 77046 *(Magnetic resonance imaging, breast, without contrast material; unilateral)*,
- 77047 *(Magnetic resonance imaging, breast, without contrast material; bilateral)*,
- 77048 *(Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral)*, and
- 77049 *(Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral).*

Survey Process:
The ACR surveyed a total of 1250 members (a random sample of 625 members and a separate random sample of 625 members who perform in the modalities of mammography, magnetic resonance imaging, and/or breast imaging). An expert panel, including physicians familiar with these services, reviewed the data and developed the following recommendations. Out of the total number of survey respondents, 88% found the service to be typical.

Work RVU Recommendation:
The society recommends a work RVU of 1.45 (at the 25% survey percentile), which is below current value.

Time Recommendation:
We recommend the following survey times: 5 minutes pre-service, 25 minutes intra-service, and 5 minutes post-service. This is a total time of 35 minutes compared to the existing time of 50 minutes.

Key Reference Services:
Our recommended work RVU falls below both of the most commonly chosen key reference services, but all three services have similar intra-service period times.

- 74176 *(Computed tomography, abdomen and pelvis; without contrast material),* chosen by 20% of respondents, and
- 74177 *(Computed tomography, abdomen and pelvis; with contrast material(s)),* chosen by 14% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the limitations of the reference service list. Specifically, there were unfortunately few appropriate XXX global procedure codes to compare with this newly bundled service that are also commonly performed by the physicians who perform the surveyed codes. Specifically, many comparable MRI codes (including extremity, abdominal, and pelvic MRI) have been recently surveyed and could not be used for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
77046	**Magnetic resonance imaging, breast, without contrast material; unilateral**	**1.45**	**35**	**5**	**25**	**5**	**0.049**	
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069	20%
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1.82	35	5	25	5	0.064	14%

MPC Codes:
The surveyed code compares well with four other MPC codes, only two of which are radiology codes:

- 74170 *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections)*,
- 92014 *(Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits)*,
- 99214 *(Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.)*, and
- 78072 (*Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization).*

The surveyed code, 77046, is closely bracketed by the non-radiology MPC codes 92014 and 99214. Additionally, 77046 has a longer intra-service time than either 74170 or 78072, but the recommended work RVU is between the values of these two codes. These four MPC codes are included in a table below for comparison and confirm the appropriateness of the recommended wRVU for 77046 within the larger RBRVS.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	28	5	18	5	0.065
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	1.42	37	5	24	8	0.047
77046	**Magnetic resonance imaging, breast, without contrast material; unilateral**	**1.45**	**35**	**5**	**25**	**5**	**0.049**
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	1.50	40	5	25	10	0.047
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	1.60	30	5	20	5	0.069

Family of Codes:

Our recommendations for 77046 fit appropriately within the family of Breast MRI. The recommended work RVU of 1.45 is less than the current RVU (1.63) and is supported by the aforementioned KRS and MPC codes.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
77046	**Magnetic resonance imaging, breast, without contrast material; unilateral**	**1.45**	**35**	**5**	**25**	**5**	**0.049**
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	1.60	40	5	30	5	0.046
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral	2.10	48	8	32	8	0.054
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral	2.30	58	8	42	8	0.046

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77058

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2031
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 77X49 provided nationally in a one-year period is estimated to be 2,031.

Specialty Diagnostic Radiology Frequency 1906 Percentage 93.84 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 677 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The ACR recommends that CPT code 77X49 is billed approximately 677 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 635 Percentage 93.79 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77065

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77047 Tracking Number I2 Original Specialty Recommended RVU: **1.60**

Presented Recommended RVU: **1.60**

Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **1.60**

CPT Descriptor: Magnetic resonance imaging, breast, without contrast material; bilateral

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 53-year-old female with bilateral breast implants and suspected implant rupture.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness, and review the clinical history as well as any prior applicable studies. Review patient history questionnaire and technologist notes. Assess patient risk factors from questionnaire. Confirm that there is no contraindication for an MRI. Communicate the protocol to the technologist.

Description of Intra-Service Work: Interpret images, evaluating implant integrity and for evidence of intra- or extra-capsular implant rupture. Evaluate for etiology of clinical exam findings or abnormalities questioned on previous imaging. Assess the breast tissue for any abnormalities. Evaluate remainder of structures in the visualized anatomy, including the axillas, internal mammary lymph node chain, skin, pectoral muscles and chest wall, bones, visualized mediastinum and upper abdomen.
Compare the current imaging to all pertinent available prior studies. Dictate a report, utilizing standardized lexicon to describe findings and formulating a final recommendation according to standardized reporting system (BIRADS).

Description of Post-Service Work: Review and sign the final report. Communicate the findings with the referring physician and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Dana Smetherman, MD, FACR; Lauren Golding, MD				
Specialty(s):	American College of Radiology				
CPT Code:	77047				
Sample Size: 1250	**Resp N:** 49		**Response:** 3.9 %		
Description of Sample:	The ACR surveyed a total of 1250 members (a random sample of 625 members and a separate random sample of 625 members who perform in the modalities of mammography, magnetic resonance imaging, and breast imaging).				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	6.00	**10.00**	20.00	100.00
Survey RVW:	1.10	1.60	**1.90**	2.20	3.00
Pre-Service Evaluation Time:			**7.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	15.00	**30.00**	40.00	50.00

Immediate Post Service-Time:	5.00	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77047	**Recommended Physician Work RVU: 1.60**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74178	XXX	2.01	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74176	XXX	1.74	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,311,552

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99239	XXX	1.90	**RUC Time**	4,702,302

CPT Descriptor 2 Hospital discharge day management; more than 30 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 20.4 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 18.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 77047	Top Key Reference CPT Code: 74178	2nd Key Reference CPT Code: 74176
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	30.00	30.00	22.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**40.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	30%	70%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	20%	60%

Physical effort required	10%	40%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	30%	70%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	22%	44%	33%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	22%	56%	22%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	22%	33%	44%
Physical effort required	11%	78%	11%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	44%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

In the past, two codes have been used to describe Breast MRI - 77058 *(Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral)* and 77059 *(Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral)*. In addition, one Category III Code (0159T) has been used to describe Breast MRI Computer Aided Detection (CAD). CPT code 77059 was identified as potentially misvalued in the NPRM 2016 High Expenditure by Specialty Screen, and the family was expanded to include CPT code 77058. The family was then referred to the CPT Editorial Panel for review, and four new codes were created to describe Breast MRI:

- 77046 *(Magnetic resonance imaging, breast, without contrast material; unilateral)*,
- 77047 *(Magnetic resonance imaging, breast, without contrast material; bilateral)*,
- 77048 *(Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral)*, and
- 77049 *(Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral)*.

Survey Process:
The ACR surveyed a total of 1250 members (a random sample of 625 members and a separate random sample of 625 members who perform in the modalities of mammography, magnetic resonance imaging, and/or breast imaging). An expert panel, including physicians familiar with these services, reviewed the data and developed the following recommendations. Out of the total number of survey respondents, 96% found the service to be typical.

Work RVU Recommendation:
The society recommends a work RVU of 1.60 (the 25th percentile survey value), which is below current value.

Time Recommendation:
We recommend the following survey times: 5 minutes pre-service, 30 minutes intra-service, and 5 minutes post-service. This is a total time of 40 minutes compared to the existing time of 55 minutes.

Key Reference Services:
Our recommended work RVU falls below both of the most commonly chosen key reference services.

- 74178 *(Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions),* chosen by 20% of respondents, and
- 74176 *(Computed tomography, abdomen and pelvis; without contrast material),* chosen by 18% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the limitations of the reference service list. Specifically, there were few appropriate XXX global procedure codes to compare with this newly bundled service that are also commonly performed by the physicians who perform the surveyed codes. Specifically, many comparable MRI codes (including extremity, abdominal, and pelvic MRI) have been recently surveyed and could not be used for comparison. Despite these limitations, the chosen key reference services demonstrate that the recommended value for 77047 is well within an appropriate range.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
77047	**Magnetic resonance imaging, breast, without contrast material; bilateral**	**1.60**	**40**	**5**	**30**	**5**	**0.046**	
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069	18%
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	40	5	30	5	0.060	20%

MPC Codes:

The surveyed code compares well with three other MPC codes, two of which are non-radiology codes:

- 78072 *(Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization)*,
- 92004 *(Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits),* and
- 99239 *(Hospital discharge day management; more than 30 minutes).*

77047 has the save recommended wRVU as 78072, but 10 more minutes of intra-service time. This would suggest 77047 may be undervalued. As well, 92004 has the same total time as 77047 of 40 minutes, but a slightly higher work RVU with less intra-service time. This also suggests 77047 may be undervalued. However, while 99239 and 77047 both have 30 minutes of intra-service time, 99239 has 15 more minutes of pre- and post-service work, which accounts for the 0.3 wRVU difference between the two codes (at the 0.0224 RVU/minute rate).

These comparisons support the recommended value for 77047 and show that it is likely at the low end of an expected wRVU range for this service.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	1.60	30	5	20	5	0.069
77047	**Magnetic resonance imaging, breast, without contrast material; bilateral**	**1.60**	**40**	**5**	**30**	**5**	**0.046**
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	1.82	40	5	25	10	0.059
99239	Hospital discharge day management; more than 30 minutes	1.90	55	10	30	15	0.045

Family of Codes:

Our recommendations for 77047 fit appropriately within the family of Breast MRI. The recommended work RVU of 1.60 is less than the current RVU (1.63) and at the low end of expected work RVUs given the KRS and MPC comparisons.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	1.45	35	5	25	5	0.049
77047	**Magnetic resonance imaging, breast, without contrast material; bilateral**	**1.60**	**40**	**5**	**30**	**5**	**0.046**
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral	2.10	48	8	32	8	0.054
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral	2.30	58	8	42	8	0.046

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77059

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 27690
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 77X50 provided nationally in a one-year period is estimated to be 27,690.

Specialty Diagnostic Radiology Frequency 26569 Percentage 95.95 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,230
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The ACR recommends that CPT code 77X50 is billed approximately 9,230 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 8856 Percentage 95.94 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77066

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77048 Tracking Number I3 Original Specialty Recommended RVU: **2.10**
Presented Recommended RVU: **2.10**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **2.10**

CPT Descriptor: Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54-year-old female who is status post left mastectomy for previous breast cancer and who is a high risk for breast cancer based on genetic mutation.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness, and review the clinical history as well as any prior applicable studies. Specifically review clinical notes from the surgeon, oncologist, and PCP relevant to cancer diagnosis, including tumor staging, physical exam findings and how MRI results may impact surgical and treatment plan (e.g. multicentric disease on MRI would warrant mastectomy in a patient who would otherwise be a candidate for lumpectomy). Review pathology from prior biopsy. Confirm that there is no contraindication for an MRI. Communicate the protocol to the technologist.

Description of Intra-Service Work: Interpret images, evaluating background parenchymal enhancement, biopsy sites, and any cystic or solid masses or non-mass enhancement. Characterize lesions with respect to margins, enhancement pattern, associated features (including architectural distortion, edema, skin or nipple retraction), location, and depth from the nipple. Activate computer-aided detection (CAD). Review CAD images to determine if there are lesions that enhance to a greater extent than normal background parenchymal enhancement. Use CAD software to acquire kinetic enhancement curves to determine temporal pattern of enhancement. If multiple lesions are present, establish whether there is multifocal or multicentric disease. Determine if any findings require further imaging or intervention (e.g. second look ultrasound and/or MR-guided biopsy). Evaluate remainder of structures in the visualized anatomy, including the axilla, internal mammary lymph node chain, skin, pectoral muscles and chest wall, bones, visualized mediastinum and upper abdomen.
Compare the current imaging to all pertinent available prior studies. Correlate biopsy results with imaging findings. Dictate a report, utilizing standardized lexicon to describe findings and formulating a final recommendation according to standardized reporting system (BIRADS).

Description of Post-Service Work: Review and sign the final report. Communicate the findings with the referring physician and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD, Daniel Wessell, MD, Greg Nicola, MD, Dana Smetherman, MD, Lauren Golding, MD				
Specialty(s):	American College of Radiology				
CPT Code:	77048				
Sample Size: 1250	Resp N: 49		Response: 3.9 %		
Description of Sample:	The ACR surveyed a total of 1250 members (a random sample of 625 members and a separate random sample of 625 members who perform in the modalities of mammography, magnetic resonance imaging, and breast imaging).				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**12.00**	40.00	150.00
Survey RVW:	1.50	2.10	**2.21**	2.55	4.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**32.00**	43.00	60.00

Immediate Post Service-Time:	8.00	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77048	Recommended Physician Work RVU: 2.10	
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:	8.00	0.00	8.00
Pre-Service Positioning Time:	0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:	0.00	0.00	0.00
Intra-Service Time:	32.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	8.00	0.00	8.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74178	XXX	2.01	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71552	XXX	2.26	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99460	XXX	1.92	**RUC Time**	18

CPT Descriptor 1 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99215	XXX	2.11	**RUC Time**	9,940,088

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 24.4 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 18.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 77048	Top Key Reference CPT Code: 74178	2nd Key Reference CPT Code: 71552
Median Pre-Service Time	8.00	5.00	7.50
Median Intra-Service Time	32.00	30.00	24.00
Median Immediate Post-service Time	8.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**48.00**	**40.00**	**41.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	25%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	100%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	17%	83%
Physical effort required	25%	50%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	0%	83%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	44%	56%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	0%	89%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	22%	78%
Physical effort required	0%	56%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	11%	89%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
In the past, two codes have been used to describe Breast MRI - 77058 *(Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral)* and 77059 *(Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral).* In addition, one Category III Code (0159T) has been used to describe Breast MRI Computer Aided Detection (CAD). CPT code 77059 was identified as potentially misvalued in the NPRM 2016 High Expenditure by Specialty Screen, and the family was expanded to include CPT code 77058. The family was then referred to the CPT Editorial Panel for review, and four new codes were created to describe Breast MRI:

- 77046 *(Magnetic resonance imaging, breast, without contrast material; unilateral)*,
- 77047 *(Magnetic resonance imaging, breast, without contrast material; bilateral)*,
- 77048 *(Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral)*, and
- 77049 *(Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral).*

Survey Process:
The ACR surveyed a total of 1250 members (a random sample of 625 members and a separate random sample of 625 members who perform in the modalities of mammography, magnetic resonance imaging, and/or breast imaging). An expert panel, including physician familiar with these services, reviewed the data and developed the following recommendations. Out of the total number of survey respondents, 86% found the service to be typical.

Work RVU Recommendation:
The society recommends a work RVU of 2.10 (the 25th percentile survey value).

Compelling Evidence:
We are requesting an increase in value for only two of the four codes in this family (77048 and 77049) and a decrease in value for the other two (77046 and 77047). This compelling evidence argument is based on a change in patient population and change in technology.

This code family was last valued by the RUC in 1995 with both 77058 *(MRI breast; unilateral)* and 77059 *(MRI breast; bilateral)* assigned a wRVU of 1.63, with total times of 50 and 55 minutes, respectively. At that time, the indications for breast MRI were far more limited and were not even sufficiently differentiated between the assessment of implant integrity and the detection and evaluation of breast cancer to necessitate the creation of separate CPT codes. As dynamic contrast enhanced sequences became available, MRI has proven to be the most sensitive tool for detection of breast cancer. These developments were made possible by the development of new software, hardware, and physician skill. Some of this additional physician work and practice expense was initially described in a Category III code, 0159T, which has been used since July 2006. Breast MRI CAD involves complex post processing, including subtraction of multiple contrast enhanced sequences from unenhanced sequences to highlight lesion conspicuity, selection of regions of interest by the physician to assess enhancement characteristics, generation of kinetic curves, and correlation between multi-planar reformatted images to localize lesions and demonstrate their extent. We believe that 0159T now meets all the requirements of a Category I Code, including FDA approval, widespread usage by many physicians across the United States, being performed with frequency consistent with intended clinical use, and documented clinical efficacy in the literature. This Category III code has been bundled with the unilateral and bilateral breast MRI without and with contrast material (77048 and 77049).

In the ensuing years since the breast MRI codes were last valued; the ACR developed a breast MRI practice parameter and a breast MRI Accreditation Program to define standards for optimal care. The technology to perform MRI guided biopsies has been developed as well. The indications for breast MRI have greatly expanded, including evaluation for extent of disease for surgical decision making and presence of unsuspected

contralateral cancer in patients with newly diagnosed breast cancer, presence of residual disease after lumpectomy with positive or close margins, detection of mammographically occult breast cancer in patients with axillary nodal metastases, and to assess response to neoadjuvant chemotherapy. In addition, the American Cancer Society recommends that women at high-risk for breast cancer have breast MRI screening. Although the tracking of utilization of a Category III code is sometimes difficult due to variable payment policies, the increase in Medicare utilization of 77059 likely reflects an accurate increase in utilization of breast MRI without and with contrast and CAD.

Time Recommendation:
We recommend the following survey times: 8 minutes pre-service, 32 minutes intra-service, and 8 minutes post-service. This is a total time of 48 minutes compared to the existing time of 50 minutes.

Key Reference Services:
The surveyed code, 77048, is bracketed by the two most commonly chose key reference services:

- 74178 *(Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions)*, chosen by 24% of respondents, and
- 71552 *(Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences)*, chosen by 18% of respondents.

77048 has 2 more minutes of intra-service time and 6 more minutes of pre- and post-service time compared with 74178, and the recommended value for 77048 is appropriately higher than 74178 at 2.10 compared with 2.01. Additionally, 71552 has shorter total time and intra-service time compared with 77048, but a slightly higher value. These key reference services support the recommended value for 77048 and indicate that it is at the lower end of the expected wRVU range given the service period times and demanding, technical nature of the work.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further	2.01	40	5	30	5	0.060	24%

	sections in one or both body regions							
77048	**Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral**	**2.10**	**48**	**8**	**32**	**8**	**0.054**	
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	2.26	41.5	7.5	24	10	0.078	18%

MPC Codes:
The surveyed code, compares well with two radiology MPC codes, which are also the most commonly chose key reference services:

- 74178 *(Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions)*, and
- 71552 *(Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences).*

Additionally, there are two non-radiology MPC codes that compare well with 77048:

- 99460 *(Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant),* and
- 99215 *(Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.).*

The relativity of 77048 and the two radiology MPC codes was adequately discussed in the KRS section. Code 99215 has substantially the same wRVU as 77048, 2.11 compared with 2.10 but slightly longer total time and intra-service time. Similarly, 99460 has a lower wRVU compared to 77048, but also has less intra-service time. Both of these codes confirm the appropriate relativity of the wRVU recommendation for 77048 compared with the larger RBRVS.

Both the radiology and non-radiology MPC codes are included in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn	1.92	50	10	30	10	0.049

	infant						
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	40	5	30	5	0.060
77048	**Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral**	**2.10**	**48**	**8**	**32**	**8**	**0.054**
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	2.11	55	5	35	15	0.048
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	2.26	41.5	7.5	24	10	0.078

Family of Codes:
Our recommendations for 77048 fit appropriately within the family of Breast MRI. The recommended work RVU of 2.10 is supported by the KRS and MPC code comparisons.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	1.45	35	5	25	5	0.049
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	1.60	40	5	30	5	0.046
77048	**Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral**	**2.10**	**48**	**8**	**32**	**8**	**0.054**
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral	2.30	58	8	42	8	0.046

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77058

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41634
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 77X51 provided nationally in a one-year period is estimated to be 41,634.

Specialty Diagnostic Radiology Frequency 40264 Percentage 96.70 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 13,878
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The ACR recommends that CPT code 77X51 is billed approximately 13,878 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 13421 Percentage 96.70 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77065

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77049 Tracking Number I4 Original Specialty Recommended RVU: **2.30**
Presented Recommended RVU: **2.30**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **2.30**

CPT Descriptor: Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 46-year-old female with recently diagnosed invasive lobular breast carcinoma undergoing evaluation for extent of disease, including unsuspected contralateral synchronous breast carcinoma, before undergoing preoperative (neoadjuvant) chemotherapy. .

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness, and review the clinical history as well as any prior applicable studies. Specifically review clinical notes from the surgeon, oncologist, and PCP relevant to cancer diagnosis, including tumor staging, physical exam findings and how MRI results may impact surgical and treatment plan (e.g. multicentric disease on MRI would warrant mastectomy in a patient who would otherwise be a candidate for lumpectomy). Review pathology from prior biopsy. Confirm that there is no contraindication for an MRI. Communicate the protocol to the technologist.

Description of Intra-Service Work: Interpret images, evaluating background parenchymal enhancement, biopsy sites, and any cystic or solid masses or non-mass enhancement. Characterize lesions with respect to margins, enhancement pattern, associated features (including architectural distortion, edema, skin or nipple retraction), location, and depth from the nipple. Activate computer-aided detection (CAD). Review CAD images to determine if there are lesions that enhance to a greater extent than normal background parenchymal enhancement. Use CAD software to acquire kinetic enhancement curves to determine temporal pattern of enhancement. If multiple lesions are present, establish whether there is multifocal. multicentric or contralateral disease. Determine if any findings require further imaging or intervention (e.g. second look ultrasound and/or MR-guided biopsy). Evaluate remainder of structures in the visualized anatomy, including the axillas, internal mammary lymph node chain, skin, pectoral muscles and chest wall, bones, visualized mediastinum and upper abdomen.
Compare the current imaging to all pertinent available prior studies. Correlate biopsy results with imaging findings. Dictate a report, utilizing standardized lexicon to describe findings and formulating a final recommendation according to standardized reporting system (BIRADS).

Description of Post-Service Work: Review and sign the final report. Communicate the findings with the referring physician and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Gregory Nicola, MD, FACR; Dana Smetherman, MD, FACR; Lauren Golding, MD				
Specialty(s):	American College of Radiology				
CPT Code:	77049				
Sample Size:	1250	**Resp N:** 49	**Response:** 3.9 %		
Description of Sample:	The ACR surveyed a total of 1250 members (a random sample of 625 members and a separate random sample of 625 members who perform in the modalities of mammography, magnetic resonance imaging, and breast imaging).				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	10.00	60.00	**90.00**	110.00	450.00
Survey RVW:	2.10	2.30	**2.50**	2.85	4.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	25.00	**42.00**	50.00	60.00

Immediate Post Service-Time:	**8.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77049	**Recommended Physician Work RVU: 2.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**42.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70553	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71552	XXX	2.26	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	10,162,554

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99336	XXX	2.46	**RUC Time**	1,356,078

CPT Descriptor 2 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 20.4 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 18.3 **%**

TIME ESTIMATES (Median)	CPT Code: 77049	Top Key Reference CPT Code: 70553	2nd Key Reference CPT Code: 71552
Median Pre-Service Time	8.00	5.00	7.50
Median Intra-Service Time	42.00	25.00	24.00
Median Immediate Post-service Time	8.00	7.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**58.00**	**37.00**	**41.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	40%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed	10%	30%	60%

- and analyzed
- Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	10%	50%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	10%	90%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	0%	44%	44%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	0%	89%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	22%	78%
Physical effort required	11%	33%	56%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	11%	89%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
In the past, two codes have been used to describe Breast MRI - 77058 *(Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral)* and 77059 *(Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral)*. In addition, one Category III Code (0159T) has been used to describe Breast MRI Computer Aided Detection (CAD). CPT code 77059 was identified as potentially misvalued in the NPRM 2016 High Expenditure by Specialty Screen, and was expanded to include CPT code 77058. The family was then referred to the CPT Editorial Panel for review, and four new codes were created to describe Breast MRI:

- 77046 *(Magnetic resonance imaging, breast, without contrast material; unilateral)*,
- 77047 *(Magnetic resonance imaging, breast, without contrast material; bilateral)*,
- 77048 *(Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral)*, and
- 77049 *(Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral).*

Survey Process:
The ACR surveyed a total of 1250 members (a random sample of 625 members and a separate random sample of 625 members who perform in the modalities of mammography, magnetic resonance imaging, and/or breast imaging). An expert panel, including physician familiar with these services, reviewed the data and developed the following recommendations. Out of the total number of survey respondents, 100% found the service to be typical.

Work RVU Recommendation:
The society recommends a work RVU of 2.30 (the 25th percentile survey value).

Compelling Evidence:
We are requesting an increase in value for only two of the four codes in this family (77048 and 77049) and a decrease in value for the other two (77046 and 77047). This compelling evidence argument is based on a change in patient population and change in technology.

This code family was last valued by the RUC in 1995 with both 77058 *(MRI breast; unilateral)* and 77059 *(MRI breast; bilateral) assigned* a wRVU of 1.63, with total times of 50 and 55 minutes, respectively. At that time, the indications for breast MRI were far more limited and were not even sufficiently differentiated between the assessment of implant integrity and the detection and evaluation of breast cancer to necessitate the creation of separate CPT codes. As dynamic contrast enhanced sequences became available, MRI has proven to be the most sensitive tool for detection of breast cancer. These developments were made possible by the development of new software, hardware, and physician skill. Some of this additional physician work and practice expense was initially described in a Category III code, 0159T, which has been used since July 2006.

Breast MRI CAD involves complex post processing, including subtraction of multiple contrast enhanced sequences from unenhanced sequences to highlight lesion conspicuity, selection of regions of interest by the physician to assess enhancement characteristics, generation of kinetic curves, and correlation between multi-planar reformatted images to localize lesions and demonstrate their extent. We believe that 0159T now meets all the requirements of a Category I Code, including FDA approval, widespread usage by many physicians across the United States, being performed with frequency consistent with intended clinical use, and

documented clinical efficacy in the literature. This Category III code has been bundled with the unilateral and bilateral breast MRI without and with contrast material (77048 and 77049).

In the ensuing years since the breast MRI codes were last valued, the ACR developed a breast MRI practice parameter and a breast MRI Accreditation Program to define standards for optimal care. The technology to perform MRI guided biopsies has been developed as well. The indications for breast MRI have greatly expanded, including evaluation for extent of disease for surgical decision making and presence of unsuspected contralateral cancer in patients with newly diagnosed breast cancer, presence of residual disease after lumpectomy with positive or close margins, detection of mammographically occult breast cancer in patients with axillary nodal metastases, and to assess response to neoadjuvant chemotherapy. In addition, the American Cancer Society recommends that women at high-risk for breast cancer have breast MRI screening. Although the tracking of utilization of a Category III code is sometimes difficult due to variable payment policies, the increase in Medicare utilization of 77059 likely reflects an accurate increase in utilization of breast MRI without and with contrast and CAD.

Time Recommendation:
We recommend the following survey times: 8 minutes pre-service, 42 minutes intra-service, and 8 minutes post-service. This is a total time of 58 minutes compared to the existing time of 55 minutes.

Key Reference Services:
The recommendations for 77049 compare well with both of the most commonly chosen key reference services.

- 70553 *(Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences),* chosen by 20% of respondents, and
- 71552 *(Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences),* chosen by 18% of respondents.

The best comparison for 77049 is 71552, an MRI of the Chest with and without contrast. The intra-service period time for 77049 is longer than 71552, 42 minutes compared with 24 minutes. This disparity is due to the extensive physician work related to CAD and engineering the appropriate image analysis (e.g. kinetic enhancement curves). Both of the key reference services are technically demanding MRI exams. Given the time and technical skill required for 77049, it is appropriately valued higher than both of these reference services, which are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequence	2.29	37	5	25	7	0.081	20%
71552	Magnetic resonance (eg, proton)	2.26	41.5	7.5	24	10	0.078	18%

	imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences							
77049	**Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral**	**2.30**	**58**	**8**	**42**	**8**	**0.046**	

MPC Codes:
The second most commonly chose KRS, 71552, is also an MPC code.

The surveyed code compares well with two other non-radiology MPC codes:

- 99204 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.)*, and
- 99336 *(Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.)*.

Code 99336 has 2 minutes less intra-service time than 77049, but 14 more minutes of pre- and post-service time, while being valued at 2.46 wRVU compared with the recommendation of 2.30 for 77049. Moreover, 99204 has 12 minutes less intra-service period time and 3 fewer pre/post minutes, but is valued higher at 2.43 compared with the recommended 2.30 for 77049. Both of these comparisons support the relativity of the recommended wRVUs for 77049 and suggest that it is likely undervalued given the intra-service time.

All three MPC codes and the surveyed code are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without	2.26	41.5	7.5	24	10	0.078

	contrast material(s), followed by contrast material(s) and further sequences						
77049	**Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral**	**2.30**	**58**	**8**	**42**	**8**	**0.046**
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	2.43	45	5	30	10	0.070
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	2.46	65	10	40	15	0.048

Family of Codes:

Our recommendations for 77049 fit appropriately within the family of Breast MRI. The recommended work RVU of 2.30 is more than the current RVU (1.63), and is supported by the KRS and MPC code comparisons, which suggest it is likely undervalued.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	1.45	35	5	25	5	0.049
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	1.60	40	5	30	5	0.046
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral	2.10	48	8	32	8	0.054
77049	**Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral**	**2.30**	**58**	**8**	**42**	**8**	**0.046**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77059

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 203103
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 77X52 provided nationally in a one-year period is estimated to be 203,103.

Specialty Diagnostic Radiology Frequency 194877 Percentage 95.94 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 67,701
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The ACR recommends that CPT code 77X52 is billed approximately 67,701 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 64959 Percentage 95.94 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77066

SS Rec Summary

ISSUE: MR Breast

TAB: 6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	74176	Computed tomography, abdomen and pelvis; without contrast material	10	0.069			1.74			32	5					22			5					
2nd REF	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	7	0.064			1.82			35	5					25			5					
Aug. 1995 RUC	77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		0.033			1.63			50						50								
SVY	77X046	Magnetic resonance imaging, breast, without contrast material; unilateral	49	0.059	0.90	1.45	1.75	2.00	3.00	37	7			4	12	25	35	50	5	0	2	6	20	100
Targeted	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	39	0.050	0.90	1.50	1.80	2.00	3.00	45	8			4	12	29	35	50	8	0	4	10	20	100
Random	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	10	0.098	1.10	1.20	1.48	2.19	2.40	22	5			8	10	13	15	16	4	0	0	5	5	10
REC	77046	Magnetic resonance imaging, breast, without contrast material; unilateral		0.049			1.45			35	5					25			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	10	0.060			2.01			40	5					30			5					
2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	9	0.069			1.74			32	5					22			5					
Aug. 1995 RUC	77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral		0.030			1.63			55						55								
SVY	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	49	0.054	1.10	1.60	1.90	2.20	3.00	42	7			6	15	30	40	50	5	0	6	10	20	100
Targeted	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	39	0.044	1.10	1.70	1.90	2.18	3.00	51	8			6	19	35	40	50	8	0	7	10	23	100
Random	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	10	0.119	1.20	1.61	1.98	2.36	2.60	24	5			12	13	15	16	25	4	0	3	10	14	40
REC	77047	Magnetic resonance imaging, breast, without contrast material; bilateral		0.046			1.60			40	5					30			5					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
35						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
36	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
37	1st REF	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	12	0.060			2.01			40	5					30			5					
38	2nd REF	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	9	0.078			2.26			41.5	7.5					24			10					
39	Aug. 1995 RUC	77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		0.033			1.63			50						50								
40	CURRENT	0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)		#DIV/0!			0.00			0						0								
41	SVY	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD-real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral	49	0.058	1.50	2.10	2.21	2.55	4.00	48	8			10	20	32	43	60	8	0	5	12	40	150
42	Targeted	77048	Magnetic resonance imaging, breast, without and with contrast material(s),	39	0.050	1.50	2.10	2.20	2.45	4.00	53	8			12	23	37	45	60	8	0	5	15	40	150
43	Random	77048	Magnetic resonance imaging, breast, without and with contrast material(s),	10	0.110	1.90	2.30	2.48	2.75	3.60	36	9			10	17	19	20	30	8	0	1	10	19	80
44	REC	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD-real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral		0.054			2.10			48	8					32			8					
45																									

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
46						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
47	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
48	1st REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	10	0.081			2.29			37	5					25			7					
49	2nd REF	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	9	0.078			2.26			41.5	7.5					24			10					
50	Aug. 1995 RUC	77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral		0.030			1.63			55						55								
51	CURRENT	0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast		#DIV/0!			0.00			0						0								
52	SVY	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD-real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral	49	0.051	2.10	2.30	2.50	2.85	4.00	58	8			15	25	42	50	60	8	10	60	90	110	450
53	Targeted	77049	Magnetic resonance imaging, breast, without and with contrast material(s),	39	0.046	2.10	2.28	2.50	2.80	4.00	63	8			15	30	47	50	60	8	10	63	90	105	300
54	Random	77049	Magnetic resonance imaging, breast, without and with contrast material(s),	10	0.093	2.25	2.50	2.70	3.00	4.00	42	9			15	21	25	29	45	8	10	26	88	175	450
55	REC	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD-real time lesion detection,		0.046			2.30			58	8					42			8					

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
5	ISSUE: Excision of bone																																							
6	TAB: 84																																							
7						RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
8	source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
9	1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0								1						
10	2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0								1	1					
11	CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0								1						
12	SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0								1						
13	REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1						
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19																																								

CPT Code: 77046, 77047, 77048, 77049
Specialty Society: ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; unilateral
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real time lesion detection, characterization and pharmacokinetic analysis) when performed; bilateral

Global Period: XXX Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for the MRI Breast CPT codes 77046, 77047, 77048, and 77049.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   As references for 77046 and 77048, the unilateral MR breast codes, the society included the PE inputs for the following CPT codes:
   - 77061 (*Digital breast tomosynthesis; unilateral*) – RUC-approved values,
   - 77065/G0206 (*Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral*), and
   - 77058 (*Magnetic resonance imaging, one breast*).

   As references for 77047 and 77049, the bilateral MR breast codes, the society included the PE inputs for the following CPT codes:
   - 77062 (*Digital breast tomosynthesis; bilateral*) – RUC-approved values,
   - 77066/G0204 (*Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral*), and
   - 77059 (*Magnetic resonance imaging, both breasts*).

3. Is this code(s) typically billed with an E/M service?
   No, these codes are not typically billed with an E/M service.

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)

The dominant provider of these services is Diagnostic Radiology. In reference to the current PE code 77058 (*Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral*), Diagnostic Radiology provides this service 93.87% of the time in the nonfacility setting. In reference to the other current PE code 77059 (*Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral*), Diagnostic Radiology provides this service 90.14% of the time in the nonfacility setting. For the global, Diagnostic Radiology remains the dominant provider.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

- **Prepare room, equipment and supplies (CA013):** These times parallel other recent MR codes, including, MRI brain, MRI spine, MRI face/neck, and MRI abdomen/pelvis. MR involves strong magnetic fields and ensuring patient safety is important. More specifically, all objects in the room must be MRI compatible. MR exams involve the use of MR coils which vary based on the body part studied and are specifically selected to fit the patient. These coils must be prepared for the intended exam, positioned, and attached to the MR unit. In addition, the examinations involving the use of contrast require setup of the injector apparatus and preparation of the contrast material.
- **Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016):** MR breast procedures require longer set-up time than other typical MRI procedures. The patient must be positioned prone on the MR scanner table and the breast(s) positioned in a special coil. Image quality is dependent on patient positioning and breast position within the coil. This typically necessitates repositioning the patient after acquiring scout images. The technologist and patient must work together to find a comfortable position so that the patient has the appropriate anatomy covered while being able to lay still for 30 to 45 minutes.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page (CA030):** CMS finalized a standard of 3 minutes for services involving MR which are considered "intermediate" in the CY 2017 MPFS Final Rule.

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

Equipment: We are requesting new equipment items for dedicated breast coils and for Breast MRI CAD that are not currently priced by CMS.

Since the breast MRI codes were originally adopted in 1995, dedicated breast coils have been developed and have had ongoing improvements. Modern coils incorporate gradient technology with multiple channels and parallel processing. These advances in coil technology have allowed the more accurate depiction of breast cancers and enabled not only qualitative lesion characterization but also quantitative and temporal characterization of lesion enhancement.

This led to the development of breast MRI CAD programs, which permit further characterization of lesion kinetics. CAD programs, which were originally addressed by a Category III code (0159T), have continued to evolve as well, which has made it possible for information from breast MRI to meaningfully contribute to the detection of breast cancer and the clinical care of breast cancer patients. In addition to reviewing the images on PACS, the data from the breast MRI sequences is sent to a separate server which performs subtractions, kinetic contrast enhancement analysis, and multiplanar reformats that are reviewed on a proprietary workstation. The radiologist also identifies regions of interest for which focused quantitative analysis is performed by the radiologist and then transmitted to the PACS for storage and retrieval for future comparison if needed. Lesions are also evaluated and localized in multiple planes using the CAD images and workstation to evaluate distance from the nipple, skin, and chest wall.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   Pre-service clinical labor activity *"Patient clinical information and questionnaire reviewed ~~by technologist~~, order ~~from physician~~ confirmed and exam protocoled/prepared ~~by radiologist~~"* was revised by the Workgroup and divided into two line items, the first in the pre-service period and the second in the service period as follows:

   - Pre-service period
     - Patient clinical information and questionnaire reviewed
   - Service period
     - Order confirmed and exam protocoled/prepared"

   The time is 1 minute for each item CA007 and CA014 because the original input standard time was 2 minutes.

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   After positioning the patient on the MR scanner within the breast coil, the appropriate scan parameters are loaded and scout images are acquired. The patient is repositioned as necessary to cover the appropriate anatomy within the breast coil. Multiple different MR sequences are acquired in multiple different planes according to the necessary protocol for the patient's history and the clinical scenario. Images are reviewed in real time for appropriate anatomic coverage and quality, and sequences are repeated as necessary. When contrast is required, the post contrast rapid imaging sequences are constructed and prepared for execution pending the contrast injection. The patient is informed again about the impending injection, a test bolus of saline is injected using the anticipated injection settings, and the integrity of the IV access is assessed again. Then contrast is injected. The post-contrast sequences are acquired and the image quality is reviewed as the sequences are being performed. The sequences are prepared and labeled appropriately. When necessary, the pre- and post-contrast sequences are sent to the CAD workstation. A final quality review is performed and, if necessary, sequences are repeated.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   n/a

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    n/a

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    n/a

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **CAD Software -** CAD software for evaluation.
    - **CAD Server -** Server in data center used for interpretation.
    - **Additional CAD User License -** The software typically comes with two user licenses. Most practices typically have 3 licenses. We are requesting an additional license.
    - **Breast coil -** This is a 16 channel, high resolution breast coil that is attached to the MRI table. A dedicated breast coil is required for breast MRI and is used for both diagnostic breast MRI (without contrast and without and with contrast) and for MRI guided breast biopsies.
    - **CAD Workstation (separate from PACS)**
        - **PC Tower** - This is a CPU used to display the data that comes from the CAD server and software. This is separate from the PACS, though some post processed data from the images is transmitted to the PACS for long term storage for display, correlation with images from other modalities (for example, mammography and breast ultrasound) and for future comparison.
        - **3 MP Color Monitor** - The CAD images require a color monitor to display initial contrast uptake and washout characteristics of lesions.

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **PACS Workstation Proxy (ED050)** - PACS formula
    - **Room/MR (EL008)** - Highly technical formula
    - **CAD Software** - PACS formula
    - **CAD Workstation (separate from PACS)** - PACS formula
    - **CAD Server** - PACS formula
    - **Breast coil** - Highly technical formula

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    n/a

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    n/a

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4	Clinical Activity Code	**Meeting Date: October 2017** **Tab: 6** **Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Digital breast tomosynthesis; unilateral **(MPFS 2015)**	Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral	Magnetic resonance imaging, one breast **(Aug 2003)**	Magnetic resonance imaging, breast, without contrast material; unilateral **(Oct. 2017)**	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD-
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
90		**POST-SERVICE PERIOD**								
100	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
101	CA038	Coordinate post-procedure services	L043A	Mammography Technologist	0.43	**4**	**4**			
107		**End: with last office visit before end of global period**								
108	Medical Supply Code	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
109		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 2.42**	**$ 4.76**	**$ 7.37**	**$ 0.94**	**$ 6.85**
110	SA019	kit, iv starter	1.6	kit				**1**		**1**
111	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item			**1**	**1**	**1**	**1**
112	SB022	gloves, non-sterile	0.084	pair		**1**	**1**	**1**	**1**	**1**
113	SB026	gown, patient	0.533	item		**1**	**1**	**1**	**1**	**1**
114	SB036	paper, exam table	0.014	foot				**7**	**7**	**7**
115	SB043	towel, professional 13in x 18in	0.04	item			**1**			
116	SC001	angiocatheter 14g-24g	1.505	item				**1**		**1**
117	SC012	heparin lock	0.917	item				**1**		**1**
118	SC019	iv tubing (extension)	0.53	foot				**1**		**1**
119	SC029	needle, 18-27g	0.089	item				**1**		**1**
120	SC053	syringe 20ml	0.558	item				**1**		**1**
121	SD096	markers, radiographic, multi-modality	2	item			**1**			
122	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				**1**		**0**
123	SG051	gauze, non-sterile 4in x 4in	0.035	item			**2**			
124	SG053	gauze, sterile 2in x 2in	0.057	item				**1**		**0**
125	SG079	tape, surgical paper 1in (Micropore)	0.002	inch				**6**		**0**
126	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.7	item				**1**		**1**
127	SJ043	povidone swabsticks (3 pack uou)	0.409	item				**1**		**0**
128	SJ053	swab-pad, alcohol	0.013	item				**1**		**1**
129	SK062	patient education booklet	1.55	item		**1**	**1**			
130	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz		**0.5**	**0.5**			
131	SM021	sanitizing cloth-wipe (patient)	0.037	item		**1**	**1**			
132	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item		**3**	**3**			
133										
134		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*								
135										
136	Equipment Code	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**					
137		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 2,929,860.64**	**$ 10,703,540.64**	**$ 2,221,775.61**	**$ 628,529.20**	**$ 906,251.40**
138	ED050	PACS Workstation Proxy	5557	PACS	0.022017924	**29**	**29**	**102**	**55**	**79**
139	ED053	Professional PACS Workstation	14616.93	PACS	14616.93			**50**		
140	ED054	PACS Mammo Workstation		PACS	381380		**13**			
141	EL008	room, MR	1605000	Highly Technical	14616.93			**102**	**43**	**62**
142	EL020	Densitometer (for mammography room)					**19**			
143	EL021	2D Selenia Dimensions Mammography System (for mammography room)					**19**			
144	EL022	Mammo Accreditation Phantom (for mammography room)					**19**			
145	EL023	Cenova 2D Tower System (for mammography room)					**19**			
146	EL024	Image Checker CAD (9.4) License for One FFDM (for mammography room)			151200		**19**			
147	EL025	MRS V7 SQL Reporting System (for mammography room)					**19**			
148	EL026	Worksheet Printing (for mammography room)					**19**			
149	EL027	Site License (for mammography room)					**19**			
150	EL028	Additional Concurrent User License (for mammography room)			151200		**19**			
151	ER103	DBT unit	381380		151200	**18**				
152	ED051	multimodality software	11570		11570	**18**				
153	NEW	CAD Server		PACS						79
154	NEW	CAD Software		PACS						79
155	NEW	CAD Software - Additional User License		PACS						79
156	NEW	Breast coil		Highly Technical					43	62
157	NEW	CAD Workstation (CPU + Color Monitor)		PACS						79
158		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*								

	A	B	D	E	Q	S	U	W	Y
1	RUC Practice Expense Spreadsheet REVISED AT RUC								
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries							
3		RUC Collaboration Website							
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 6 Specialty: ACR	Clinical Staff Type Code	Clinical Staff Type					
5		LOCATION							
6		GLOBAL PERIOD							
14		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE							
15	PRE-SERVICE PERIOD								
16		Start: Following visit when decision for surgery or procedure made							
22	CA006	Confirm availability of prior images/studies	L043A	Mammography Technologist					
23	CA007	Review patient clinical extant information and questionnaire	L043A	Mammography Technologist					
24	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist					
25	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist					
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)							
31		End: When patient enters office/facility for surgery/procedure							
32		SERVICE PERIOD							
33		Start: When patient enters office/facility for surgery/procedure:							
34		Pre-Service (of service period)							
35	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammography Technologist					
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L047A	MRI Technologist					
37	CA010	Obtain vital signs	L047A	MRI Technologist					
38	CA011	Provide education/obtain consent	L043A	Mammography Technologist					
39	CA011	Provide education/obtain consent	L047A	MRI Technologist					
40	CA012	Review requisition, assess for special needs							
41	CA013	Prepare room, equipment and supplies	L043A	Mammography Technologist					
42	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist					
43	CA014	Confirm order, protocol exam	L047A	MRI Technologist					
44	CA015	Setup scope (nonfacility setting only)							
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L043A	Mammography Technologist					
46	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist					
47	CA017	Sedate/apply anesthesia							
48									
54		Intra-service (of service period)							
55	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L043A	Mammography Technologist					
56	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)							
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)							
58	CA021	Perform procedure/service---NOT directly related to physician work time							
59	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist					
60									
66		Post-Service (of service period)							
67	CA022	Monitor patient following procedure/service, multitasking 1:4							
68	CA023	Monitor patient following procedure/service, no multitasking							
69	CA024	Clean room/equipment by clinical staff	L043A	Mammography Technologist					
70	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist					
76	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammography Technologist					
77	CA031	Review examination with interpreting MD/DO	L043A	Mammography Technologist					
78	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L043A	Mammography Technologist					
79	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist					
80	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist					
81	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L047A	MRI Technologist					
87	New	*Escort patient from the exam room*	L047A	MRI Technologist					
88	New	*Accompnay MD for discussion of results*	L043A	Mammography Technologist					
89		End: Patient leaves office							

	A	B	D	E	Q	S	U	W	Y
4	Clinical Activity Code	**Meeting Date: October 2017** **Tab: 6** **Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	Digital breast tomosynthesis; bilateral **(MPFS 2015)**	Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral	Magnetic resonance imaging, both breast **(Aug 2003)**	Magnetic resonance imaging, breast, without contrast material; bilateral **(Oct. 2017)**	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD- real
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
90		**POST-SERVICE PERIOD**							
100	~~CA039~~	Post-operative visits (total time)	~~L037D~~	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
101	CA038	Coordinate post-procedure services	L043A	Mammography Technologist	**4**	**4**			
107		**End: with last office visit before end of global period**							
108	Medical Supply Code	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
109		**TOTAL COST OF SUPPLY QUANTITY x PRICE**			**$ 2.60**	**$ 6.86**	**$ 7.37**	**$ 0.94**	**$ 6.85**
110	SA019	kit, iv starter	1.6	kit			**1**		**1**
111	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item		**1**	**1**	**1**	**1**
112	SB022	gloves, non-sterile	0.084	pair	**1**	**1**	**1**	**1**	**1**
113	SB026	gown, patient	0.533	item	**1**	**1**	**1**	**1**	**1**
114	SB036	paper, exam table	0.014	foot			**7**	**7**	**7**
115	SB043	towel, professional 13in x 18in	0.04	item		**1**			
116	SC001	angiocatheter 14g-24g	1.505	item			**1**		**1**
117	SC012	heparin lock	0.917	item			**1**		**1**
118	SC019	iv tubing (extension)	0.53	foot			**1**		**1**
119	SC029	needle, 18-27g	0.089	item			**1**		**1**
120	SC053	syringe 20ml	0.558	item			**1**		**1**
121	SD096	markers, radiographic, multi-modality	2	item		**2**			
122	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item			**1**		**0**
123	SG051	gauze, non-sterile 4in x 4in	0.035	item		**4**			
124	SG053	gauze, sterile 2in x 2in	0.057	item			**1**		**0**
125	SG079	tape, surgical paper 1in (Micropore)	0.002	inch			**6**		**0**
126	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.7	item			**1**		**1**
127	SJ043	povidone swabsticks (3 pack uou)	0.409	item			**1**		**0**
128	SJ053	swab-pad, alcohol	0.013	item			**1**		**1**
129	SK062	patient education booklet	1.55	item	**1**	**1**			
130	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz	**0.5**	**0.5**			
131	SM021	sanitizing cloth-wipe (patient)	0.037	item	**2**	**2**			
132	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item	**6**	**3**			
133									
134		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*							
135									
136	Equipment Code	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**					
137		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**			**$ 3,580,940.73**	**$ 12,675,900.73**	**$ 2,294,860.26**	**$ 628,529.20**	**$ 906,251.40**
138	ED050	PACS Workstation Proxy	5557	PACS	**33**	**33**	**102**	**55**	**79**
139	ED053	Professional PACS Workstation	14616.93	PACS			**55**		
140	ED054	PACS Mammo Workstation		PACS		**15**			
141	EL008	room, MR	1605000	Highly Technical			**102**	**43**	**62**
142	EL020	Densitometer (for mammography room)				**23**			
143	EL021	2D Selenia Dimensions Mammography System (for mammography room)				**23**			
144	EL022	Mammo Accreditation Phantom (for mammography room)				**23**			
145	EL023	Cenova 2D Tower System (for mammography room)				**23**			
146	EL024	Image Checker CAD (9.4) License for One FFDM (for mammography room)				**23**			
147	EL025	MRS V7 SQL Reporting System (for mammography room)				**23**			
148	EL026	Worksheet Printing (for mammography room)				**23**			
149	EL027	Site License (for mammography room)				**23**			
150	EL028	Additional Concurrent User License (for mammography room)				**23**			
151	ER103	DBT unit	381380		**22**				
152	ED051	multimodality software	11570		**22**				
153	NEW	CAD Server		PACS					79
154	NEW	CAD Software		PACS					79
155	NEW	CAD Software - Additional User License		PACS					79
156	NEW	Breast coil		Highly Technical				43	62
157	NEW	CAD Workstation (CPU + Color Monitor)		PACS					79
158		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*							

	A	B	D	E
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5		**LOCATION**		
6		**GLOBAL PERIOD**		
14		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**		
15		**PRE-SERVICE PERIOD**		
16		**Start: Following visit when decision for surgery or procedure made**		
22	CA006	Confirm availability of prior images/studies	**L043A**	Mammography Technologist
23	CA007	Review patient clinical extant information and questionnaire	**L043A**	Mammography Technologist
24	CA006	Confirm availability of prior images/studies	**L047A**	MRI Technologist
25	CA007	Review patient clinical extant information and questionnaire	**L047A**	MRI Technologist
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)		
31		**End: When patient enters office/facility for surgery/procedure**		
32		**SERVICE PERIOD**		
33		**Start: When patient enters office/facility for surgery/procedure:**		
34		**Pre-Service (of service period)**		
35	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L043A**	Mammography Technologist
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L047A**	MRI Technologist
37	CA010	Obtain vital signs	**L047A**	MRI Technologist
38	CA011	Provide education/obtain consent	**L043A**	Mammography Technologist
39	CA011	Provide education/obtain consent	**L047A**	MRI Technologist
40	CA012	Review requisition, assess for special needs		
41	CA013	Prepare room, equipment and supplies	**L043A**	Mammography Technologist
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46	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L047A**	MRI Technologist
47	CA017	Sedate/apply anesthesia		
48				
54		**Intra-service (of service period)**		
55	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	**L043A**	Mammography Technologist
56	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)		
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		
58	CA021	Perform procedure/service---NOT directly related to physician work time		
59	CA021	Perform procedure/service---NOT directly related to physician work time	**L047A**	MRI Technologist
60				
66		**Post-Service (of service period)**		
67	CA022	Monitor patient following procedure/service, multitasking 1:4		
68	CA023	Monitor patient following procedure/service, no multitasking		
69	CA024	Clean room/equipment by clinical staff	**L043A**	Mammography Technologist
70	CA024	Clean room/equipment by clinical staff	**L047A**	MRI Technologist
76	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L043A**	Mammography Technologist
77	CA031	Review examination with interpreting MD/DO	**L043A**	Mammography Technologist
78	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L043A**	Mammography Technologist
79	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L047A**	MRI Technologist
80	CA031	Review examination with interpreting MD/DO	**L047A**	MRI Technologist
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89		**End: Patient leaves office**		

	A	B	D	E
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111	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item
112	SB022	gloves, non-sterile	0.084	pair
113	SB026	gown, patient	0.533	item
114	SB036	paper, exam table	0.014	foot
115	SB043	towel, professional 13in x 18in	0.04	item
116	SC001	angiocatheter 14g-24g	1.505	item
117	SC012	heparin lock	0.917	item
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120	SC053	syringe 20ml	0.558	item
121	SD096	markers, radiographic, multi-modality	2	item
122	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item
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124	SG053	gauze, sterile 2in x 2in	0.057	item
125	SG079	tape, surgical paper 1in (Micropore)	0.002	inch
126	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.7	item
127	SJ043	povidone swabsticks (3 pack uou)	0.409	item
128	SJ053	swab-pad, alcohol	0.013	item
129	SK062	patient education booklet	1.55	item
130	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz
131	SM021	sanitizing cloth-wipe (patient)	0.037	item
132	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item
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134		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*		
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156	NEW	Breast coil		Highly Technical
157	NEW	CAD Workstation (CPU + Color Monitor)		PACS
158		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*		

AMA/Specialty Society RVS Update Committee Summary of Recommendations

Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth

October 2017

Neurostimulator Services

In October 2013, CPT code 95971 was identified in the second iteration of the High Volume Growth screen and the RUC recommended to survey for January 2014. In January 2014, the RUC recommended that CPT codes 95971, 95972 and 95973 be referred to the CPT Editorial Panel to address the entire family regarding the time referenced in the CPT code descriptors. Specifically, the descriptor for code 95972 specifies "first hour" but survey results indicate that the majority of physicians reporting this code take less than 30 minutes. Per CPT rules, since the midpoint of the specified time is not exceeded, the code is not reportable in the majority of circumstances under which the service is performed. The relevant specialties were asked to submit a code change proposal for CY 2016 to more definitely address the concern and make the codes more consistent with current practice. The specialties anticipated two separate families; one for peripheral nerve root stimulators and another for spinal cord stimulators. In June 2017, the CPT Editorial Panel revised codes 95970, 95971, and 95972, deleted codes 95974, 95975, 95978, and 95979 and created four new codes for analysis and programming of implanted cranial nerve neurostimulator pulse generator, analysis, and programming of brain neurostimulator pulse generator systems and analysis of stored neurophysiology recording data. Introductory guidelines were also revised extensively.

95970 ***Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve neurostimulator pulse generator/transmitter, without programming***

The RUC reviewed the survey responses from 62 neurologists and neurosurgeons and determined that the current work RVU of 0.45 appropriately accounts for the work required to perform this service. The survey respondents indicated a slightly higher work RVU but the specialty societies indicated that the work has not changed for this service. The specialty societies reduced the pre-service time, which accounts for this service being reported with an Evaluation and Management (E/M) service. The RUC recommends 3 minutes pre-service, 7 minutes intra-service and 5 minutes post-service time. The RUC noted that this service had never been surveyed and the previous total time of 19 minutes was Harvard time. The RUC notes that the current survey time now appropriately allocates the pre-, intra- and post-service time.

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The RUC compared 95970 to the top key reference service 62368 *Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming* (work RVU = 0.67 and 27 minutes total time) and agreed that the surveyed service requires less physician work and time to perform. The RUC also reviewed MPC codes 99281 *Emergency department visit for the evaluation and management of a patient…* (work RVU = 0.45 and 13 minutes total time) and 76857 *Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)* (work RVU = 0.50 and 17 minutes total time), which support the recommended work RVU. **The RUC recommends a work RVU of 0.45 for CPT code 95970.**

95976 ***Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional***
The RUC noted 95976 is defined as simple programming of cranial nerve neurostimulator (adjustment of 1-3 parameters) versus deleted code 95974 which was time based and defined as the first hour of programming. **The RUC recommends that the specialty societies develop a CPT Assistant article to direct providers on when to report simple versus complex cranial nerve neurostimulator services.**

The RUC reviewed the survey responses from 57 neurologists and neurosurgeons and determined that the survey 25th percentile work RVU of 0.95 appropriately accounts for the work required to perform this service. The specialty societies reduced the pre-service time, which accounts for this service being reported with an E/M service. The RUC recommends 3 minutes pre-service, 11 minutes intra-service and 10 minutes post-service time. The specialty societies indicated and the RUC agreed that the 10 minutes required for the post-time includes reviewing all the parameters, documenting final program measurements and any other relevant clinical information obtained during the programming session, reducing side effects and making treatment adjustments. The physician will also address patient and family questions about planned therapy and re-educate the patient and family on the use of the patient device. The RUC confirmed that the physician times appropriately mirror other similar services.

The RUC compared 95976 to the top key reference service 95816 *Electroencephalogram (EEG); including recording awake and drowsy* (work RVU = 1.08 and 5 minutes pre-service, 15 minutes intra-service and 6 minutes post-service time) and agreed with the survey respondents that the surveyed service is similar, but somewhat more intense and complex to perform. Thus, the survey 25th percentile work RVU appropriately places CPT code 95976 relative to the top key reference service. The RUC also reviewed MPC codes 92012 *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient* (work RVU = 0.92 and 25 minutes total time) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.97 and 23 minutes total time), which support the recommended work RVU. All three services involve a similar amount of total time and physician work. For additional support the RUC referenced code 78265 *Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit* (work RVU = 0.98 and 25 minutes total time). Thus, the survey 25th percentile work RVU appropriately places CPT code 95976 relative to the top key reference service and other similar services. **The RUC recommends a work RVU of 0.95 for CPT code 95976.**

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95977 ***Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional***
The RUC noted 95977 is defined as complex programming of cranial nerve neurostimulator (adjustment of more than 3 parameters) versus deleted code 95975, which was a time-based add-on code defined as each additional 30 minutes of programming. **The RUC recommends that the specialty societies develop a CPT Assistant article to direct providers on when to report simple versus complex cranial nerve neurostimulator services.**

The RUC reviewed the survey responses from 56 neurologists and neurosurgeons and determined that the survey 25th percentile work RVU of 1.19 appropriately accounts for the physician work required to perform this service. The specialty societies reduced the pre-service time, which accounts for this service being reported with an E/M service. The RUC recommends 3 minutes pre-service, 17 minutes intra-service and 10 minutes post-service time. The specialty societies indicated and the RUC agreed that the 10 minutes required for the post-time include reviewing all the parameters, documenting final program measurements and any other relevant clinical information obtained during the programming session, reducing side effects and making treatment adjustments. The physician will also address patient and family questions about planned therapy and re-educate the patient and family on the use of the patient device. The RUC confirmed that the physician times appropriately mirror other similar services.

The RUC noted that the top to key reference services were disparate compared to this service. Therefore, as a better comparison, the RUC compared 95977 to MPC codes 99308 *Subsequent nursing facility care, per day, for the evaluation and management of a patient* (work RVU = 1.16, 15 minutes of intra-service time and 31 minutes total time) and 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, 15 minutes of intra-service time and 27 minutes total time), which support the recommended work RVU as the survey code involves somewhat more intra-service and total time and a comparable amount of physician work. For additional support, the RUC referenced code 93975 *Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study* (work RVU = 1.16, 20 minutes of intra-service time and 30 minutes total time) and 67810 *Incisional biopsy of eyelid skin including lid margin* (work RVU = 1.18, 13 minutes of intra-service time and 27 minutes total time). Thus, the survey 25th percentile work RVU appropriately places CPT code 95977 relative to the top key reference service and other similar services. **The RUC recommends a work RVU of 1.19 for CPT code 95977.**

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95983 ***Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator /transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional***
The RUC noted 95983 is defined as the first 15 minutes of programming for brain neurostimulator versus deleted code 95978, which was defined as the first hour of programming. The specialty societies indicated that programming for brain neurostimulators is always complex therefore it is unnecessary for a simple versus complex coding structure. **The RUC noted the CPT coding conventions when reporting timed codes and recommends that the specialty societies develop a CPT Assistant article to direct providers on how to correctly report the brain neurostimulator services.**

The RUC reviewed the survey responses from 56 neurologists and neurosurgeons and determined that the survey 25th percentile work RVU of 1.25 appropriately accounts for the work required to perform this service. The specialty societies reduced the pre-service time, which accounts for this service being reported with an E/M service. The RUC recommends 3 minutes pre-service, 15 minutes intra-service and 10 minutes post-service time. The specialty societies indicated and the RUC agreed that the 10 minutes required for the post-time include documenting final program measurements and any other relevant clinical information obtained during the programming session, reducing side effects and making treatment adjustments. The physician will also address patient and family questions about planned therapy and re-educate the patient and family on the use of the patient device. The RUC confirmed that the physician times appropriately mirror other similar services.

The RUC noted that the top to key reference services were disparate compared to this service. Therefore, as a better comparison, the RUC reviewed MPC codes 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, intra-service time of 15 minutes and 27 minutes total time) and 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27, 15 minutes of intra-service time and 25 minutes total time), which required similar physician time, work, intensity and complexity. For additional support, the RUC referenced similar codes 70488 *Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27 and 15 minutes of intra-service time and 25 minutes total time) and 92614 *Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;* (work RVU = 1.27 and 15 minutes of intra-service time and 28 minutes total time). Thus, the survey 25th percentile work RVU appropriately places CPT code 95983 relative to other similar services. **The RUC recommends a work RVU of 1.25 for CPT code 95983.**

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95984 ***Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)***

The RUC noted 95984 is defined as an add-on service for each additional 15 minutes of brain neurostimulator programming versus the deleted code 95979 which was defined as each additional 30 minutes. The specialty societies indicated that programming for brain neurostimulators is always complex therefore it is unnecessary for a simple versus complex coding structure. **The RUC noted the CPT coding conventions when reporting timed codes and recommends that the specialty societies develop a CPT Assistant article to direct providers on how to correctly report the brain neurostimulator services.**

The RUC reviewed the survey responses from 48 neurologists and neurosurgeons and determined that the survey 25th percentile work RVU of 1.00 appropriately accounts for the work required to perform this service. The RUC recommends 15 minutes intra-service time. The RUC compared the surveyed code to the top to key reference service 64645 *Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)* (work RVU = 1.39 and 15 minutes of intra-service time) and noted that the survey respondents indicated the surveyed code is more intense and complex to perform but 64645 requires more technical skill. Therefore CPT code 64645 appropriately requires slightly more work than 95984. The RUC reviewed MPC codes 64484 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)* (work RVU = 1.00 and 10 minutes total time) and 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU = 1.20 and 15 minutes total time), which required similar physician time, work, intensity and complexity. Thus, the survey 25th percentile work RVU appropriately places CPT code 95984 relative to the top key reference service and other similar services. **The RUC recommends a work RVU of 1.00 for CPT code 95984.**

95971 ***Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming***

95972 ***Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord~~,~~ or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional***

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The specialty societies indicated that at the June 2017 CPT Editorial Panel meeting, a code change application was submitted for editorial changes only to the descriptors for CPT codes 95971 and 95972. These codes were previously surveyed and reviewed by the RUC in April 2015. The RUC recommended physician work RVUs of 0.78 for 95971 and 0.80 for 95972. There has been no change in the physician work since the survey. The specialty societies who perform this procedure did not believe it needs to be re-surveyed at this time. **The RUC affirmed the current work RVU of 0.78 for CPT code 95971 and 0.80 for CPT code 95972.**

Gastric Neurostimulator Services

The specialty societies indicated and the RUC agreed that CPT codes 95980, 95981 and 95982 are not part of this family of services. There was no specialty society interest to survey these services. The RUC confirmed that the physician work and time for these services are appropriate relative to other neurostimulator services.

Practice Expense

The specialty societies removed all the clinical staff time and the PE reviewed the remaining equipment time. The RUC recommends the practice expenses without modification as submitted by the specialty societies and approved by the PE Subcommittee.

Work Neutrality

The RUC's recommendation for this code is work neutral.

Refer to CPT Assistant

The RUC noted 95976 is defined as simple programming of cranial nerve neurostimulator (adjustment of 1-3 parameters) versus deleted code 95974 which was time based and defined as the first hour of programming and 95977 is defined as complex programming of cranial nerve neurostimulator (adjustment of more than 3 parameters) versus deleted code 95975, which was a time-based add-on code defined as each additional 30 minutes of programming. **The RUC recommends that the specialty societies develop a CPT Assistant article to direct providers on when to report simple versus complex cranial nerve neurostimulator services.**

The RUC noted 95983 is defined as the first 15 minutes of programming for brain neurostimulator versus deleted code 95978, which was defined as the first hour of programming and 95984 is defined an add-on service for each additional 15 minutes of brain neurostimulator programming versus the deleted code 95979 which was defined as each additional 30 minutes. The specialty societies indicated that programming for brain neurostimulators is always complex therefore it is unnecessary for a simple versus complex coding structure. **The RUC noted the CPT coding conventions when reporting timed codes and recommends that the specialty societies develop a CPT Assistant article to direct providers on how to correctly report the brain neurostimulator services.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Surgery
Nervous System
Skull, Meninges, and Brain
Neurostimulators (Intracranial)

~~Codes 61850-61888 apply to both simple and complex neurostimulators.~~ For ~~initial or subsequent~~ electronic analysis ~~and~~ with programming when performed of cranial nerve and brain neurostimulator pulse generator/transmitters, see codes 95970, ~~95971~~, ~~95972~~, 95976, 95977, 95983, 95984~~-95975~~. Test stimulation to confirm correct target site placement of the electrode array(s) and/or to confirm the functional status of the system is inherent to placement, and is not separately reported as electronic analysis or programming of the neurostimulator system. Electronic analysis (95970) at the time of implantation is not separately reported.

Spine and Spinal Cord
Neurostimulators (Spinal)

~~Codes 63650-63688 apply to both simple and complex neurostimulators.~~ For ~~initial or subsequent~~ electronic analysis with programming when performed of spinal cord neurostimulator pulse generator/transmitters, see codes 95970, 95971, 95972, ~~-95975~~. Test stimulation to confirm correct target site placement of the electrode array(s) and/or to confirm the functional status of the system is inherent to placement, and is not separately reported as electronic analysis or programming of the neurostimulator system. Electronic analysis (95970) at the time of implantation is not separately reported.

. . .

63688 *Revision or removal of implanted spinal neurostimulator pulse generator or receiver*

(For electronic analysis with programming when performed of implanted spinal cord neurostimulator pulse generator/transmitter ~~system~~, see 95970, 95971, 95972~~-95975~~)

Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System
Neurostimulators (Peripheral Nerve)

~~Codes 64553-64595 apply to both simple and complex neurostimulators.~~ For ~~initial or subsequent~~ electronic analysis ~~and~~ with programming when performed of peripheral nerve neurostimulator pulse generators, see codes 95970, 95971, 95972~~-95975~~. An electrode array is a catheter or other

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device with more than one contact. The function of each contact may be capable of being adjusted during programming services. Test stimulation to confirm correct target site placement of the electrode array(s) and/or to confirm the functional status of the system is inherent to placement, and is not separately reported as electronic analysis or programming of the neurostimulator system Electronic analysis (95970) at the time of implantation is not separately reported.

Medicine
Psychiatry
Psychiatric Diagnostic Procedures
Other Psychiatric Services or Procedures

(For electronic analysis with programming when performed of vagal nerve neurostimulators ~~used for vagus nerve stimulation therapy,~~ see 95970, 95976, 95977 ~~95974, 95975~~)

Neurology and neuromuscular Procedures
Intraoperative Neurophysiology

#:95941 *Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)*

(For intraoperative neurostimulator programming ~~and analysis~~, see ~~95970~~, 95971, 95972, 95976, 95977, 95983, 95984 ~~-95975~~)

Neurology and Neuromuscular Procedures
Neurostimulators, Analysis-Programming

~~Simple intraoperative or subsequent programming of the neurostimulator pulse generator/transmitter (95971) includes changes to three or fewer of the following parameters: rate, pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, alternating electrode polarities, dose time (stimulation parameters changing in time periods of minutes including dose lockout times), more than one clinical feature (eg, rigidity, dyskinesia, tremor). Complex intraoperative or subsequent programming (95972-95979) includes changes to more than three of the above.~~

~~Code 95970 describes subsequent electronic analysis of a previously implanted simple or complex brain, spinal cord, or peripheral neurostimulator pulse generator system, without reprogramming. Code 95971 describes intraoperative or subsequent electronic analysis of an implanted simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator system, with programming. Code 95972 describes intraoperative (at initial insertion/revision) or subsequent electronic analysis of an implanted complex spinal cord or peripheral (except cranial nerve) neurostimulator pulse generator system, with programming. Codes 95974 and 95975 describe intraoperative (at initial insertion/revision) or subsequent electronic analysis of an implanted complex cranial nerve neurostimulator pulse generator system, with programming. Codes 95978 and 95979 describe initial or subsequent electronic analysis of an implanted brain neurostimulator pulse generator~~

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~~system, with programming.~~

Electronic analysis of an implanted neurostimulator pulse generator/transmitter involves documenting settings and electrode impedances of the system parameters prior to programming. Programming involves adjusting the system parameter(s) to address clinical signs and symptoms of the patient. Parameters available for programming can vary between systems and may need to be adjusted multiple times during a single programming session. The iterative adjustments to parameters provide information that is required for the physician or other qualified healthcare provider to assess and select the most appropriate final program parameters to provide for consistent delivery of appropriate therapy. The values of the final program parameters may or may not differ from the starting values after the programming session.

Examples of parameters include: contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters. Not all parameters are available for programming in every neurostimulator pulse generator/transmitter.

For coding purposes, a neurostimulator system is considered implanted when the electrode array(s) are inserted into the target area for either permanent or trial placement.

There are several types of implantable neurostimulator pulse generator/transmitters that are differentiated by the nervous system region that is stimulated. A brain neurostimulator may stimulate either brain surface regions (cortical stimulation) or deep brain structures (deep brain stimulation). A brain neurostimulation system consists of array(s) that target one or more of these regions.

A cranial nerve neurostimulator targets the fibers of the cranial nerves or their branches and divisions. There are 12 pairs of cranial nerves. (See nerve anatomy figure on page XXX) Each cranial nerve has its origin in the brain and passes through one or more foramina in the skull to innervate extracranial structures. A cranial nerve neurostimulator stimulates the nerve fibers of either the extracranial or intracranial portion(s) of one or more cranial nerve(s) (eg, vagus nerve, trigeminal nerve).

A spinal cord or peripheral nerve neurostimulator targets nerve(s) that originate in the spinal cord, and exit the spine through neural foramina and give rise to peripheral nerves. The peripheral nervous system consists of the nerves and ganglia outside of the brain and spinal cord. Peripheral nerves may give rise to independent branches or branches that combine with other peripheral nerves in neural plexuses (ie, brachial plexus, lumbosacral plexus). Under the lumbosacral plexus, the sacral nerves (specifically S2, S3, S4) are located in the lower back just above the tailbone. Neurostimulation of the sacral nerves affect pelvic floor muscles and urinary organs (eg, bladder, urinary sphincter).

Cranial nerve, spinal cord, peripheral nerve, and sacral nerve neurostimulator analysis with programming (95971, 95972, 95976, 95977) is reported based on the number of parameters adjusted during a programming session. Brain neurostimulator analysis with programming (95983, 95984) is reported based on physician or qualified healthcare professional face-to-face time.

Code 95970 describes electronic analysis of the implanted brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve neurostimulator pulse generator/transmitter without programming. Electronic analysis is inherent to implantation codes 43647, 43648, 43881, 43882, 61850, 61860, 61863, 61864, 61837, 61868, 61870, 61880, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553-64581,

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64585, 64590, and 64595 and is not separately reportable at the same operative session.

Codes 95971, 95972, 95976, and 95977 describe electronic analysis with simple or complex programming of the implanted neurostimulator pulse generator/transmitter. *Simple* programming of a neurostimulator pulse generator/transmitter includes adjustment of one to three parameter(s). *Complex* programming includes adjustment of more than three parameters. For purposes of counting the number of parameters being programmed, a single parameter that is adjusted two or more times during a programming session, counts as one parameter.

Code 95971 describes electronic analysis with simple programming of an implanted spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator /transmitter.

Code 95972 describes electronic analysis with complex programming of an implanted spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter.

Code 95976 describes electronic analysis with simple programming of an implanted cranial nerve neurostimulator pulse generator/transmitter.

Code 95977 describes electronic analysis with complex programming of an implanted cranial nerve neurostimulator pulse generator/transmitter.

Codes 95983 and 95984 describe electronic analysis with programming of an implanted brain neurostimulator pulse generator/transmitter. Code 95983 is reported for the first 15 minutes of physician or qualified healthcare professional face-to-face time for analysis and programming and code 95984 is reported for each additional 15 minutes. A unit of service is attained when the mid-point is passed. Physician or qualified healthcare professional face-to-face time of less than 8 minutes is not separately reportable.

Brain Neurostimulator Analysis with Programming Physician or qualified healthcare professional face-to-face time	**Code(s) Reported**
Less than 8 minutes	Not reported
8-22 minutes	95983
23-37 minutes	95983 + 95984 X 1
38-52 minutes	95983 + 95984 X 2
53-67 minutes	95983 + 95984 X 3
68 minutes or longer	add units of 95984

68 minutes or longer	add units of 95984

Code 95980 describes intraoperative electronic analysis of an implanted gastric neurostimulator pulse generator system, with programming; code 95981 describes subsequent analysis of the device; code 95982 describes subsequent analysis and reprogramming. For electronic analysis and

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reprogramming of gastric neurostimulator, lesser curvature, see 95980-95982.

~~When~~ Codes 95971, 95972, 95976, 95977, 95983, 95984 are reported when programming a neurostimulator is performed by a physician or other qualified health care professional. Programming may be performed ~~a neurostimulator is performed by a physician or other qualified health care professional~~ in the operating room, postoperative care unit, inpatient, and/or outpatient setting. Programming a neurostimulator in the operating room is not inherent in the service of the implantation code and may be reported by either the implanting surgeon or other qualified healthcare professional, when performed.

Test stimulations are typically performed during an implantation procedure (43647, 43648, 43881, 43882, 61850, 61860, 61863, 61864, 61837, 61868, 61870, 61880, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553-64581, 64585, 64590, 64595) to confirm correct target site placement of the electrode array(s) and/or to confirm the functional status of the system. Test stimulation is not considered electronic analysis or programming of the neurostimulator system (test simulation is included in the service described by the implantation code) and should not be reported with code 95970, 95971, 95972, 95983, 95984, 95980, 95981, or 95982. Electronic analysis of a device (95970) is not separately reported at the time of implantation.

~~For 95974 and 95978, use modifier 52 if less than 31 minutes in duration.~~

(For insertion of neurostimulator pulse generator, see 61885, 61886, 63685, 64568, 64590)

(For revision or removal of neurostimulator pulse generator or receiver, see 61888, 63688, 64569, 64570, 64595)

(For implantation of neurostimulator electrodes, see 43647, 43881, 61850-61870, 63650, 63655, 64553-6458~~0~~1. For revision or removal of neurostimulator electrodes, see 43648, 43882, 61880, 63661, 63662, 63663, 63664, 64569, 64570, 64585)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲95970	J1	Electronic analysis of implanted neurostimulator pulse generator/transmitter ~~system~~ (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters ~~rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements~~) by physician or other qualified health care professional; ~~simple or complex~~ with	XXX	0.45 (No Change)

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		brain, cranial nerve, spinal cord, ~~or~~ peripheral nerve, or sacral nerve (~~ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular~~) neurostimulator pulse generator/transmitter, without ~~re~~programming (Do not report 95970 in conjunction with 43647, 43648, 43881, 43882, 61850, 61860, 61863, 61864, 61837, 61868, 61870, 61880, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553-64581, 64585, 64590, 64595 during the same operative session.) (Do not report 95970 with 95971, 95972, 95976, 95977, 95983, 95984)		
▲95971	J2	with simple spinal cord~~,~~ or peripheral nerve (~~ie~~ eg, ~~peripheral nerve~~, sacral nerve, ~~neuromuscular~~) neurostimulator pulse generator/transmitter ~~with intraoperative or subsequent~~ programming by physician or other qualified health care professional	XXX	0.78 (No Change) (Affirmed April 2015 RUC Recommendation)
▲95972	J3	with complex spinal cord~~,~~ or peripheral nerve (~~ie~~ eg, ~~peripheral nerve~~, sacral nerve, ~~neuromuscular~~) ~~(except cranial nerve)~~ neurostimulator pulse generator/transmitter ~~with intraoperative or subsequent~~ programming by physician or other qualified health care professional (Do not report 95971 in conjunction with 95972)	XXX	0.80 (No Change) (Affirmed April 2015 RUC Recommendation)
●95976	J4	with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	XXX	0.95
●95977	J5	with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional (Do not report 95976 in conjunction with 95977)	XXX	1.19

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●95983	J6	with brain neurostimulator pulse generator /transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	XXX	1.25
✚●95984	J7	with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) (Use 95984 in conjunction with 95983)	ZZZ	1.00
~~D95974~~	-	~~complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour~~	XXX	N/A (2017 Work RVU = 3.00)
~~D95975~~	-	~~complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)~~ ~~(Use 95975 in conjunction with 95974)~~ (Codes 95974 and 95975 have been deleted. To report, see 95976, 95977)	ZZZ	N/A (2017 Work RVU = 1.70)
~~D95978~~	-	~~Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/ transmitter, with initial or subsequent programming; first hour~~	XXX	N/A (2017 Work RVU = 3.50)
~~D95979~~	-	~~each additional 30 minutes after first hour (List separately in addition to code for primary procedure)~~ (95978 and 95979 have been deleted. To report, see 95983, 95984) ~~(Use 95979 in conjunction with 95978)~~	ZZZ	N/A (2017 Work RVU = 1.64)

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category III

0317T Vagus nerve blocking therapy (morbid obesity); *neurostimulator pulse generator electronic analysis, includes reprogramming when performed*

(For electronic analysis with programming when performed of vagal nerve neurostimulatorsFor analysis and/or [re]programming for vagus nerve stimulator, see 95970, 95976, 95977, 95974, 95975. Test stimulation to confirm correct target site placement of the electrode array(s) and/or to confirm the functional status of the system is inherent to placement, and is not separately reported as electronic analysis or programming of the neurostimulator system. Electronic analysis (95970) at the time of implantation is not separately reported.

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American Urological Association

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August 14, 2017

Peter K. Smith, M.D.
Chairperson
RVS Update Committee (RUC)
American Medical Association
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Re: 95971 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

95972 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

Dear Dr. Smith,

On behalf of the undersigned specialty societies, we write to you today asking the RUC to reaffirm the physician work values for CPT codes 95971 and 95972 on the agenda for the October 2017 RUC meeting.

At the June 2017 CPT Editorial Panel meeting, a code change proposal was submitted for editorial changes only to the descriptors for CPT codes 95971 and 95972. These codes were previously surveyed and reviewed by the RUC in April 2015. The RUC recommended physician work RVU of 0.78 for 95971 and 0.80 for 95972. There has been no change in the physician work since the survey. The specialty societies who perform this procedure do not believe it needs to be re-surveyed at this time. We request that the RUC reaffirm the values established from the April 2015 RUC meeting.

Please contact us if you have any questions.

Sincerely,

Thomas Turk, MD
AUA RUC Advisor

Alexander Mason, MD
CNS RUC Advisor

George Hill, MD
ACOG RUC Advisor

Richard Rosenquist, MD
ASA RUC Advisor

John Ratliff, MD
AANS RUC Advisor

Chris Merifield, MD
SIS RUC Advisor

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September 21, 2017

Peter Smith, MD
Chair, AMA / Specialty Society RVS Update Committee (RUC)
American Medical Association
AMA Plaza – 330 N. Wabash Avenue
Chicago, IL 60611

RE: Tab 7 Neurostimulator Services, October 2017 RUC Meeting

Dear Dr. Smith,

The surveying societies of Tab 7: Neurostimulator Services, American Academy of Neurology (AAN) and the American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS) would like to clarify that they did not consider 95980, 95981, and 95982 as part of the family of codes for tab 7.

The CMS NPRM 2016 Requests and Relativity Assessment Level of Interest noted the following: "CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. **The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review."**

In response, the AAN submitted an action plan requesting that 95970, 95974, 95975, 95978, and 95979 be revised and presented to the CPT Editorial Panel. There was "no specialty interest" in code 95980, 95981, or 95982 on the Level of Interest (LOI) from January 2016. The societies that were involved in the coding change request at CPT do not have an interest in these three codes.

Sincerely,

Marianna V. Spanaki, MD, PhD – RUC Advisor, American Academy of Neurology
John Ratliff, MD – RUC Advisor American Association of Neurological Surgeons
Alexander Mason, MD – RUC Advisor Congress of Neurological Surgeons
Marc Nuwer, MD, PhD, FAAN – RUC Advisor, American Clinical Neurophysiology Society
Thomas, Turk, MD – RUC Advisor, American Urological Association

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95970 Tracking Number J1 Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX Current Work RVU: **0.45** RUC Recommended RVU: **0.45**

CPT Descriptor: Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve neurostimulator pulse generator/transmitter, without programming

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 56-year-old male with an implanted nerve stimulator returns to the clinic for device analysis without programming.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The programming equipment is turned on. Necessary programs to interrogate the implanted neurotimulator are loaded. The patient is positioned appropriately and the communication wand is placed over the patient's implanted device. Communication between the patient's implanted device and programming equipment is established. Patient device history is downloaded to the programming equipment and an automated device self check is performed.

Description of Intra-Service Work: Patient specific data populate on the programming equipment and are verified, including patient demographics and device history. Electronic analysis of the implanted neurostimulator pulse generator/transmitter is performed (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters). The diagnostic analysis, including the battery state, current program settings, and impedances of electrodes, as well as any event logs from the programming equipment and patient device interrogation are documented in the patient's medical record. No program settings are changed.

Description of Post-Service Work: The electronic analysis and therapy expectations are discussed with the patient and family. The patient is re-educated on the use of the patient device.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Marianna Spanaki, MD, PhD; Alexander Mason, MD; Marc Nuwer, MD PhD; Peter Pahipill, MD
Specialty(s):	American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS)
CPT Code:	95970
Sample Size:	2240
Resp N:	62
Response:	2.5 %
Description of Sample:	AAN: A sample of members from the Epilepsy and Movement Disorder sections (current US members.) AANS/CNS, ACNS, NANS: A sample of current US active members from each specialty society.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	30.00	144.00
Survey RVW:	0.30	0.56	**0.73**	1.00	2.11
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	5.00	**7.00**	10.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 95970	**Specialty Recommended Pre-Service Time**	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Recommended Physician Work RVU: 0.45			
Pre-Service Evaluation Time:	**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62368	XXX	0.67	**RUC Time**

CPT Descriptor Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99281	XXX	0.45	**RUC Time**	77,691

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76857	XXX	0.50	**RUC Time**	218,123

CPT Descriptor 2 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 95970	Top Key Reference CPT Code: 62368	2nd Key Reference CPT Code: 99213
Median Pre-Service Time	3.00	7.00	3.00
Median Intra-Service Time	7.00	15.00	15.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**27.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	10%	11%	53%	26%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed	21%	53%	26%

- and analyzed
- Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	79%	16%
Physical effort required	5%	79%	16%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	37%	47%	16%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	70%	20%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	70%	10%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	40%	50%
Physical effort required	20%	60%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	80%	10%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Codes 95971 and 95972 were identified under a high-volume growth screen. During the RUC review of these codes in January 2014, a discrepancy was noted between the code descriptor and survey time data. The CPT Panel approved a temporary revision to the code descriptor for CPT 2015 and the RUC recommended that codes 95971, 95972 and 95973 be referred to CPT. Codes 95971 and 95972 were revised and code 95973 was deleted at the February 2015 CPT meeting, followed by another RUC survey of codes 95971 and 95972 for the April 2015 RUC meeting.

In the physician fee schedule proposed rule for CY 2016, CMS indicated that due to significant time changes in 95971 and 95972, that the entire family should be considered as potentially misvalued and reviewed. The RUC added codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The specialty societies requested the codes be referred to CPT to revise the code language for the other codes identified to more accurately reflect the services being performed.

At the June 2017 CPT meeting, code 95970 was revised; codes 95975, 95975, 95978, 95979 were deleted and new codes 959X3-959X6 were approved.

Code 95970

Until 1999, code 95970 (analysis only) was reported with code 63690. For CPT 1999, code 63690 was renumbered to 95970 and code 63691 (analysis with programming) was deleted and several new codes (9597X) were created to report analysis with programming. During review in February 1998, the RUC agreed with the specialties that the work for 95970 did not change and maintained the Harvard work RVU and time. **Therefore, this is the first time that 95970 has been surveyed.**

Survey Sample and Process

A survey of physicians from the membership rosters of the American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS), and the North American Neuromodulation Society (NANS) was conducted.

Work RVU Recommendation

We recommend maintaining the current work RVU of 0.45. The work to perform this service has not changed and the Harvard total time is similar to the survey total time.

Pre-time

We recommend 3 minutes of pre-service time for the physician to verify that the physician and patient programming equipment is functioning properly. This work does not overlap with E/M work.

Post-time

We recommend 5 minutes of post-service time for the physician to address patient and family questions about planned therapy and to re-educate the patient and family on the use of the patient device.

Key Reference Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
95970	Neurostim analysis only	**0.45**	0.032	**15**	3	**7**	5
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with	**0.67**	0.027	**27**	7	**15**	5

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
95970	Neurostim analysis only	**0.45**	0.032	**15**	3	**7**	5
	reprogramming						
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	**0.97**	0.053	**23**	3	**15**	5

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor.	**0.45**	0.045	**13**	2	**7**	4
95970	Neurostim analysis only	**0.45**	0.032	**15**	3	**7**	5
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	**0.50**	0.039	**17**	5	**7**	5

Other Comparison Codes

The table below provides other comparator codes as support.

CPT	Descriptor	GLOB	RVW	IWPUT	Total Time	PRE	INTRA	POST
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	XXX	**0.45**	0.038	**12**	0	12	0
88314	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	XXX	**0.45**	0.035	**13**	0	13	0
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor.	XXX	**0.45**	0.045	**13**	2	7	4
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	XXX	**0.45**	0.032	**16**	3	10	3
95970	Neurostim analysis only	**XXX**	**0.45**	0.039	**15**	3	**7**	5
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	XXX	**0.45**	0.027	**17**	1	15	1
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	000	**0.46**	0.037	**14**	2	10	2

CPT	Descriptor	GLOB	RVW	IWPUT	Total Time	PRE	INTRA	POST
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	000	**0.46**	0.040	**15**	4	7	4
94780	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	XXX	**0.48**	0.035	**16**	2	10	4
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	XXX	**0.48**	0.035	**16**	2	10	4
68200	Subconjunctival injection	000	**0.49**	0.071	**11**	3	5	3
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	XXX	**0.49**	0.053	**15**	5	5	5
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	XXX	**0.49**	0.032	**18**	4	9	5
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	XXX	**0.50**	0.043	**13**	3	10	0
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	000	**0.50**	0.046	**17**	7	5	5
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	XXX	**0.50**	0.039	**17**	5	7	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) According to the Medicare same day billing occurences claims data, 95970 is typically performed on same date of service as an E/M visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95970

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty Neurosurgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 139016
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate 4 times the annual Medicare utilization; based on 2016 utilization data.

Specialty Neurology Frequency 73680 Percentage 53.00 %

Specialty Neurosurgery Frequency 4852 Percentage 3.49 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,754
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2016 Medicare utilization data from the RUC database. Neurology and neurosurgery estimated provided below. The percentage utilization of other specialties who provide this service is not expected to change.

Specialty Neurology Frequency 18420 Percentage 53.00 %

Specialty Neurosurgery Frequency 1213 Percentage 3.49 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95970

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95976 Tracking Number J4 Original Specialty Recommended RVU: **0.95**
Presented Recommended RVU: **0.95**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.95**

CPT Descriptor: Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health are professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female with intractable epilepsy had a vagus nerve stimulator (VNS) surgically implanted for better seizure control. The patient returns to clinic for VNS electronic analysis and programming in which three or fewer of the parameters are adjusted.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The programming equipment is turned on. Necessary programs to interrogate the implanted neurotimulator are loaded. The patient is positioned appropriately and the communication wand is placed over the patient's implanted device. Communication between the patient's implanted device and programming equipment is established. Patient device history is downloaded to the programming equipment and an automated device self check is performed.

Description of Intra-Service Work: Patient specific data populate on the programming equipment and are verified, including patient demographics and device history. Electronic analysis of the implanted neurostimulator pulse generator/transmitter is performed (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters). The diagnostic analysis, including the battery state, current program settings, and impedances of electrodes, as well as any event logs from the programming equipment and patient device interrogation are documented in the patient's medical record.
Attention is turned to the stimulation parameters to achieve optimal therapeutic stimulation of the vagus nerve. Three or fewer parameters (eg, current, frequency, pulse width, and train duration, magnet mode, or sensing) are adjusted, as limited by pain, respiratory, and/or swallowing problems. The physician or QHP conducts multiple stimulation trials, adjusting the three or fewer parameters until optimal therapeutic stimulation is achieved.

Description of Post-Service Work: The final program measurements and any other relevant clinical information obtained from the programming are documented in the patient's medical record. The electronic analysis and programming results and therapy expectations are discussed with the patient and family. The patient is re-educated on the use of the patient device.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Marianna Spanaki, MD, PhD; Alexander Mason, MD; Marc Nuwer, MD PhD; Peter Pahipill, MD				
Specialty(s):	American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS)				
CPT Code:	95976				
Sample Size:	2240	**Resp N:** 57	**Response:** 2.5 %		
Description of Sample:	AAN: A sample of members from the Epilepsy and Movement Disorder sections (current US members.) AANS/CNS, ACNS, NANS: A sample of current US active members from each specialty society.				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**15.00**	25.00	200.00
Survey RVW:	0.31	0.95	**1.20**	1.60	3.50
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	9.00	**11.00**	16.00	40.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95976	**Recommended Physician Work RVU: 0.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95816	XXX	1.08	**RUC Time**

CPT Descriptor Electroencephalogram (EEG); including recording awake and drowsy.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92012	XXX	0.92	**RUC Time**	6,834,091

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	101,180,420

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 17.5 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 95976	Top Key Reference CPT Code: 95816	2nd Key Reference CPT Code: 99214
Median Pre-Service Time	3.00	5.00	5.00
Median Intra-Service Time	11.00	15.00	25.00
Median Immediate Post-service Time	10.00	6.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**24.00**	**26.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	40%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed	10%	50%	40%

- and analyzed
- Urgency of medical decision making

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	70%	30%
Physical effort required	10%	30%	60%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	40%	60%

2nd Key Reference Code

	Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	38%	50%	12%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	38%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	12%	88%
Physical effort required	38%	38%	24%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	24%	38%	38%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Codes 95971 and 95972 were identified under a high-volume growth screen. During the RUC review of these codes in January 2014, a discrepancy was noted between the code descriptor and survey time data. The CPT Panel approved a temporary revision to the code descriptor for CPT 2015 and the RUC recommended that codes 95971, 95972 and 95973 be referred to CPT. Codes 95971 and 95972 were revised and code 95973 was deleted at the February 2015 CPT meeting, followed by another RUC survey of codes 95971 and 95972 for the April 2015 RUC meeting.

In the physician fee schedule proposed rule for CY 2016, CMS indicated that due to significant time changes in 95971 and 95972, that the entire family should be considered as potentially misvalued and reviewed. The RUC added codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The specialty societies requested the codes be referred to CPT to revise the code language for the other codes identified to more accurately reflect the services being performed.

At the June 2017 CPT meeting, code 95970 was revised; codes 95975, 95975, 95978, 95979 were deleted and new codes were approved.

Code 95976

New code **95976** is defined as simple programming (adjustment of 1-3 parameters) versus deleted code 95974 which was time based and defined as the first hour of programming.

Survey Sample and Process

A survey of physicians from the membership rosters of the American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS), and the North American Neuromodulation Society (NANS) was conducted.

Work RVU Recommendation

We recommend the survey 25th percentile work RVU of 0.95.

Pre-time

We recommend 5 minutes of pre-service time for the physician to verify that the physician and patient programming equipment is functioning properly. This work does not overlap with E/M work.

Post-time

We recommend 10 minutes of post-service time for the physician to document final program measurements and any other relevant clinical information obtained during the programming session. The physician will also address patient and family questions about planned therapy and re-educate the patient and family on the use of the patient device.

Key Reference Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
95976	Analysis + simple programming, cranial	**0.95**	0.060	**24**	3	**11**	10
95816	Electroencephalogram (EEG); including recording awake and drowsy	**1.08**	0.056	**26**	5	15	6
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	**1.50**	0.047	**40**	5	25	10

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	**0.92**	0.046	**25**	5	**15**	5
95976	Analysis + simple programming, cranial	**0.95**	0.060	**24**	3	**11**	10
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	**0.97**	0.053	**23**	3	**15**	5

Other Comparison Codes

The table below provides other comparator codes as support.

CPT	Descriptor	GLOB	RVW	IWPUT	Total Time	PRE	INTRA	POST
72240	Myelography, cervical, radiological supervision and interpretation	XXX	**0.91**	0.043	**26**	5	16	5
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	XXX	**0.93**	0.052	**22**	2	15	5
64405	Injection, anesthetic agent; greater occipital nerve	000	**0.94**	0.112	**22**	7	5	10
31575	Laryngoscopy, flexible; diagnostic	000	**0.94**	0.117	**24**	14	5	5
95976	Analysis + simple programming, cranial	XXX	**0.95**	0.060	**24**	3	**11**	10
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	XXX	**0.95**	0.045	**22**	1	20	1
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	XXX	**0.96**	0.044	**22**	0	22	0
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	000	**0.96**	0.059	**23**	6	12	5
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	XXX	**0.98**	0.076	**20**	5	10	5
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	XXX	**0.98**	0.050	**25**	5	15	5
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)	XXX	**1.00**	0.078	**20**	5	10	5
72128	Computed tomography, thoracic spine; without contrast material	XXX	**1.00**	0.052	**25**	5	15	5
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	XXX	**1.00**	0.040	**25**	0	25	0
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	000	**1.00**	0.069	**27**	12	10	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) According to the Medicare same day billing occurences claims data, 95970 is typically performed on same date of service as an E/M visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95974

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty Neurosurgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 15800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate 4 times the annual Medicare utilization.

Specialty Neurology Frequency 12798 Percentage 81.00 %

Specialty Neurosurgery Frequency 632 Percentage 4.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,950
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate approximately 1/3 of the current combined utilization of 95975 and 95975 (2016 Medicare utilization data from the RUC database) of 12,950 will be simple programming and reported with 95X83. This equates to 3950. We do not anticipate that current specialty distribution will change.

Specialty Neurology Frequency 3160 Percentage 80.00 %

Specialty Neurosurgery Frequency 158 Percentage 4.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 95974

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95977 Tracking Number J5 Original Specialty Recommended RVU: **1.19**
Presented Recommended RVU: **1.19**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.19**

CPT Descriptor: Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female with intractable epilepsy had a vagus nerve stimulator (VNS) surgically implanted for better seizure control. The patient returns to clinic for VNS electronic analysis and programming in which four or more of the parameters are adjusted.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The programming equipment is turned on. Necessary programs to interrogate the implanted neurotimulator are loaded. The patient is positioned appropriately and the communication wand is placed over the patient's implanted device. Communication between the patient's implanted device and programming equipment is established. Patient device history is downloaded to the programming equipment and an automated device self check is performed.

Description of Intra-Service Work: Patient specific data populate on the programming equipment and are verified, including patient demographics and device history. Electronic analysis of the implanted neurostimulator pulse generator/transmitter is performed (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters). The diagnostic analysis, including the battery state, current program settings, and impedances of electrodes, as well as any event logs from the programming equipment and patient device interrogation are documented in the patient's medical record. Attention is turned to the stimulation parameters to achieve optimal therapeutic stimulation of the vagus nerve. Four or more parameters (eg, current, frequency, pulse width, and train duration, magnet mode, or sensing) are adjusted, as limited by pain, respiratory, and/or swallowing problems. The physician or QHP conducts multiple stimulation trials, adjusting the four or more parameters until optimal therapeutic stimulation is achieved.

Description of Post-Service Work: The final program measurements and any other relevant clinical information obtained from the programming are documented in the patient's medical record. The electronic analysis and programming results and therapy expectations are discussed with the patient and family. The patient is re-educated on the use of the patient device.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Marianna Spanaki, MD, PhD; Alexander Mason, MD; Marc Nuwer, MD PhD; Peter Pahipill, MD					
Specialty(s):	American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS)					
CPT Code:	95977					
Sample Size:	2240	**Resp N:** 56		**Response:** 2.5 %		
Description of Sample:	AAN: A sample of members from the Epilepsy and Movement Disorder sections (current US members.) AANS/CNS, ACNS, NANS: A sample of current US active members from each specialty society.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	3.00	**10.00**	16.00	200.00
Survey RVW:		0.45	1.19	**1.69**	2.50	4.00
Pre-Service Evaluation Time:				**10.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		5.00	12.00	**17.00**	27.00	90.00
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95977	**Recommended Physician Work RVU: 1.19**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**17.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99215	XXX	2.11	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99308	XXX	1.16	**RUC Time**	11,024,167

CPT Descriptor 1 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	52,170

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 16.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 95977	Top Key Reference CPT Code: 99215	2nd Key Reference CPT Code: 99205
Median Pre-Service Time	3.00	5.00	7.00
Median Intra-Service Time	17.00	35.00	45.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**55.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	56%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	44%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	22%	78%
Physical effort required	22%	34%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	45%	33%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	29%	0%	42%	29%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	14%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	14%	72%
Physical effort required	29%	14%	57%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	29%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Codes 95971 and 95972 were identified under a high-volume growth screen. During the RUC review of these codes in January 2014, a discrepancy was noted between the code descriptor and survey time data. The CPT Panel approved a temporary revision to the code descriptor for CPT 2015 and the RUC recommended that codes 95971, 95972 and 95973 be referred to CPT. Codes 95971 and 95972 were revised and code 95973 was deleted at the February 2015 CPT meeting, followed by another RUC survey of codes 95971 and 95972 for the April 2015 RUC meeting.

In the physician fee schedule proposed rule for CY 2016, CMS indicated that due to significant time changes in 95971 and 95972, that the entire family should be considered as potentially misvalued and reviewed. The RUC added codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The specialty societies requested the codes be referred to CPT to revise the code language for the other codes identified to more accurately reflect the services being performed.

At the June 2017 CPT meeting, code 95970 was revised; codes 95975, 95975, 95978, 95979 were deleted and new codes were approved.

Code 95977

New code **95977** is defined as complex programming (adjustment of more than 3 parameters) versus deleted code 95975, which was a time-based add-on code defined as each additional 30 minutes of programming.

Survey Sample and Process

A survey of physicians from the membership rosters of the American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS), and the North American Neuromodulation Society (NANS) was conducted.

Work RVU Recommendation

We recommend the survey 25th percentile work RVU of 1.19.

Pre-time

We recommend 5 minutes of pre-service time for the physician to verify that the physician and patient programming equipment is functioning properly. This work does not overlap with E/M work.

Post-time

We recommend 10 minutes of post-service time for the physician to document final program measurements and any other relevant clinical information obtained during the programming session. The physician will also address patient and family questions about planned therapy and re-educate the patient and family on the use of the patient device. This work does not overlap with E/M work.

Key Reference Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
95977	Analysis + complex programming, cranial	**1.19**	0.053	**30**	3	17	10
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive	**2.11**	0.047	**55**	5	35	15

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
95977	Analysis + complex programming, cranial	**1.19**	0.053	**30**	3	17	10
	examination; Medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.						
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	**3.17**	0.059	**67**	7	45	15

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	**1.16**	0.053	31	7	15	9
95977	Analysis + complex programming, cranial	**1.19**	0.053	**30**	3	17	10
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	**1.22**	0.064	27	7	15	5

Other Comparison Codes

The table below provides other comparator codes as support.

CPT	Descriptor	GLOB	RVW	IWPUT	Total Time	PRE	INTRA	POST
70487	Computed tomography, maxillofacial area; with contrast material(s)	XXX	**1.13**	0.076	**22**	5	12	5
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	000	**1.14**	0.059	**27**	7	15	5
72193	Computed tomography, pelvis; with contrast material(s)	XXX	**1.16**	0.098	**18**	3	10	5
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	XXX	**1.16**	0.047	**30**	5	20	5
67810	Incisional biopsy of eyelid skin including lid margin	000	**1.18**	0.069	**27**	11	13	3
74150	Computed tomography, abdomen; without contrast material	XXX	**1.19**	0.084	**20**	0	12	5
88331	Pathology consultation during surgery;	XXX	**1.19**	0.048	**25**	0	25	0
95977	Analysis + complex programming, cranial	XXX	**1.19**	0.053	**30**	3	17	10
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	XXX	**1.19**	0.049	**26**	3	23	0
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	XXX	**1.20**	0.065	**25**	5	15	5
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	000	**1.20**	0.037	**47**	22	15	10
40490	Biopsy of lip	000	**1.22**	0.058	**34**	14	15	5
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	000	**1.24**	0.065	**40**	20	10	10
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	000	**1.24**	0.065	**40**	20	10	10

CPT	Descriptor	GLOB	RVW	IWPUT	Total Time	PRE	INTRA	POST
95866	Needle electromyography; hemidiaphragm	XXX	**1.25**	0.053	**35**	10	15	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) According to the Medicare same day billing occurences claims data, 95970 is typically performed on same date of service as an E/M visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95975

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty Neurosurgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 36000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate 4 times the annual Medicare utilization.

Specialty Neurology Frequency 28800 Percentage 80.00 %

Specialty Neurosurgery Frequency 1440 Percentage 4.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate approximately 2/3 of the combined current utilization of 95974 and

95975 (2016 Medicare utilization data from the RUC database) of 12,950 will be complex programming and reported with 95X84. This equates to 9000. We anticipate that the specialty utilization distribution will not change.

Specialty Neurology   Frequency 7200   Percentage 80.00 %

Specialty Neurosurgery   Frequency 360   Percentage 4.00 %

Specialty   Frequency 0   Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 95975

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95983 Tracking Number J6 Original Specialty Recommended RVU: **1.25**
Presented Recommended RVU: **1.25**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.25**

CPT Descriptor: Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator /transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with Parkinson's disease had a brain neurostimulator surgically implanted and now returns to clinic for electronic analysis and programming by the physician or other qualified health care professional.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: [Please note that code 95X85 is reported for the initial 15 minutes face-to-face time with physician or other qualified health care professional for analsys and programming.] The programming equipment is turned on. Necessary programs to interrogate the implanted neurotimulator are loaded. The patient is positioned appropriately and the communication wand is placed over the patient's implanted device. Communication between the patient's implanted device and programming equipment is established. Patient device history is downloaded to the programming equipment and an automated device self check is performed. .

Description of Intra-Service Work: Patient specific data populate on the programming equipment and are verified, including patient demographics and device history. Electronic analysis of the implanted neurostimulator pulse generator/transmitter is performed (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters). The diagnostic analysis, including the battery state, current program settings, and impedances of electrodes, as well as any event logs from the programming equipment and patient device interrogation are documented in the patient's medical record.
Attention is turned to the stimulation parameters and electrode mapping. Each electrode contact on the array is systematically activated one at a time in monopolar mode as a cathode. The parameters are adjusted (eg, amplitude, frequency, pulse width, contact combinations, patient controllable parameters) while neurologic effects on symptoms and signs (eg, bradykinesia, rigidity) are noted as well as side-effects (eg, twitching, pulling of face/contralateral limb). After electrode mapping, the physician or QHP then determines which combination of parameters result in an optimal effect while minimizing adverse side effects and the final exit parameters are selected to balance benefits to bradykinesia and rigidity with least side-effects..

Description of Post-Service Work: The final program measurements and any other relevant clinical information obtained from the programming are documented in the patient's medical record. The electronic analysis and programming results

and therapy expectations are discussed with the patient and family. The patient is re-educated on the use of the patient device.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Marianna Spanaki, MD, PhD; Alexander Mason, MD; Marc Nuwer, MD PhD; Peter Pahipill, MD
Specialty(s):	American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS)
CPT Code:	95983
Sample Size:	2060 — **Resp N:** 52 — **Response:** 2.5 %
Description of Sample:	AAN: A sample of members from the Epilepsy and Movement Disorder sections (current US members.) AANS/CNS, ACNS, NANS: A sample of current US active members from each specialty society.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**20.00**	69.00	630.00
Survey RVW:	0.40	1.25	**1.60**	2.60	5.15
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**15.00**	29.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95983	**Recommended Physician Work RVU: 1.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62368	XXX	0.67	**RUC Time**

CPT Descriptor Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95872	XXX	2.88	**RUC Time**

CPT Descriptor Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	52,170

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	118,509

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 23.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 95983	**Top Key Reference CPT Code:** 62368	**2nd Key Reference CPT Code:** **95872**
Median Pre-Service Time	3.00	7.00	15.00
Median Intra-Service Time	15.00	15.00	60.00
Median Immediate Post-service Time	10.00	5.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**28.00**	**27.00**	**95.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	8%	42%	50%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	58%	42%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	50%	33%	17%

Physical effort required	16%	42%	42%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	42%	50%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	12%	25%	38%	25%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	25%	63%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	12%	63%	25%
Physical effort required	0%	12%	88%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	12%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Codes 95971 and 95972 were identified under a high-volume growth screen. During the RUC review of these codes in January 2014, a discrepancy was noted between the code descriptor and survey time data. The CPT Panel approved a temporary revision to the code descriptor for CPT 2015 and the RUC recommended that codes 95971, 95972 and 95973

be referred to CPT. Codes 95971 and 95972 were revised and code 95973 was deleted at the February 2015 CPT meeting, followed by another RUC survey of codes 95971 and 95972 for the April 2015 RUC meeting.

In the physician fee schedule proposed rule for CY 2016, CMS indicated that due to significant time changes in 95971 and 95972, that the entire family should be considered as potentially misvalued and reviewed. The RUC added codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The specialty societies requested the codes be referred to CPT to revise the code language for the other codes identified to more accurately reflect the services being performed.

At the June 2017 CPT meeting, code 95970 was revised; codes 95975, 95975, 95978, 95979 were deleted and new codes were approved.

Code 95983

New code **95983** is defined as the first 15 minutes of programming versus the deleted code 95978 which was defined as the first hour of programming.

Survey Sample and Process

A survey of physicians from the membership rosters of the American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS), and the North American Neuromodulation Society (NANS) was conducted.

Work RVU Recommendation

We recommend survey 25th percentile work RVU of 1.25.

Pre-time

We recommend 5 minutes of pre-service time for the physician to verify that the physician and patient programming equipment is functioning properly. This work does not overlap with E/M work.

Post-time

We recommend 10 minutes of post-service time for the physician to document final program measurements and any other relevant clinical information obtained during the programming session. The physician will also address patient and family questions about planned therapy and re-educate the patient and family on the use of the patient device. This work does not overlap with E/M work.

Key Reference Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	**0.67**	0.027	**27**	7	15	5
95983	Analysis + programming, brain - 1st 15 min	**1.25**	0.064	**28**	3	15	10
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	**2.88**	0.035	**95**	15	60	20

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	**1.22**	0.064	27	7	15	5
95983	Analysis + programming, brain - 1st 15 min	**1.25**	0.064	**28**	3	15	10
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	**1.27**	0.070	25	5	15	5

Other Comparison Codes

The table below provides other comparator codes as support.

CPT	Descriptor	GLOB	RVW	IWPUT	Total Time	PRE	INTRA	POST
74150	Computed tomography, abdomen; without contrast material	XXX	**1.19**	0.084	**20**	3	12	5
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	XXX	**1.20**	0.065	**25**	5	15	5
95866	Needle electromyography; hemidiaphragm	XXX	**1.25**	0.053	**35**	10	15	10
95983	Analysis + programming, brain - 1st 15 min	XXX	**1.25**	0.064	**28**	3	15	10
74160	Computed tomography, abdomen; with contrast material(s)	XXX	**1.27**	0.073	**23**	3	15	5
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	XXX	**1.27**	0.070	**25**	5	15	5
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	XXX	**1.27**	0.065	**28**	8	15	5
92612	Flexible endoscopic evaluation of swallowing by cine or video recording;	XXX	**1.27**	0.059	**32**	10	15	7
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	000	**1.27**	0.078	**35**	15	10	10
99238	Hospital discharge day management; 30 minutes or less	XXX	**1.28**	0.044	**38**	8	20	10
99315	Nursing facility discharge day management; 30 minutes or less	XXX	**1.28**	0.042	**40**	10	20	10
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	XXX	**1.34**	0.074	**25**	5	15	5
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	XXX	**1.34**	0.060	**30**	5	18	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) According to the Medicare same day billing occurences claims data, 95970 is typically performed on same date of service as an E/M visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95978

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty Neurosurgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 54884
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate 4 times the annual Medicare utilization.

Specialty Neurology Frequency 41163 Percentage 75.00 %

Specialty Neurosurgery Frequency 3842 Percentage 7.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 13,721
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate 1/3 of the combined current utilization of 95978 and 95979 (2016 Medicare utilization data from the RUC database) of 41,163 will be the initial 15 minute programming code and be reported with 95X85. This equates to 13,721. We anticipate that the specialty distribution will not change.

Specialty Neurology Frequency 10291 Percentage 75.00 %

Specialty Neurosurgery Frequency 961 Percentage 7.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 95978

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95984 Tracking Number J7 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **1.00**

CPT Descriptor: Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with Parkinson's disease had a brain neurostimulator surgically implanted and now returns to clinic for electronic analysis and programming that requires more than 15 minutes by the physician or other qualified health care professional.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Code 95X86 is reported for each additional 15 minutes of face-to-face time with physician or other qualified health care professional for the following analysis/programming work:

Patient specific data populate on the programming equipment and are verified, including patient demographics and device history. Electronic analysis of the implanted neurostimulator pulse generator/transmitter is performed (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters). The diagnostic analysis, including the battery state, current program settings, and impedances of electrodes, as well as any event logs from the programming equipment and patient device interrogation are documented in the patient's medical record.
Attention is turned to the stimulation parameters and electrode mapping. Each electrode contact on the array is systematically activated one at a time in monopolar mode as a cathode. The parameters are adjusted (eg, amplitude, frequency, pulse width, contact combinations, patient controllable parameters) while neurologic effects on symptoms and signs (eg, bradykinesia, rigidity) are noted as well as side-effects (eg, twitching, pulling of face/contralateral limb). After electrode mapping, the physician or QHP then determines which combination of parameters result in an optimal effect while minimizing adverse side effects and the final exit parameters are selected to balance benefits to bradykinesia and rigidity with least side-effects.
Any additional final program measurements and any other relevant clinical information obtained from the additional programming are documented in the patient's medical record.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Marianna Spanaki, MD, PhD; Alexander Mason, MD; Marc Nuwer, MD PhD; Peter Pahipill, MD
Specialty(s):	American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS)
CPT Code:	95984

Sample Size:	2060	**Resp N:** 48	**Response:** 2.3 %

Description of Sample:	AAN: A sample of members from the Epilepsy and Movement Disorder sections (current US members.) AANS/CNS, ACNS, NANS: A sample of current US active members from each specialty society

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**18.00**	50.00	630.00
Survey RVW:	0.25	1.00	**1.50**	2.25	3.10
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**15.00**	30.00	90.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	95984	**Recommended Physician Work RVU: 1.00**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64645	ZZZ	1.39	**RUC Time**

CPT Descriptor Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure).

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99292	ZZZ	2.25	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service).

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	480,712

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 27.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 20.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 95984	Top Key Reference CPT Code: 64645	2nd Key Reference CPT Code: 99292
Median Pre-Service Time	0.00	1.00	11.00
Median Intra-Service Time	15.00	25.00	20.00
Median Immediate Post-service Time	0.00	0.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**26.00**	**41.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	8%	46%	23%	23%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	38%	54%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	54%	31%	15%

Physical effort required	23%	31%	46%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	31%	62%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	50%	20%	30%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	30%	70%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	30%	60%
Physical effort required	20%	40%	40%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	20%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Codes 95971 and 95972 were identified under a high-volume growth screen. During the RUC review of these codes in January 2014, a discrepancy was noted between the code descriptor and survey time data. The CPT Panel approved a temporary revision to the code descriptor for CPT 2015 and the RUC recommended that codes 95971, 95972 and 95973

be referred to CPT. Codes 95971 and 95972 were revised and code 95973 was deleted at the February 2015 CPT meeting, followed by another RUC survey of codes 95971 and 95972 for the April 2015 RUC meeting.

In the physician fee schedule proposed rule for CY 2016, CMS indicated that due to significant time changes in 95971 and 95972, that the entire family should be considered as potentially misvalued and reviewed. The RUC added codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The specialty societies requested the codes be referred to CPT to revise the code language for the other codes identified to more accurately reflect the services being performed.

At the June 2017 CPT meeting, code 95970 was revised; codes 95975, 95975, 95978, 95979 were deleted and new codes were approved.

Code 95984

New code **95984** is an add-on service for each additional 15 minutes of programming versus the deleted code 95979 which was defined as each additional 30 minutes.

Survey Sample and Process

A survey of physicians from the membership rosters of the American Academy of Neurology (AAN), American Association of Neurological Surgeons / Congress of Neurological Surgeons (AANS/CNS), American Clinical Neurophysiology Society (ACNS), and the North American Neuromodulation Society (NANS) was conducted.

Work RVU Recommendation

We recommend the survey 25th percentile work RVU of 1.00.

Pre-time

We recommend 0 minutes of pre-service time for this add-on code.

Post-time

We recommend 0 minutes of post-service time for this add-on code.

Key Reference Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
95984	Analysis + programming, brain - add'l 15 min	**1.00**	0.067	**15**	0	15	0
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	**1.39**	0.055	**26**	1	25	0
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	**2.25**	0.089	**41**	11	20	10

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	**1.00**	0.100	10	0	10	0
95984	Analysis + programming, brain - add'l 15 min	**1.00**	0.067	**15**	0	15	0
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	**1.20**	0.080	15	0	15	0

Other Comparison Codes

The table below provides other comparator codes as support.

CPT	Descriptor	GLOB	RVW	IWPUT	Total Time	PRE	INTRA	POST
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	ZZZ	**0.80**	0.080	10	0	10	0
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	ZZZ	**0.83**	0.083	10	0	10	0
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	ZZZ	**0.85**	0.061	14	0	14	0
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	ZZZ	**0.97**	0.065	15	0	15	0
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	ZZZ	**1.00**	0.071	14	0	14	0
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	ZZZ	**1.00**	0.067	15	0	15	0
95984	Analysis + programming, brain - add'l 15 min	ZZZ	**1.00**	0.067	**15**	0	15	0
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	ZZZ	**1.00**	0.067	15	0	15	0
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	ZZZ	**1.10**	0.073	15	0	15	0
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	ZZZ	**1.16**	0.077	15	0	15	0

CPT	Descriptor	GLOB	RVW	IWPUT	Total Time	PRE	INTRA	POST
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	ZZZ	**1.16**	0.077	15	0	15	0
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	ZZZ	**1.16**	0.077	15	0	15	0
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	ZZZ	**1.25**	0.083	15	0	15	0
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	ZZZ	**1.38**	0.092	15	0	15	0
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	ZZZ	**1.50**	0.100	15	0	15	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - [x] The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - [ ] Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - [ ] Multiple codes allow flexibility to describe exactly what components the procedure included.
   - [ ] Multiple codes are used to maintain consistency with similar codes.
   - [ ] Historical precedents.
   - [ ] Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95979

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty Neurosurgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 109768
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate 4 times the annual Medicare utilization. / PA

Specialty Neurology Frequency 86717 Percentage 79.00 %

Specialty Neurosurgery Frequency 3294 Percentage 3.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 27,442
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate 2/3 of the combined current utilization of 95978 and 95979 (2016 Medicare utilization data from the RUC database) of 41,163 will be the additional 15 minute programming code and be reported with 95X86. This equates to 27,442. We anticipate that the specialty distribution will not change.

Specialty Neurology Frequency 21681 Percentage 79.00 %

Specialty Neurosurgery Frequency 824 Percentage 3.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 95979

ISSUE: Neurostimulator Services
TAB: 7_Onsite revisions

					RVW					Total	PRE	INTRA					POST
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PRE	MIN	25th	MED	75th	MAX	POST
REF1	62368	Electronic analysis of programmable, implanted pump for intrat	19	0.027			0.67			27	7			15			5
REF2	99213	Office or other outpatient visit for the evaluation and managem	10	0.053			0.97			23	3			15			5
HVD	95970	Neurostim analysis only		0.024			0.45			19				19			
SVY	95970	Neurostim analysis only	62	0.077	0.30	0.56	0.73	1.00	2.11	17	5	3	5	7	10	30	5
REC	95970	Neurostim analysis only		0.039			0.45			15	3			7			5
REF1	95816	Electroencephalogram (EEG); including recording awake and d	10	0.056			1.08			26	5			15			6
REF2	99214	Office or other outpatient visit for the evaluation and managem	8	0.047			1.50			40	5			25			10
CURRENT	95974	Analysis + complex programming, cranial - 1st hour		0.031			3.00			110	30			60			20
SVY	95976	Analysis + simple programming, cranial	57	0.072	0.31	0.95	1.20	1.60	3.50	29	8	5	9	11	16	40	10
REC	95976	Anaysis + simple programming, cranial		0.060			0.95			24	3			11			10
REF1	99215	Office or other outpatient visit for the evaluation and managem	9	0.047			2.11			55	5			35			15
REF2	99205	Office or other outpatient visit for the evaluation and managem	7	0.059			3.17			67	7			45			15
CURRENT	95975	Analysis + complex programming, cranial - add'l 30 min		0.057			1.70			30	0			30			0
SVY	95977	Analysis + complex programming, cranial	56	0.073	0.45	1.19	1.69	2.50	4.00	37	10	5	12	17	27	90	10
REC	95977	Analysis + complex programming, cranial		0.053			1.19			30	3			17			10
REF1	62368	Electronic analysis of programmable, implanted pump for intrat	12	0.027			0.67			27	7			15			5
REF2	95872	Needle electromyography using single fiber electrode, with qua	8	0.035			2.88			95	15			60			20
CURRENT	95978	Analysis + programming, brain - 1st hour		0.055			3.50			70	5			60			5
SVY	95983	Analysis + programming, brain - 1st 15 min	52	0.077	0.40	1.25	1.60	2.60	5.15	35	10	5	15	15	29	90	10
REC	95983	Analysis + programming, brain - 1st 15 min		0.064			1.25			28	3			15			10
REF1	64645	Chemodenervation of one extremity; each additional extremity,	13	0.055			1.39			26	1			25			0
REF2	99292	Critical care, evaluation and management of the critically ill or c	10	0.089			2.25			41	11			20			10
CURRENT	95979	Analysis + programming, brain - add'l 30 min		0.055			1.64			30	0			30			0
SVY	95984	Analysis + programming, brain - add'l 15 min	48	0.100	0.25	1.00	1.50	2.25	3.10	15	0	5	15	15	30	90	0
REC	95984	Analysis + programming, brain - add'l 15 min		0.067			1.00			15	0			15			0

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters
by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve neurostimulator pulse generator/transmitter, without programming

Global Period: XXX   Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **The surveying societies convened a panel of experts, including advisors who are familiar with the service. The panel of experts reviewed and collaborated via email and phone call to review existing direct practice expense inputs for 95970.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **The panel of experts used the existing PE inputs of 95970 as a starting point and made adjustments as appropriate to reflect any changes in technology of practice.**

3. Is this code(s) typically billed with an E/M service? **Yes**

4. What specialty is the dominant provider in the nonfacility? **Neurology** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **56%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **We are not requesting an increase over the current totally cost for clinical staff time.**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Pre-Service Period Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

Service Period **Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.**

Post-Service **Period Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **The exam table time and the programmer, neurostimulator time is the same as the physician time.**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 95976__
Specialty Society: AAN, AANS/CNS, ACNS, NANS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

Global Period: XXX Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **The surveying societies convened a panel of experts, including advisors who are familiar with the service. The panel of experts reviewed and collaborated via email and phone call to review existing direct practice expense inputs for 95976.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **The specialty societies used the existing PE inputs of 95974 as a starting point and made adjustments as appropriate to reflect any changes in technology of practice.**

3. Is this code(s) typically billed with an E/M service? **Yes**

4. What specialty is the dominant provider in the nonfacility? **Neurology** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **88%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **We are not requesting an increase over the current totally cost for clinical staff time**.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Pre-Service Period Clinical Activities: (0 minutes) There are no clinical activities performed by

staff during the pre-service period.

Service Period Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

Post-Service Period Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **The exam table time and the programmer, neurostimulator time is the same as the physician time.**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 95977__
Specialty Society: AAN, AANS/CNS, ACNS, NANS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

<u>CPT Long Descriptor</u>:
Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

Global Period: XXX   Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **The surveying societies convened a panel of experts, including advisors who are familiar with the service. The panel of experts reviewed and collaborated via email and phone call to review existing direct practice expense inputs for 95977.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **The specialty societies used the existing PE inputs of 95975 as a starting point and made adjustments as appropriate to reflect any changes in technology of practice.**

3. Is this code(s) typically billed with an E/M service? **Yes**

4. What specialty is the dominant provider in the nonfacility? **Neurology** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **99%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **We are not requesting an increase over the current totally cost for clinical staff time**.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   <u>Pre-Service Period</u> Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

Service Period Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

Post-Service Period Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **The exam table time and the programmer, neurostimulator time is the same as the physician time.**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 95983__
Specialty Society: AAN, AANS/CNS, ACNS, NANS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters by physician or other qualified health care professional; with brain neurostimulator pulse generator /transmitter programming, first fifteen minutes face-to-face time with physician or other qualified health care professional

Global Period: XXX   Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **The surveying societies convened a panel of experts, including advisors who are familiar with the service. The panel of experts reviewed and collaborated via email and phone call to review existing direct practice expense inputs for 95983.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **The specialty societies used the existing PE inputs of 95978 as a starting point and made adjustments as appropriate to reflect any changes in technology of practice.**

3. Is this code(s) typically billed with an E/M service? **Yes**

4. What specialty is the dominant provider in the nonfacility? **Neurology** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **84%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **We are not requesting an increase over the current totally cost for clinical staff time.**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   <u>Pre-Service Period</u> Clinical Activities: (0 minutes) There are no clinical activities performed by

staff during the pre-service period.

Service Period Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

Post-Service Period Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **The exam table time and the programmer, neurostimulator time is the same as the physician time.**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 95984__
Specialty Society: AAN, AANS/CNS, ACNS, NANS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional fifteen minutes, face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)

Global Period: ZZZ Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **The surveying societies convened a panel of experts, including advisors who are familiar with the service. The panel of experts reviewed and collaborated via email and phone call to review existing direct practice expense inputs for 95984.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **The specialty societies used the existing PE inputs of 95979 as a starting point and made adjustments as appropriate to reflect any changes in technology of practice.**

3. Is this code(s) typically billed with an E/M service? **Yes**

4. What specialty is the dominant provider in the nonfacility? **Neurology** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **89%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **We are not requesting an increase over the current totally cost for clinical staff time.**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Pre-Service Period Clinical Activities: (0 minutes) There are no clinical activities performed by

staff during the pre-service period.

<u>Service Period</u> Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

<u>Post-Service</u> Period Clinical Activities: (0 minutes) There are no clinical activities performed by staff during the pre-service period.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **The exam table time and the programmer, neurostimulator time is the same as the physician time.**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

	A	B	C	D	E	F	I	J	K	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet						CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2		*C. For more complete information about summaries and guidelines*					95970		95970		95974		95976		95975	
3		*RUC Collaboration Website*					Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,	
4	Clinical Activity Code	Meeting Date: September 2017 Tab: 8 Specialty: AAN, AANS/CNS, ACNS, NANS	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute										
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	44	0	0	0	34	0	0	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0	0	0	0	0	0	0	0	0	0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	44	0	0	0	34	0	0	0	15	0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0	0	0	0	0	0	0	0	0	0
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE					$ 22.44	$ -	$ -	$ -	$ 17.34	$ -	$ -	$ -	$ 7.65	$ -
12		PRE-SERVICE PERIOD														
13		Start: Following visit when decision for surgery or procedure made														
14	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10	L037D	RN/LPN/MTA	0.37										
15	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20,	L037D	RN/LPN/MTA	0.37										
16	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10	L037D	RN/LPN/MTA	0.37										
17	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20,	L037D	RN/LPN/MTA	0.37										
18	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7,	L037D	RN/LPN/MTA	0.37										
19	CA006	Confirm availability of prior images/studies	Standard time for this	L037D	RN/LPN/MTA	0.37										
20	CA007	Review patient clinical extant information and questionnaire	Standard time for this	L037D	RN/LPN/MTA	0.37										
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	No standard time.	L037D	RN/LPN/MTA	0.37										
28		End: When patient enters office/facility for surgery/procedure														

	A	B	C	D	E	F	I	J	K	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**						**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**	
2		***C. For more complete information about summaries and guidelines***					**95970**		**95970**		**95974**		**95976**		**95975**	
3		***RUC Collaboration Website***					Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,	
4	**Clinical Activity Code**	**Meeting Date: September 2017** **Tab: 8** **Specialty: AAN, AANS/CNS, ACNS, NANS**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**44**	**0**	**0**	**0**	**34**	**0**	**0**	**0**	**15**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**44**	**0**	**0**	**0**	**34**	**0**	**0**	**0**	**15**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
29		**SERVICE PERIOD**														
30		**Start: When patient enters office/facility for surgery/procedure:**														
31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are	Standard time for this	L037D	RN/LPN/MTA	0.37										
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	Standard time for this	L042A	RN/LPN	0.42										
34	CA010	Obtain vital signs	Vital Sign Standards	L037D	RN/LPN/MTA	0.37										
35	CA010	Obtain vital signs	Vital Sign Standards	L042A	RN/LPN	0.42										
36	CA011	Provide education/obtain consent	Include only the additional	L037D	RN/LPN/MTA	0.37										
37	CA012	Review requisition, assess for special needs	No standard time.	L037D	RN/LPN/MTA	0.37										
38	CA013	Prepare room, equipment and supplies	2 minute standard	L037D	RN/LPN/MTA	0.37										
39	CA013	Prepare room, equipment and supplies	2 minute standard	L051A	RN	0.51	2				2					
40	CA013	Prepare room, equipment and supplies	2 minute standard	L042A	RN/LPN	0.42										
41	CA014	Confirm order, protocol exam	Standard time for this	L037D	RN/LPN/MTA	0.37										
42	CA015	Setup scope (nonfacility setting only)	5 minutes standard for	L037D	RN/LPN/MTA	0.37										
43	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L037D	RN/LPN/MTA	0.37										
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L051A	RN	0.51	2				2					
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L042A	RN/LPN	0.42										
46	CA017	Sedate/apply anesthesia	2 minute standard	L037D	RN/LPN/MTA	0.37										
53		**Intra-service (of service period)**														
54	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	100% of physician or other qualified healthcare professional intra-service time.	L037D	RN/LPN/MTA	0.37										
55	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	67% of physician or other qualified healthcare professional intra-service time.	L037D	RN/LPN/MTA	0.37										
56	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	67% of physician or other qualified healthcare professional intra-service time.	L042A	RN/LPN	0.42										
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	other% of physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37										
58	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	other% of physician or other qualified healthcare	L051A	RN	0.51					30				15	
59	CA021	Perform procedure/service---NOT directly related to physician work time	No standard time.	L037D	RN/LPN/MTA	0.37										
60	CA021	Perform procedure/service---NOT directly related to physician work time	No standard time.	L051A	RN	0.51	40									

	A	B	C	D	E	F	I	J	K	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**						**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**	
2		***C. For more complete information about summaries and guidelines***					**95970**		**95970**		**95974**		**95976**		**95975**	
3		***RUC Collaboration Website***					Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,	
4	**Clinical Activity Code**	**Meeting Date: September 2017** **Tab: 8** **Specialty: AAN, AANS/CNS, ACNS, NANS**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**44**	**0**	**0**	**0**	**34**	**0**	**0**	**0**	**15**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**44**	**0**	**0**	**0**	**34**	**0**	**0**	**0**	**15**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
67		**Post-Service (of service period)**														
89		**End: Patient leaves office**														

	A	B	C	D	E	F	I	J	K	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**						**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**	
2		***C. For more complete information about summaries and guidelines***					**95970**		**95970**		**95974**		**95976**		**95975**	
3		***RUC Collaboration Website***					Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,	
4	**Clinical Activity Code**	**Meeting Date: September 2017** **Tab: 8** **Specialty: AAN, AANS/CNS, ACNS, NANS**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**44**	**0**	**0**	**0**	**34**	**0**	**0**	**0**	**15**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**44**	**0**	**0**	**0**	**34**	**0**	**0**	**0**	**15**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
90		**POST-SERVICE PERIOD**														
107		**End: with last office visit before end of global period**														

	A	B	C	D	E	F	I	J	K	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**						**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**	
2		***C. For more complete information about summaries and guidelines***					**95970**		**95970**		**95974**		**95976**		**95975**	
3		***RUC Collaboration Website***					Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,	
4	**Clinical Activity Code**	**Meeting Date: September 2017** **Tab: 8** **Specialty: AAN, AANS/CNS, ACNS, NANS**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**44**	**0**	**0**	**0**	**34**	**0**	**0**	**0**	**15**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**44**	**0**	**0**	**0**	**34**	**0**	**0**	**0**	**15**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
108	**Medical Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**											
109		**TOTAL COST OF SUPPLY QUANTITY x PRICE**					**$ 1.14**	**$ -**	**$ -**	**$ -**	**$ 1.14**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
110	SA048	pack, minimum multi-specialty visit		1.143	pack		1		0		1		0			
111																
112		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*														
114	**Equipment Code**	**EQUIPMENT**	Please select the equipment formula you intend to use for each equipment item from the	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**										
115		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ 0.41**	**$ -**	**$ 0.14**	**$ -**	**$ 0.32**	**$ -**	**$ 0.22**	**$ -**	**$ 0.14**	**$ -**
116	EF023	table, exam	Equipment time = physician time	1338.17	Other Formula	0.002976617	44		**15**		34		**24**		15	
117	EQ209	programmer, neurostimulator (w-printer)	Equipment time = physician time	1975	Other Formula	0.006374573	44		**15**		34		**24**		15	
118																
119		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*														

	A	B	S	T	U	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***	**95977**		**95978**		**95983**		**95979**		**95984**	
3		***RUC Collaboration Website***	Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter	
4	**Clinical Activity Code**	**Meeting Date: September 2017** **Tab: 8** **Specialty: AAN, AANS/CNS, ACNS, NANS**										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**0**	**0**	**59**	**0**	**0**	**0**	**20**	**0**	**0**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**6**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**0**	**53**	**0**	**0**	**0**	**20**	**0**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ 24.48**	**$ -**	**$ -**	**$ -**	**$ 8.40**	**$ -**	**$ -**	**$ -**
12		**PRE-SERVICE PERIOD**										
13		**Start: Following visit when decision for surgery or procedure made**										
14	CA001	Complete pre-service diagnostic and referral forms			3							
15	CA002	Coordinate pre-surgery services (including test results)			3							
16	CA003	Schedule space and equipment in facility										
17	CA004	Provide pre-service education/obtain consent										
18	CA005	Complete pre-procedure phone calls and prescription										
19	CA006	Confirm availability of prior images/studies										
20	CA007	Review patient clinical extant information and questionnaire										
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)										
28		**End: When patient enters office/facility for surgery/procedure**										

	A	B	S	T	U	V	W	X	Y	Z	AA	AB
1	RUC Practice Expense Spreadsheet		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2		*C. For more complete information about summaries and guidelines*	95977		95978		95983		95979		95984	
3		***RUC Collaboration Website***	Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter	
4	Clinical Activity Code	Meeting Date: September 2017 Tab: 8 Specialty: AAN, AANS/CNS, ACNS, NANS										
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	0	0	59	0	0	0	20	0	0	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0	0	6	0	0	0	0	0	0	0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0	0	53	0	0	0	20	0	0	0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0	0	0	0	0	0	0	0	0	0
29		SERVICE PERIOD										
30		Start: When patient enters office/facility for surgery/procedure:										
31		Pre-Service (of service period)										
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are										
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are			6							
34	CA010	Obtain vital signs										
35	CA010	Obtain vital signs			3							
36	CA011	Provide education/obtain consent										
37	CA012	Review requisition, assess for special needs										
38	CA013	Prepare room, equipment and supplies										
39	CA013	Prepare room, equipment and supplies										
40	CA013	Prepare room, equipment and supplies			2							
41	CA014	Confirm order, protocol exam										
42	CA015	Setup scope (nonfacility setting only)										
43	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient										
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient										
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			2							
46	CA017	Sedate/apply anesthesia										
53		Intra-service (of service period)										
54	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)										
55	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)										
56	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)			40				20			
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)										
58	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)										
59	CA021	Perform procedure/service---NOT directly related to physician work time										
60	CA021	Perform procedure/service---NOT directly related to physician work time										

	A	B	S	T	U	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***	**95977**		**95978**		**95983**		**95979**		**95984**	
3		***RUC Collaboration Website***	Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter	
4	**Clinical Activity Code**	**Meeting Date: September 2017** **Tab: 8** **Specialty: AAN, AANS/CNS, ACNS, NANS**										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**0**	**0**	**59**	**0**	**0**	**0**	**20**	**0**	**0**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**6**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**0**	**53**	**0**	**0**	**0**	**20**	**0**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
67		**Post-Service (of service period)**										
89		**End: Patient leaves office**										

	A	B	S	T	U	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***	**95977**		**95978**		**95983**		**95979**		**95984**	
3		***RUC Collaboration Website***	Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter	
4	**Clinical Activity Code**	**Meeting Date: September 2017** **Tab: 8** **Specialty: AAN, AANS/CNS, ACNS, NANS**										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**0**	**0**	**59**	**0**	**0**	**0**	**20**	**0**	**0**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**6**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**0**	**53**	**0**	**0**	**0**	**20**	**0**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
90		**POST-SERVICE PERIOD**										
107		**End: with last office visit before end of global period**										

	A	B	S	T	U	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***	**95977**		**95978**		**95983**		**95979**		**95984**	
3		***RUC Collaboration Website***	Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate,		Electronic analysis of implanted neurostimulator pulse generator/transmitter	
4	**Clinical Activity Code**	**Meeting Date: September 2017** **Tab: 8** **Specialty: AAN, AANS/CNS, ACNS, NANS**										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**0**	**0**	**59**	**0**	**0**	**0**	**20**	**0**	**0**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**6**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**0**	**53**	**0**	**0**	**0**	**20**	**0**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
108	**Medical Supply Code**	**MEDICAL SUPPLIES**										
109		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ 1.14**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
110	SA048	pack, minimum multi-specialty visit	0		1		0				0	
111												
112		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
114	**Equipment Code**	**EQUIPMENT**										
115		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.28**	**$ -**	**$ 0.68**	**$ -**	**$ 0.26**	**$ -**	**$ 0.28**	**$ -**	**$ 0.14**	**$ -**
116	EF023	table, exam	**30**		73		**28**		30		15	
117	EQ209	programmer, neurostimulator (w-printer)	**30**		73		**28**		30		15	
118												
119		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*										

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth Screen

April 2015

Analysis of Neurostimulator Pulse Generator System

Codes 95971 and 95972 were identified under the High Volume Growth Screen. The RUC requested that these services be surveyed for work and that PE inputs be developed for the January 2014 RUC meeting. At the January 2014 meeting, the RUC reviewed the survey results for code 95971 and recommended the current work RVU of 0.78. The RUC reviewed the survey results for code 95972 and determined that the survey 25th percentile work RVU of 0.90 appropriately accounts for the work required to perform this service. The RUC agreed that 8 minutes pre-time, 23 minutes intra-service time and 5 minutes immediate post-service time appropriately account for the work required to perform this service. Because of the discrepancy between the code descriptor specifying "1 hour" of work time and the new survey data, the CPT Panel approved a temporary revision to the code descriptor for CPT 2015 to state "up to 1 hour." The RUC recommended that codes 95971, 95972 and 95973 be referred to CPT to address the entire family regarding the time referenced in the CPT code descriptors. Specifically, the descriptor for code 95972 specifies "first hour" but survey results indicate the majority of physicians reporting this code take less than 30 minutes. The RUC reviewed these services again in April 2015, after the new CPT language.

95971 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, intraoperative or subsequent programming
The RUC reviewed the survey results from 33 physicians for CPT code 95971 and agreed with the specialty that the current value is appropriate for this service. The specialty society noted that the current work RVU of 0.78 is below the survey 25th percentile work RVU of 0.98. The specialty society indicated that there is no compelling evidence to warrant an increase in physician work for this service. The survey also supported the current physician time for this service. The RUC recommends maintaining the current time of 8 minutes pre-service time, 20 minutes intra-service time and 5 minutes immediate post service time. The RUC noted that CPT code 95971 is typically reported with an Evaluation and Management (E/M) service on the same date and the reduction of the survey pre-service time from 15 to 8 minutes appropriately accounts for physician pre-service time. The RUC compared the survey code to the top two key reference services *62370 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)* (work RVU = 0.90 and 20 minutes intra-service time) and 62368 *Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming* (work RVU = 0.67 and 15 minutes intra-service time) and determined these services require similar physician work and time to perform and appropriately valued similarly. For additional support the

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RUC compared the surveyed code to MPC codes 95991 *Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional* (work RVU = 0.77) and 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report* (work RVU = 0.85). **The RUC recommends a work RVU of 0.78 for CPT code 95971.**

95972 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

The specialty societies indicated that the survey for CPT 95972 was conducted with an old descriptor that specified *with intraoperative or subsequent programing "first hour"*. The specialty societies noted and the RUC agreed that the survey respondents have already indicated on two recent surveys that this service is well under 60 minutes. Therefore, the descriptor changes have not altered the survey respondents' median intra-service time estimates for providing this service. When surveying for "up to 1 hour" in January 2014 the median intra-service time was 23 minutes and when surveying in April 2015, albeit with the wrong descriptor "first hour", the survey median intra-service time was 25 minutes. The RUC agreed that, since this service was not surveyed with the current descriptor, the survey was invalid and the current work and time should be maintained. The RUC recommends 8 minutes pre-service time, 23 minutes intra-service time and 5 minutes immediate post-service time. The RUC noted that, relative to CPT code 95971, CPT code 95972 is more complex, requires more parameters (6-7) and requires updating these parameters to change the polarity of different leads and therefore requires slightly more physician time and work. The RUC noted that CMS did not accept the January 2014 RUC recommendation of 0.90 work RVUs for this service and instead set a work RVU of 0.80 for CPT code 95972. The RUC noted the difference in physician work for 95971 and 95972 is greater than 0.02 work RVUs however, recommend maintaining the current work RVU at this time. The RUC referenced MPC codes 95991 *Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional* (work RVU = 0.77) and 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report* (work RVU = 0.85). **The RUC recommends a work RVU of 0.80 for CPT code 95972.**

Practice Expense

The Practice Expense Subcommittee made revisions to the direct practice expense inputs for CPT code 95971 reduced clinical staff already attributable to E/M, reduced the cleaning room by 2 minutes and correctly calculated the equipment time to include the appropriate line items. The PE Subcommittee notes that for both services the clinical staff intra-service time to assist physicians in performing procedure is 2/3 of the physician intra-service time, the equipment minutes include the entire physician intra-service time. The RUC reviewed and approved the direct practice expense inputs with revisions as approved by the Practice Expense Subcommittee.

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Work Neutrality

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

CPT Code • New ▲ Revision D Deletion, (e) Editorial (f) Code Family	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Neurology and Neuromuscular Procedures
Neurostimulators, Analysis-Programming

Simple intraoperative or subsequent programming of the neurostimulator pulse generator/transmitter (95971) includes changes to three or fewer of the following parameters: rate, pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, alternating electrode polarities, dose time (stimulation parameters changing in time periods of minutes including dose lockout times), more than one clinical feature (eg, rigidity, dyskinesia, tremor). Complex intraoperative or subsequent programming (95972-95979) includes changes to more than three of the above.

Code 95970 describes subsequent electronic analysis of a previously-implanted simple or complex brain, spinal cord, or peripheral neurostimulator pulse generator system, without reprogramming. Code 95971 describes intraoperative or subsequent electronic analysis of an implanted simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator system, with programming. Code~~s~~ 95972 ~~and 95973~~ describes intraoperative (at initial insertion/revision) or subsequent electronic analysis of an implanted complex spinal cord or peripheral (except cranial nerve) neurostimulator pulse generator system, with programming.

Codes 95974 and 95975 describe intraoperative (at initial insertion/revision) or subsequent electronic analysis of an implanted complex cranial nerve neurostimulator pulse generator system, with programming. Codes 95978 and 95979 describe initial or subsequent electronic analysis of an implanted brain neurostimulator pulse generator system, with programming. Code 95980 describes intraoperative electronic analysis of an implanted gastric neurostimulator pulse generator system, with programming; code 95981 describes subsequent analysis of the device; code 95982 describes subsequent analysis and reprogramming. For electronic analysis and reprogramming of gastric neurostimulator, lesser curvature, see 95980-95982.

For ~~95972,~~ 95974~~,~~ and 95978, use modifier 52 if less than 31 minutes in duration.

(For electronic analysis and reprogramming of a peripheral subcutaneous field stimulation pulse generator, use 0285T)

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(For insertion of neurostimulator pulse generator, see 61885, 63685, 64590)

(For revision or removal of neurostimulator pulse generator or receiver, see 61888, 63688, 64595)

(For implantation of neurostimulator electrodes, see43647, 43881, 61850-61870, 63650-63655, 64553-64580. For revision or removal of neurostimulator electrodes, see 43648, 43882, 61880, 63661-63664, 64585)

Category III

0285T *Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed*

(Do not report 0282T-0285T in conjunction with 64550-64595, 77002, 77003, 95970, 95972 ~~95973~~)

95971(f)	GG1	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, intraoperative or subsequent programming	XXX	0.78 (no change)
▲95972	GG2	complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming~~, up to1 hour~~	XXX	0.80 (no change)
~~D95973~~		~~complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)~~ (95973 has been deleted)	ZZZ	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95971 Tracking Number GG1 Original Specialty Recommended RVU: **0.78**
Presented Recommended RVU: **0.78**
Global Period: XXX RUC Recommended RVU: **0.78**

CPT Descriptor: Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 56-year-old patient with a condition that requires nerve stimulation returns for simple programming of the implanted neurostimulator pulse generator system in which three or fewer of the parameters are adjusted.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 26%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 9%

Description of Pre-Service Work: Obtain and review records and previous history, laboratory studies, and all imaging studies before the procedure. Evaluate patient's voiding diary if applicable. Verify appropriate programming equipment and patient's handheld programmer. Place patient on examination table.

Description of Intra-Service Work: Link programmer with patient programmer (handheld device). Interrogate patient's neurostimulator device. Review preset program settings by switching with handheld programmer between programs and record patient sensation. Change the lead configuration. Change amplitude until stimulation is felt if appropriate then maintain that configuration. If inappropriate, repeat process until appropriate response is obtained. Assess three parameters and change as necessary. Re-sync new program with patient's handheld programmer.

Description of Post-Service Work: Plan for programmer replacement if necessary. Discuss expectations with patient. Re-educate patient on use of device. Discuss follow-up appointment. Transfer data to hard copy and scan results into computer. Dictate chart note. Contact referring physician as appropriate. Contact company about device malfunction and/or failure as necessary.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2015
Presenter(s):	Marc Leib, MD; Christopher Merified, MD; Mitchell Schuster, MD; Norman Smith, MD; Phillip Wise, MD
Specialty(s):	American Urological Association, American Congress of Obstetricians and Gynecologists, American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, International Spine Intervention Society, American Association of Neurological Surgeons/Congress of Neurological Surgeons
CPT Code:	95971
Sample Size:	1190 — **Resp N:** 33 — **Response:** 2.7 %
Description of Sample:	random

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	30.00	50.00
Survey RVW:	0.48	0.98	**1.10**	1.50	4.50
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95971	**Recommended Physician Work RVU: 0.78**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62370	XXX	0.90	RUC Time

CPT Descriptor Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62368	XXX	0.67	RUC Time

CPT Descriptor Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95991	XXX	0.77	RUC Time	15,100

CPT Descriptor 1 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.85	RUC Time	31,408

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 30.3 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 21.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 95971	Top Key Reference CPT Code: 62370	2nd Key Reference CPT Code: 62368
Median Pre-Service Time	8.00	7.00	7.00
Median Intra-Service Time	20.00	20.00	15.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**33.00**	**37.00**	**27.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Mental Effort and Judgment (Mean)	**Top Key Ref Code**	**2nd Key Ref Code**
The number of possible diagnosis and/or the number of management options that must be considered	0.80	0.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.70	0.71
Urgency of medical decision making	0.30	-0.57

Technical Skill/Physical Effort (Mean)

Technical skill required	1.20	0.14
Physical effort required	0.30	0.29

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.30	-0.43
Outcome depends on the skill and judgment of physician	0.70	0.57
Estimated risk of malpractice suit with poor outcome	0.10	-0.29

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.00	0.86

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT code 95971 was surveyed by six different specialty societies, American Urological Association, American Congress of Obstetricians and Gynecologists, American Society of Anesthesiologists, North American Spine Society, American Academy of Pain Medicine, International Spine Intervention Society. The surveys were sent to random 1190 members of these specialty societies of which we received 33 responses at a 2.7% response rate. In 2013, 11.947 of these procedures were performed in the Medicare population so the number of responses to this survey meets the new RUC criteria of 30 respondents as the minimum survey sample size for this code.

A conference call of the participating specialty societies RUC advisors compared the current information in the RUC database and compared and reviewed the physician work survey results as well as practice expense. The survey median preservice time was 15 minutes and the survey median postservice time was 15 minutes. The expert panel believes that the preservice time should be reduced to align with the 95972 code. The postservice time has increased in this survey has to compared to currently what is in the RUC database. The expert panel believes the amount of time to discuss the expectations and the education of this device to the patient requires more time than the current postservice time of 5 minutes.

The current intraservice time for 95971 is 20 minutes and the survey results came out exactly at 20 minutes as well. The current work RVU for 95971 is .78. The median survey RVU was 1.10 and the 25th percentile work RUV was 0.98. The involved specialty societies recommend that the current RVU of .78 be maintained.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Typically reported with an E/M service on the same day

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95971

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty Neurology How often? Sometimes

Specialty Interventional Pain How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,947
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 claims data RUC Database

Specialty Urology Frequency 3926 Percentage 32.86 %

Specialty Neurology Frequency 1679 Percentage 14.05 %

Specialty Pain Management Frequency 1530 Percentage 12.80 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95971

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

American Urological Association

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March 27, 2015

Barbara Levy, MD, Chair
AMA/Specialty Society RVS Update Committee
Relative Value Systems
American Medical Association
515 North State Street,
Chicago, Illinois 60654

Dear Dr. Levy,

Re: Tab 21 – CPT code 95972

On behalf of all specialty societies involved in surveying Tab 21, the American Urological Association (AUA) is writing to inform the RUC of an problem found in the survey process for CPT code *95972 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming.*

This code is being surveyed as a new/revised code from the recent Current Procedural Terminology (CPT) Editorial Panel Meeting in February 2015 where the descriptor was changed to delete "up to 1 hour" as it appears in the 2015 CPT Manual. However, when the survey was built into RVS Online, the CPT code descriptor for 95972 automatically populated itself to use the 2014 code descriptor that included the words "first hour." Reference to time in the descriptor was removed. Unfortunately, the incorrect descriptor was not identified until the survey had closed. All specialty societies involved were notified of the inclusion of the incorrect descriptor when it was discovered. RUC staff was notified and led to the submission of this letter. The specialty societies involved have a contract with RVS Online and have found it easier to perform joint surveys and we used this survey process for the original survey in 2014.

American
Urological
Association

In the RUC database, the current RVU physician work value is 0.80. The pre-service work is eight minutes, intra-service work is twenty three minutes and the immediate post service time is five minutes for a total time of thirty six minutes.

The recent survey results showed a median RVU of 1.25. The pre-service work is thirteen minutes, intra service work is twenty five minutes and the immediate post service time was fifteen minutes for a total time of fifty three minutes. After all specialty societies reviewed the survey data, it was felt to maintain the current work RVU of 0.80. The survey intraservice time still comes in under the hour and only two additional minutes from the survey of one year ago.

Please let us know how the RUC would like to proceed. If further work is needed, please notify the AUA as soon as possible so we can work collaboratively with the other specialty societies involved to address any concerns prior to the meeting.

Thank you for your consideration in this matter and we apologize for any inconvenience this has caused to the RUC.

Sincerely,

Thomas Turk, MD
RUC Advisor, American Urological Association

CC: American College of Obstetrics and Gynecology
American Society of Anesthesiologists
American Academy of Pain Medicine
International Spine Intervention Society
American Association of Neurological Surgeons/
Congress of Neurological Surgeons

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95972 Tracking Number GG2 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX RUC Recommended RVU: **0.80**

CPT Descriptor: Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 56-year-old patient with a condition that requires nerve stimulation returns for complex programming of the implanted neurostimulator pulse generator system in which four or more parameters are adjusted.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 19%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 4%

Description of Pre-Service Work: Obtain and review records and previous history, laboratory studies, and all imaging studies before the procedure. Evaluate patient's voiding diary if applicable. Verify appropriate programming equipment and patient's handheld programmer. Place patient on examination table.

Description of Intra-Service Work: Link programmer with patient programmer (handheld device). Interrogate patient's neurostimulator device. Review preset program settings by switching with handheld programmer between programs and record patient sensation. Change the lead configuration. Change amplitude until stimulation is felt if appropriate then maintain that configuration. If inappropriate, then repeat process until appropriate response is obtained. Assess four or more parameters and change as necessary. Re-sync new program with patient's handheld programmer.

Description of Post-Service Work: Plan for programmer replacement if necessary. Discuss expectations with patient. Re-educate patient on use of device. Discuss follow-up appointment. Transfer data to hard copy and scan results into computer. Dictate chart note. Contact referring physician as appropriate. Contact company about device malfunction and/or failure as necessary.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2015		
Presenter(s):	Marc Leib, MD; Christopher Merified, MD; Mitchell Schuster, MD; Norman Smith, MD; Phillip Wise, MD		
Specialty(s):	American Uroloigcal Association, American Congress of Obstetrics and Gynecology, American Society of Anesthesiologists, International Spine Intervention Society, and National Association of Spine Surgeons, American Association of Neurological Surgeons, Congress of Neurological Surgeons, American Academy of Physical Medicine and Rehabilitation.		
CPT Code:	95972		
Sample Size:	1191	**Resp N:** 32	**Response:** 2.6 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**20.00**	30.00	300.00
Survey RVW:	0.48	1.00	**1.25**	1.75	5.00
Pre-Service Evaluation Time:			**13.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	18.75	**25.00**	30.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95972	**Recommended Physician Work RVU: 0.80**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**23.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	5.00	0.00	5.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62370	XXX	0.90	**RUC Time**

CPT Descriptor Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95991	XXX	0.77	**RUC Time**	23,563

CPT Descriptor 1 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.85	**RUC Time**	29,201

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 43.7 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 31.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 95972	Top Key Reference CPT Code: 62370	2nd Key Reference CPT Code: 99214
Median Pre-Service Time	8.00	7.00	5.00
Median Intra-Service Time	23.00	20.00	25.00
Median Immediate Post-service Time	5.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**36.00**	**37.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.14	0.20

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	0.40
Urgency of medical decision making	0.36	0.70

Technical Skill/Physical Effort (Mean)

Technical skill required	1.00	1.60
Physical effort required	0.64	1.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.29	0.40
Outcome depends on the skill and judgment of physician	1.07	0.80
Estimated risk of malpractice suit with poor outcome	0.14	0.40

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.00	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT code 95972 was surveyed by six different specialty societies, American Urological Association, American Congress of Obstetrics and Gynecology, American Society of Anesthesiologists, International Spine Intervention Society, and National Association of Spine Surgeons, American Association of Neurological Surgeons, Congress of Neurological Surgeons, American Academy of Pain Medicine.. The surveys were sent to random 1191 members of these specialty societies of which we received 32 responses at a 2.6% response rate. In 2013, 63,547 of these procedures were performed in the Medicare population so the number of responses to this survey meets the new RUC criteria of 30 respondents as the minimum survey sample size for this code.

A conference call of the participating specialty societies RUC advisors compared the current information in the RUC database and compared and reviewed the physician work survey results as well as practice expense. The current intraservice time for 95972 is 23 minutes and the survey results indicated that the intraservice time was increased to 25 minutes. The current work RVU for 95972 is 0.80. The median survey RVU was 1.25 and the 25th percentile work RUV was 1.00. The involved specialty societies recommend that the current RVU of .80 be maintained

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95972

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty Pain Management How often? Sometimes

Specialty Anesthesia How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 63,547
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 claims data from the RUC database

Specialty Urology Frequency 19586 Percentage 30.82 %

Specialty Pain Management Frequency 9958 Percentage 15.67 %

Specialty Anesthesia Frequency 7975 Percentage 12.54 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95972

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Analysis of Neurostimulator Pulse Generator System

TAB: 21

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
REF	62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)		0.026			0.90			37	7					20			10																				
CURRENT	95971			0.024			0.78			33	8					20			5																				
SVY	95971			0.021	0.48	0.98	1.10	1.50	4.50	50	15					20			15																				
REC	95971	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming		0.024			0.78			33	8					20			5																				

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
REF	62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)		0.026			0.90			37	7					20			10																				
CURRENT	95972			0.022			0.80			36	8					23			5																				
SVY	95972			0.025	0.48	1.00	1.25	1.75	5.00	53	13					25			15																				
REC	95972	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming		0.022			0.80			36	8					23			5																				

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
7						RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
8	source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
9	REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0								1						
10	HVD	55555	abc		0.053			5.00			133	17					27			8					1	1.0								1						
11	SVY	55555	abc		0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0								1						
12	REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1						

#29 and #21
Tab Numbers

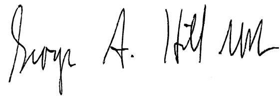
Posterior Tibial Neurostimulation
Analysis of Neurostimulator Pulse
Issue

64566
95971 & 95972
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

George A. Hill, MD
Printed Signature

The American Congress of Obstetricians and Gynecologists (ACOG)
Specialty Society

03/30/2015
Date

21
Tab Number

Neurostimulator, Analysis-Programming
Issue

95971, 95972
Code Range

Attestation Statement

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Signature

Marc Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

March 31, 2015
Date

21
Tab Number

Analysis of Neurostimulator Pulse
Issue

95971-95972
Code Range

Attestation Statement

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Signature

Alexander Mason
Printed Signature

CNS
Specialty Society

3 30 15
Date

21
Tab Number

Analysis of Neurostimulator Pulse
Issue

95971-95972
Code Range

Attestation Statement

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Signature

John Ratliff
Printed Signature

AANS
Specialty Society

3 30 15
Date

21
Tab Number

Analysis of Neurostimulator Pulse Generator System
Issue

CPT 64633-64636
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

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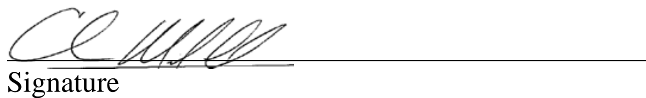
Signature

Christopher Merifield
Printed Signature

International Spine Intervention Society
Specialty Society

03/31/2015
Date

21
Tab Number

Neurostimulator Analysis
Issue

95971-95972
Code Range

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Barry Smith, MD
Printed Signature

AAPM&R
Specialty Society

3-31-15
Date

21, 27 and 27
Tab Numbers

Programming, Laparoscopic Prostatectomy and PTNS
Issues
95971/95972, 55866 and 64566
Code Range

Attestation Statement

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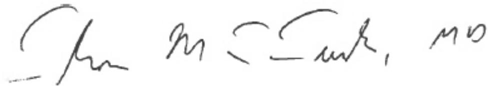

Signature
Thomas Turk, MD

Printed Signature

American Urological Association

Specialty Society

March 31, 2015

Date

Specialty Society('s) American Urological Association, American Congress of Obstetricians and Gynecologists, American Society of Anesthesiologists, American Academy of Pain Medicine, International Spine Intervention Society, American Association of Neurological Surgeons, Congress of Neurological Surgeons

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

95971 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

Global Period: xxx Meeting Date: April 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: These codes are being revised so we are using 95971 as our reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: NA

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Visit prior to procedure:
Provide pre-service education and obtain consent from patient

Day of Procedure – Pre-Service
Greet the patient
Provide gown
Ensure appropriate medical records are available
Obtain three vitals (BP, weight and temperature)
Prepare room, equipment and supplies

Intra-Service Clinical Labor Activities:

Assist physician in programming the neurostimulation system

Post-Service Clinical Labor Activities:

Clean the room and equipment
Provide follow up information to patient.
Patient education/teaching as appropriate based upon the visit
Confers with the MD verbally for any last minute instructions for patient.
Next appointment is set up for patient while checking out.

Next day after patient leaves the office, calls patient to verify if the new programming is working.

CPT Code: 95972

Specialty Society('s) American Urological Association, American Congress of Obstetricians and Gynecologists, American Society of Anesthesiologists, American Academy of Pain Medicine, International Spine Intervention Society, American Association of Neurological Surgeons, Congress of Neurological Surgeons

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

95972 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour

Global Period: xxx   Meeting Date: April 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: RUC Advisors from each specialty society involved in this survey process reviewed the practice expense recommendations and approved them.

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Pre-Service Clinical Labor Activities:

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Assist physician in programming the neurostimulation system

Post-Service Clinical Labor Activities:

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Provide follow up information to patient.
Patient education/teaching as appropriate based upon the visit
Confers with the MD verbally for any last minute instructions for patient.
Next appointment is set up for patient while checking out.

Next day after patient leaves the office, calls patient to verify if the new programming is working.

	A	B	C	D	E	F	G
1				**EXISTING INPUTS**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 95971**		**CPT Code # 95971**	
3	**Meeting Date: April 2015** **Tab: 21** **Specialty: American Urological Association, American Congress of Obstetricians and Gynecologists, American Society of Anesthesiologists, American Academy of Pain Medicine, International Spine Intervention Society, American Association of Neurological Surgeons, Congress of Neurological Surgeons**	**CMS Code**	**Staff Type**	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**30.0**	**0.0**	**18**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**27.0**	**0.0**	**18**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**0**		**0**	
13	Coordinate pre-surgery services			**0**		**0**	
14	Schedule space and equipment in facility			**0**		**0**	
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions			**0**		**0**	
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**		**0**	
22	Obtain vital signs			**3**		**0**	
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies			**2**		**2**	
25	Prepare and position patient/monitor patient/set up IV			**2**		**2**	
26	**Intra-service**						
27	Assist physician in performing procedure			**14**		**13**	
28	Assist physician/moderate sedation (66 % of physician time)						
29	**Post-Service**						
30	Clean room/equipment by physician staff			**3**		**1**	
31	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
32	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
33	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
34	**End: Patient leaves office**						
35	**POST-SERVICE Period**						
36	**Start: Patient leaves office/facility**						
37	Conduct phone calls/call in prescriptions			**3**		**0**	
38	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
39	99211 16 minutes		16				
40	99212 27 minutes		27				
41	99213 36 minutes		36				
42	99214 53 minutes		53				
43	99215 63 minutes		63				
44	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**

	A	B	C	D	E	F	G
1				EXISTING INPUTS			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 95971**		**CPT Code # 95971**	
3	**Meeting Date: April 2015** **Tab: 21** **Specialty: American Urological Association, American Congress of Obstetricians and Gynecologists, American Society of Anesthesiologists, American Academy of Pain Medicine, International Spine Intervention Society, American Association of Neurological Surgeons, Congress of Neurological Surgeons**	**CMS Code**	**Staff Type**	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	
45	*Other Clinical Activity - *specify:*						
46	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				EXISTING INPUTS			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 95971**		**CPT Code # 95971**	
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	
47	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
48	pack, minimum multi-specialty visit	SA048	pack	**1**		**0**	
49							
50	**EQUIPMENT**	**CODE**					
51	Programmer, neurostimulator (w-printer)	EQ209		**33**		**25**	
52	Table, exam	EF023		**33**		**25**	
53							
54							
55							

	A	B	C	D	E	F	G
1				EXISTING INPUTS			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 95972**		**CPT Code # 95972**	
3	**Meeting Date: April 2015** **Tab: 21** **Specialty: American Urological Association, American Congress of Obstetricians and Gynecologists, American Society of Anesthesiologists, American Academy of Pain Medicine, International Spine Intervention Society, American Association of Neurological Surgeons, Congress of Neurological Surgeons**	**CMS Code**	**Staff Type**	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**31.0**	**0.0**	**31**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**28.0**	**0.0**	**28**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**0.0**	**3**	**0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**0**		**0**	
13	Coordinate pre-surgery services			**0**		**0**	
14	Schedule space and equipment in facility			**0**		**0**	
15	Provide pre-service education/obtain consent			**0**		**0**	
16	Follow-up phone calls & prescriptions			**0**		**0**	
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**		**3**	
22	Obtain vital signs			**3**		**3**	
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies			**2**		**2**	
25	Prepare and position patient			**2**		**2**	
26	**Intra-service**						
27	Assist physician in performing procedure			**15**		**15**	
28	Assist physician/moderate sedation (66% of physician time)						
29	**Post-Service**						
30	Clean room/equipment by physician staff			**3**		**3**	
31	Clean Scope						
32	Clean Surgical Instrument Package						
33	Complete diagnostic forms, lab & X-ray requisitions						
34	Review/read X-ray, lab, and pathology reports						
35	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
36	*Other Clinical Activity - *specify:*						
37	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
38	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
39	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
40	**End: Patient leaves office**						
41	**POST-SERVICE Period**						
42	**Start: Patient leaves office/facility**						

	A	B	C	D	E	F	G
1				EXISTING INPUTS			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 95972**		**CPT Code # 95972**	
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	
43	Conduct phone calls/call in prescriptions			**3**		**3**	
44	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
45	99211 16 minutes		16				
46	99212 27 minutes		27				
47	99213 36 minutes		36				
48	99214 53 minutes		53				
49	99215 63 minutes		63				
50	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
51	*Other Clinical Activity - *specify:*						
52	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				EXISTING INPUTS			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 95972**		**CPT Code # 95972**	
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	
53	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
54	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
55							
56	**EQUIPMENT**	**CODE**					
57	Programmer, neurostimulator (w-printer)	EQ209		**28**		**36**	
58	Table, exam	EF023		**28**		**36**	
59							
60							
61							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes

October 2017

Psychological and Neuropsychological Testing

In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010-day and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommended the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that the entire family of services be reviewed. In September 2016, the CPT Editorial Panel created seven codes to differentiate technician administration of psychological testing and neuropsychological testing from physician/ psychologist administration and assessment of testing; and deleted codes 96101-96103, 96111, 96118, 96119, 96120. In January 2017, organizations representing psychiatry, psychology, neurology, pediatrics and speech pathologists conducted a survey for the January 2017 RUC and HCPAC Review Board meetings. During this effort, it became apparent that further CPT revisions were required. Survey respondents were unable to articulate the work at the 60 or 30 minute coding increments and there is significant concern regarding the duplication of pre- and post- work as several units of service would be reported. Therefore, the organizations submitted a letter to the CPT Editorial Panel and the RUC to rescind the coding changes summarized below for CPT 2018. In June 2017, the CPT Editorial Panel revised 96116, added 13 codes to provide better definition and description to psychological and neuropsychological testing, and deleted of codes 96101-96103, 96111, 96118, 96119, 96120.

96112 ***Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour***
The RUC reviewed the specialty societies' recommendation of 2.60, the current value of to be deleted CPT code 96111 *Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report* (work RVU = 2.60 and 5 minutes pre-time, 60 minutes intra-service time and 30 minutes post-time), and determined that the survey data did not support that recommendation. The RUC reviewed the survey responses from 48 pediatricians, neurologists and psychologists and noted the survey 25th percentile was 2.48 work RVUs and median was 3.13 work RVUs. The RUC understood that this service is typically performed on a pediatric patient on the autism spectrum, which may be more intense and complex to test than the previous typical patient. However, the survey data did not indicate an increase. Therefore, using magnitude estimation the RUC determined that a work RVU of 2.50, crosswalked to CPT code 90847 *Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes* (work RVU = 2.50 and 5

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minutes pre-service, 50 minutes intra-service and 21 minutes post-service time) was appropriate. Additionally, a work RVU of 2.50 was recommended for codes 96130 and 96132, which require the same physician time and similar work to perform. For additional support the RUC referenced similar services 90846 *Family psychotherapy (without the patient present), 50 minutes* (work RVU = 2.40 and 50 minutes intra-service time) and 95954 *Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase* (eg, thiopental activation test) (work RVU = 2.45 and 5 minutes pre-service, 60 minutes intra-service and 5 minutes post-service time). Based on initial comments from the RUC, the specialty societies modified the pre- and post-service times to be consistent with this family of services and other similar services. The RUC recommends 5 minutes pre-service, 60 minutes intra-service and 5 minutes post-service time for CPT code 96112. **The RUC recommends a work RVU of 2.50 for CPT code 96112.**

96113 ***Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)***
The RUC reviewed the survey responses from 43 pediatricians, neurologists and psychologists and determined that the survey respondents overestimated the physician time and work required to perform this service. The RUC expressed concerned about the intensity of this add-on service related to the intensity of the base code. Therefore, the RUC recommends that CPT code 96113 be crosswalked to CPT code 96570 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)* (work RVU of 1.10 and 30 minutes intra-service time). The RUC recommends 30 minutes for CPT code 96113. For additional support the RUC referenced CPT code 52442 *Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)* (work RVU = 1.20 and 25 minutes intra-service time), which is valued slightly higher because it is more intense and complex to perform. **The RUC recommends a work RVU of 1.10 for CPT code 96113.**

96116 ***Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour***
The RUC reviewed the survey responses from 53 neurologists and psychologists and determined the current work RVU of 1.86 appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes of pre-service, 60 minutes of intra-service and 5 minutes of post-service time. Based on initial comments from the RUC, the specialty societies modified the pre- and post-service times to be consistent with this family of services and other similar services. The RUC confirmed that this service will not be reported with an Evaluation and Management (E/M) service. For additional support, the RUC referenced similar services 92524 *Behavioral and qualitative analysis of voice and resonance* (work RVU = 1.50 and 60 minutes intra-service time) and 95864 *Needle electromyography; 4 extremities with or without related paraspinal areas* (work RVU = 1.99 and 50 minutes intra-service time). **The RUC recommends a work RVU of 1.86 for CPT code 96116.**

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96121 ***Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)***
The RUC reviewed the survey responses from 53 neurologists and psychologists and determined that the survey respondents overestimated the physician work required for this service. Therefore, the RUC recommends that CPT code 96121 be crosswalked to CPT code 99356 *Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for primary procedure)* (work RVU = 1.71 and 60 minutes intra-service time). The RUC recommends 60 minutes of intra-service time for CPT code 96121. For additional support, the RUC referenced add-on code 90836 *Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)* (work RVU = 1.90 and 48 minutes total time). **The RUC recommends a work RVU of 1.71 for CPT code 96121.**

96132 ***Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour***
The RUC reviewed the survey responses from 140 neurologists and psychologists and determined that the survey respondents overestimated the physician time for this service. Based on initial comments from the RUC, the specialty societies modified the pre- and post-service times to be consistent with this family of services and other similar services. The RUC confirmed that this service will not be reported with an Evaluation and Management (E/M) service. The RUC also confirmed that psychological testing evaluation service, CPT code 96130 and neuropsychological testing evaluation service, CPT code 96132 are distinct and separate services and will not be reported together on the same day. The RUC recommends 5 minutes of pre-service, 60 minutes of intra-service and 5 minutes of post-service time for CPT code 96132. Using magnitude estimation the RUC determined that a work RVU of 2.50, crosswalked to CPT code 90847 *Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes* (work RVU = 2.50 and 5 minutes pre-service, 50 minutes intra-service and 21 minutes post-service time) was appropriate. Additionally, a work RVU of 2.50 was recommended for codes 96112 and 96130, which require the same physician time and work to perform. For additional support the RUC referenced similar services 90846 *Family psychotherapy (without the patient present), 50 minutes* (work RVU = 2.40 and 50 minutes intra-service time) and 95954 *Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase* (eg, thiopental activation test) (work RVU = 2.45 and 5 minutes pre-service, 60 minutes intra-service and 5 minutes post-service time). **The RUC recommends a work RVU of 2.50 for CPT code 96132.**

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96133 ***Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)***

The RUC reviewed the survey responses from 138 neurologists and psychologists and determined that the survey respondents overestimated the physician work and time for this service. The RUC recommends 60 minutes of intra-service time. Using magnitude estimation the RUC determined that a work RVU of 1.90, crosswalked to CPT code 90836 *Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)* (work RVU = 1.90 and 48 minutes total time) was appropriate. Additionally, a work RVU of 1.90 was recommended for code 96131, which require the same physician time and work to perform. For additional support the RUC referenced similar services 88323 *Consultation and report on referred material requiring preparation of slides* (work RVU = 1.83 and 60 minutes intra-service time), 95864 *Needle electromyography; 4 extremities with or without related paraspinal areas* (work RVU = 1.99 and 50 minutes intra-service time) and 92640 *Diagnostic analysis with programming of auditory brainstem implant, per hour* (work RVU = 1.76 and 60 minutes intra-service time). **The RUC recommends a work RVU of 1.90 for CPT code 96133.**

96X11 ***Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed***

The RUC reviewed the survey responses from 143 neurologists and psychologists and determined that the issue with this service was that the primary providers were not surveyed (primary care and nurse practitioners).This service describes a single test that is currently reported with 96103 *Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report* (work RVU = 0.51, 8 minutes pre-service, 8 minutes intra-service and 14 minutes post service time) or 96120 *Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report* (work RVU = 0.51, 8 minutes pre-service, 8 minutes intra-service and 14 minutes post service time). The RUC did not believe this single test will typically require 30 minutes. The RUC agreed the new coding structure for the other psychological and neuropsychological tests accurately describe testing performed by psychologists and neurologists, whereas the test as described in CPT code 96X11 will be a single test conducted by primary care physicians and nurse practitioners. **The RUC recommends an interim value of 0.51 for CPT code 96X11 and 8 minutes pre-service, 8 minutes intra-service and 14 minutes post service time (the current value and physician times as that of 96103 and 96120) and resurvey the correct providers for January 2018. The specialty societies should submit a revised vignette to the Research Subcommittee prior to survey.**

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Practice Expense
CPT codes 96113, 96121, 96132 and 96133 require no direct practice expense inputs.

96110 ***Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument***
96127 ***Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument***
CPT code 96127 was reviewed in April 2014. At that time the RUC recommended 15 minutes of staff time for clinical activity, *Perform procedure/service---NOT directly related to physician work time.* This time was subsequently refined by CMS and reduced to 7 minutes. The PE Subcommittee reviewed this service as part of the family at the October 2017 RUC meeting and determined that 6 minutes is the appropriate time for this clinical activity. To maintain consistency across the family, clinical activity, *Perform procedure/service---NOT directly related to physician work time* in CPT code 96110 was also reduced from 15 to 6 minutes.

96112 ***Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour***
CPT codes 96112 requires no clinical staff time. There is 1 equipment item, EQ087 *cognitive abilities testing software (Woodcock Johnson)* allocated to this service. The time that the item is in use is not directly related to the clinical activity time and is typically in use for 10 minutes while the physician or other qualified health care professional administers the test.

96116 ***Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour***
CPT code 96116 includes an equipment item SK050, *neurobehavioral status forms, average*, that is an average of a variety of neurobehavioral tests. The PE Subcommittee requested that the specialty societies that utilize this supply item work together to determine the 3 most typical tests and submit paid invoices to CMS to facilitate updated pricing.

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96132 ***Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour***
96133 ***Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)***
96X11 ***Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed***
CPT codes 96132, 96133 and 96X11 require no clinical staff time. The PE Subcommittee removed all supplies and equipment related to printing. The PE Subcommittee determined that equipment item ED021, *computer, desktop, w-monitor* is an indirect expense for this service.

The RUC recommends the direct practice expense inputs as reviewed and modified by the Practice Expense Subcommittee.

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.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Neurology and Neuromuscular Procedures Functional Brain Mapping**				
96020		*Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report* *(For functional magnetic resonance imaging [fMRI], brain, use 70555)* (Do not report 96020 in conjunction with ~~96101-96103~~, 96116~~-96120~~, 96112, 96113, 96121, 96130, 96131, 96132) *(Do not report 96020 in conjunction with 70554)* *(Evaluation and Management services codes should not be reported on the same day as 96020)*		

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Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)

The following codes are used to report the services provided during testing of the central nervous system functions. The central nervous system assessments include, but are not limited to: memory, language, ~~cognitive of the central nervous system. The testing of cognitive processes,~~ visual motor responses, and abstrac~~tive~~ reasoning/problem-solving abilities. It is accomplished by the combination of several types of testing procedures. Testing procedures include assessment of aphasia and cognitive performance testing; developmental screening and behavioral assessments and testing; and psychological/neuropsychological testing. ~~It is expected that t~~ The administration of these tests will generate material that will be formulated into a report or an automated result. ~~A minimum of 31 minutes must be provided to report any per hour code. Services 96101, 96116, 96118, and 96125 report time as face-to- face time with the patient and the time spent interpreting and preparing the report.~~

(For development of cognitive skills, see 97532, 97533)

(Do not report ~~96105~~1 ~~96125~~ assessment of aphasia and cognitive performance testing services [96105, 96125], developmental/behavioral screening and testing services [96110, 96112, 96113, 96127] and psychological/neuropsychological testing services [96116, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96X11, 96146 in conjunction with 0364T,0365T, 0366T, 0367T, 0373T, 0374T)

Definitions

Codes in this family describe a number of services that are defined below:

Cognitive performance testing assesses the patient's ability to complete specific functional tasks applicable to the patient's environment in order to identify or quantify specific cognitive deficits. The results are used to determine impairments and develop therapeutic goals and objectives.

Interactive feedback is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when preformed.

Interpretation and report is performed by a physician or other qualified health care professional. In some circumstances, a result is generated through the use of a computer, tablet, or other device.

Neurobehavioral status exam is a clinical assessment of cognitive functions and behavior, and may include an interview with the patient, other informants, and/or staff, as well as integration of prior history and other sources of clinical data with clinical decision making, further assessment and/or treatment planning and report. Evaluation domains may include acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities.

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Neuropsychological testing evaluation services typically include integration of patient data with other sources of clinical data, interpretation, clinical decision making, and treatment planning and report. It may include interactive feedback to the patient, family member(s) or caregiver(s) when performed. Evaluation domains for neuropsychological evaluation may include intellectual function, attention, executive function, language and communication, memory, visual-spatial function, sensorimotor function, emotional and personality features, and adaptive behavior.

Psychological testing evaluation services typically include integration of patient data with other sources of clinical data, interpretation, clinical decision making, and treatment planning and report. It may include interactive feedback to the patient, family members or caregiver(s) when performed. Evaluation domains for psychological evaluation may include emotional and interpersonal functioning, intellectual function, thought processes, personality, and psychopathology.

Standardized instruments are used in the performance of these services. Standardized instruments are validated tests that are administered and scored in a consistent or "standard" manner consistent with their validation.

Testing is administered by a physician, other qualified health care professional, and technician or completed by the patient. The mode of completion can be by a person (eg, paper and pencil) or via automated means.

~~**Reporting Instructions**~~

Assessment of aphasia and cognitive performance testing which includes interpretation and report, are described by 96105, 96125.

Developmental screening services are described by 96110. Developmental/behavioral testing services, which include interpretation and report, are described by 96112, 96113.

Neurobehavioral status exam, which includes interpretation and report, is described by 96116, 96121.

Psychological and neuropsychological test evaluation services, which include integration of patient data, interpretation of test results and clinical data, treatment planning and report, and interactive feedback, are described by 96130, 96131, 96132, 96133.

Testing and administration services (96136, 96137) are performed by a physician or other qualified health care professional. For 96136, 96137, do not include time for evaluation services (eg, integration of patient data or interpretation of test results). This time is included with psychological and neuropsychological test evaluation services (96130, 96131, 96132, 96133). Testing and administration services (96138, 96139) are performed by a technician. The tests selected, test administration and method of testing and scoring are the same regardless of whether the testing is performed by a physician, other qualified health care professional, or a technician for 96136, 96137, 96138, 96139. Single test administration with interpretation and report is described by 96X11. Automated testing and result code 96146 describes testing performed by a single automated instrument with an automated result.

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Some of these ~~codes~~ services are typically performed together. For example, psychological/neuropsychological testing evaluation services (96130, 96131, 96132, 96133) may be reported with psychological/neuropsychological test administration and scoring services (96136, 96137, 96138, 96139).

A requirement of testing services (96105, 96125, 96112, 96113, 96121, 96130, 96131, 96132, 96133, 96X11, 96146) is that there is an interpretation and report when performed by a qualified health care professional, or a result when generated by automation. These services follow standard CPT time definitions (ie, a minimum of 16 minutes for 30-minute codes and 31 minutes for 1-hour codes must be provided to report any per hour code). ~~Services,~~The time reported in 96116, 96130, 96131, 96132, 96133, 96125 ~~report time as~~ is the face-to-face time with the patient and the time spent integrating and interpreting data.

Report the total time at the completion of the entire episode of evaluation.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D~~96101~~	-	~~Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg,MMPI, Rorschach, WAIS), 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 (96101 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests) (Do not report 96101 for the interpretation and report of 96102, 96103)~~	XXX	N/A (2017 Work RVU = 1.86)
D~~96102~~	-	~~Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face~~	XXX	N/A (2017 Work RVU = 0.50)

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~~**D**96103~~	-	~~Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report~~ <u>(96101, 96102, 96103 have been deleted. To report psychological testing evaluation and administration and scoring services, see 96130, 96131, 96132, 96137, 96138, 96139, 96X11, 96146)</u>	XXX	N/A (2017 Work RVU = 0.51)
<u>**Assessment of Aphasia and Cognitive Performance Testing**</u>				
96105(**f**)	K1	*Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour*	XXX	1.75 (No Change) (HCPAC Review)
96125(**f**)	K2	*Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report* <u>(To report neuropsychological testing evaluation and administration and scoring services, see 96132, 96133, 96136, 96137, 96138, 96139, 96X11, 96146)</u> ~~For psychological and neuropsychological testing by a physician or qualified health care professional psychologist, see 96101-96103, 96118-)~~	XXX	1.70 (No Change) (HCPAC Review)
<u>**Developmental/Behavioral Screening and Testing**</u>				
96110(**f**)	K3	*Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument* *(For an emotional/behavioral assessment, use 96127)*	XXX	0.00 (PE Only) (RUC Review)

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~~D96111~~	-	~~Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report~~ (96111 has been deleted. To report developmental testing, see 96112, 96113)	XXX	N/A (2017 Work RVU = 2.60)
● 96112	K4	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	XXX	2.50 (RUC Review)
✚●96113	K5	each additional 30 minutes (List separately in addition to code for primary procedure)	ZZZ	1.10 (RUC Review)
96127**(f)**	K6	*Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument* *(For developmental screening, use 96110)*	XXX	0.00 (PE Only) (RUC Review)
Psychological/Neuropsychological Testing **Neurobehavioral Status Exam**				
▲96116	K7	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional ~~per hour of the psychologist's or physician's time~~, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	XXX	1.86 (No Change) (RUC Review)
✚●96121	K8	each additional hour (List separately in addition to code for primary procedure) (Use 96121 in conjunction with 96116)	ZZZ	1.71 (RUC Review)

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~~D~~~~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~~ *~~(96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests)~~* *~~(Do not report 96118 for the interpretation and report of 96119 or 96120)~~*	XXX	N/A (2017 Work RVU = 1.86)
~~D~~~~96119~~	-	~~Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face~~	XXX	N/A (2017 Work RVU = 0.55)
~~D~~~~96120~~	-	~~Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report~~ (96118, 96119, 96120 have been deleted. To report neuropsychological testing evaluation and administration and scoring services, see 96132, 96133, 96136, 96137, 96138, 96139, 96X11, 96146)	XXX	N/A (2017 Work RVU = 0.51)

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Testing Evaluation Services				
● 96130	K9	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	XXX	2.50 (HCPAC Review)
✚ ● 96131	K10	each additional hour (List separately in addition to code for primary procedure)	ZZZ	1.90 (HCPAC Review)
● 96132	K11	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	XXX	2.50 (RUC Review)
✚ ● 96133	K12	each additional hour (List separately in addition to code for primary procedure)	ZZZ	1.90 (RUC Review)
Test Administration and Scoring				
● 96136	K13	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	XXX	0.55 (HCPAC Review)
✚ ● 96137	K14	each additional 30 minutes (List separately in addition to code for primary procedure) (96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)	ZZZ	0.46 (HCPAC Review)

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● 96138	K15	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	XXX	0.00 (PE Only) (HCPAC Review)
✚ ● 96139	K16	each additional 30 minutes (List separately in addition to code for primary procedure) (96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days) (For 96136, 96137, 96138, 96139, do not include time for evaluation services [eg, integration of patient data or interpretation of test results]. This time is included ~~with~~ in 96130, 96131, 96132, 96133)	ZZZ	0.00 (PE Only) (HCPAC Review)
Single Test Administration with Interpretation and Report				
● 96X11	K17	Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed (For multiple tests see 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139)	XXX	0.51 (Interim) (RUC Review)

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Automated Testing and Result

Code		Descriptor	Global	RVU
● 96146	K18	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only (If test is administered by physician, other qualified health care professional, or technician, do not report 96146. To report, see 96127, 96136, 96137, 96138, 96139, 96X11)	XXX	0.00 (PE Only) (HCPAC Review)

Category III

Adaptive Behavior Assessments

Behavior identification assessment (0359T) conducted……

Observational behavioral follow-up assessment …..

Codes 0360T and 0361T describe services provided…..

Exposure behavioral follow-up assessment (0362T, 0363T)…….

The typical patients for 0362T and 0363T include…..

Codes 0362T and 0363T include exposing the…..

Codes 0360T, 0361T, 0362T, and 0363T are reported….

(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, ~~96101~~ 96105, 96110, 96116, 96125, 96127, 96150, 96151, 96152, 96153, 96154, 96155 on the same date)

(For psychiatric diagnostic evaluation, see 90791, 90792)

(For speech evaluations, see 92521, 92522, 92523, 92524)

0362T *Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient*

✚0363T *each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)*

(Use 0363T in conjunction with 0362T)

(0362T, 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)

(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, ~~96101~~ 96105, 96110, 96116, 96125, 96150, 96151, 96152, 96153, 96154, 96155)

Adaptive Behavior Treatment

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0364T *Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time*

:0365T *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

(Use 0365T in conjunction with 0364T)

(Do not report 0364T, 0365T in conjunction with 90785-90899, 92507, 96101-96155 96105, 96110, 96116, 96125, 96127, 96150-96155, 97532)

✚0367T *each additional 30 minutes of technician time (List separately in addition to code for primary procedure)*

(Use 0367T in conjunction with 0366T)

(Do not report 0366T, 0367T if the group is larger than eight patients)

(Do not report 0366T, 0367T in conjunction with 90785-90899, 92508, 96101 -96155 -, 96105, 96110, 96116, 96150-96155, 97150)

Exposure Adaptive Behavior Treatment With Protocol Modification

0373T *Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient*

:0374T *each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)*

(Use 0374T in conjunction with 0373T)

(0373T, 0374T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)

(Do not report 0373T, 0374T in conjunction with 90785-90899, 96101, 96105, 96110, 96116, 96150-96155)

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Background: Psychological/Neuropsychological Testing Services (Tab 8/20) – October 2017 RUC Meeting

Appreciating the complexity of Tabs 8 and 20, societies assigned to these tabs have prepared brief background material to assist RUC and HCPAC members orient themselves to these tabs.

Overview of Tab

Category	Code #	Meeting	Societies
Assessment of Aphasia and Cognitive Performance Testing	96105, 96125	HCPAC	ASHA
Developmental/Behavioral Screening and Testing	96110, 96127	PE Only	AAP
	963X0, +963X1	RUC	AAP, AAN, APA
Neurobehavioral Status Exam	96116, +963X2	RUC	AAN, APA
Psychological/Neuropsychological Testing			
Testing Evaluation Services	963X3, +963X4	HCPAC	APA
	963X5, +963X6	RUC	AAN, APA
Test Administration and Scoring	963X7, +963X8	HCPAC	APA
	963X9, +96X10	PE Only	APA
Single Test Administration with Interpretation and Report	96X11	RUC	AAN, APA
Automated Testing and Report	96X12	PE Only	APA

Change in Reporting Psychological/Neuropsychological Testing Services

The table below provides a comparison of the change in coding for psychological/neuropsychological testing services from the current codes to the new codes surveyed for the October 2017 RUC meeting. Under the new coding structure there are separate codes for professional evaluation services and test administration and scoring. These services are billed under one code in the current coding structure. These changes were made for the coding structure to better reflect how the services are provided in current practice.

Code	How Often Billed	Services Included in the Code				
		Evaluation	Interactive Feedback	Scoring/ Admin Prof.	Scoring/ Admin Tech.	Inter. & Report
Current Coding Scenarios						
96101 (psych)	Per hour	X		X		X
96102 (psych)	Per hour				X	X
96118 (neuropsych)	Per hour	X		X		X
96119 (neuropsych)	Per hour				X	X
New Coding Scenarios						
963X3 (psych)	First hour	X	X			X
+963X4 (psych)	Each addl hour	X	X			X
963X5 (neuropsych)	First hour	X	X			X
+963X6 (neuropsych)	Each addl hour	X	X			X
963X7	First 30 min.			X		
+963X8	Each addl 30 min.			X		
963X9	First 30 min.				X	
+96X10	Each addl 30 min.				X	

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96112 Tracking Number K4 Original Specialty Recommended RVU: **2.60**
Presented Recommended RVU: **2.60**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.50**

CPT Descriptor: Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 5-year-old male previously diagnosed with autism, but not enrolled in early intervention due to family circumstances, presents for extended developmental testing after he could not be successfully assessed for kindergarten entry.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Prior to the appointment, referrals were sent for a formal hearing evaluation and an assessment of visual acuity. These results were reviewed and the family was contacted with this information. Prior to administration of the tests, the child and his mother were observed as he explored provided toys for any signs of restricted interests or other limitations of exploratory behaviors.

Description of Intra-Service Work: Multiple standardized tests of fine and gross motor, expressive and receptive language, visual/spatial problem solving, social interactions were administered during which child-examiner interactions and perceived difficulty engaging the patient provided additional diagnostic information. The parent was present during the testing, and explanation of observed behaviors was briefly noted to the mother as the testing progressed. The test results were scored and a report was developed integrating the standardized results, informal observations, medical, developmental and behavioral history.

Description of Post-Service Work: A report was sent to the family and development representative at the school. Physician or qualified health care professional followed up with telephone discussion with those who received the report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Kevin Kerber, MD, AAN Steve Krug, MD, AAP Lynn Wegner, MD, AAP Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA
Specialty(s):	American Academy of Neurology (AAN) American Academy of Pediatrics (AAP) American Psychological Association (APA)
CPT Code:	96112
Sample Size: 5096	**Resp N:** 48 — **Response:** 0.9 %
Description of Sample:	Random

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.75	**50.00**	142.50	500.00
Survey RVW:	1.00	2.48	**3.13**	3.20	5.00
Pre-Service Evaluation Time:			**18.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	50.00	**60.00**	90.00	770.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96112	**Recommended Physician Work RVU: 2.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	7,048,864

CPT Descriptor 1 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99284	XXX	2.56	**RUC Time**	6,031,842

CPT Descriptor 2 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

Other Reference CPT Code	Global	Work RVU	Time Source
90837	XXX	3.00	**RUC Time**

CPT Descriptor Psychotherapy, 60 minutes with patient

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 54.1 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 10.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 96112	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 90791
Median Pre-Service Time	5.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	5.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	27%	38%	27%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	57%	35%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	12%	30%	58%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	31%	54%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	20%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (several of the codes are being reviewed by HCPAC). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
    - Neurobehavioral status exam (96116, +96121)
    - Testing evaluation services (96130, +96131, 96132, +96133)
    - Test administration and scoring (96136, +96137)
    - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	**Developmental testing, first hour**	**96112**	**2.60**	**5/60/30**	**0.030**
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Academy of Pediatrics (AAP), American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed *96112, Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour* for the October 2017 RUC meeting.

CPT code 96112 is the base code of a base code/add-on combination.

- 96112 Developmental testing, first hour
- +96113, Developmental testing, each addl 30 minutes

A total of 48 responses were received from a random sample of 5,096 AAP, AAN and APA members (.9 percent response rate). The societies convened an Expert Panel to review the survey data. The service is currently reported with code 96111 (*Developmental test extend*). ***The societies are recommending maintaining the current value and time of 2.60 wRVUs and 5/60/30 for the time.***

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.48	3.13	3.20
Pre		18	
Intra	50	60	90
Post		30	

wRVU recommendation: The Expert Panel recommends maintaining the wRVU of the current code. The Expert Panel concluded that the survey data supported this recommendation.

Time recommendation: By definition the code has 60 minutes intra time. The Expert panel concluded that the survey median supports the recommended intra-time. The Expert Panel also recommended maintaining the current pre- and post-time of 5 minutes pre-time and 30 minutes post-time.

Custom question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (963X0 and all increments of +96113)?*

Min.	25th Percentile	Median	75th Percentile	Max.
0	88.75	150	240	3610

wRVU Recommendation: Rationale: Maintain the Current Value of the Code

The Expert Panel felt that maintaining the current value was appropriate because of the precedent established by the April 2003 RUC. When the April 2003 RUC recommended a wRVU for 96111 of 2.60, the code descriptor included ‘per hour.’ Therefore, the RUC also recommended that the AAP editorially revise the 96111 code descriptor, removing the ‘per hour’ reference so that the code could only be reported once.

We are now recommending the same wRVU (2.60) for code 96112, which represents the first hour of service – but which now can be extended via the additional reporting of 96113 (each additional 30 minutes).

- The April 2003 RUC validated that one hour of developmental testing is worth 2.60 wRVUs
- We are asking for re-validation of the RUC-recommended wRVU for that hour of work

The Expert Panel noted that while under the current code structure a provider is limited to reporting code just once for the service, under the new coding structure 96112 is billed for the first hour and +96113 is billed for each additional 30 minutes.

The Expert Panel also noted, that based on RUC process rules, existing RUC values are considered correct.

Comparison to Other Codes with Similar Times and Values

Finally, the societies compared 963X0 to other codes across the fee schedule. The recommended wRVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule.

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	2.50	5	50	21	76	April 2012	0.0384	193,683
96112	**Developmental testing, first hour**	2.60	5	60	30	95		**0.030**	**NEW**
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	2.63	15	45	17	77	Feb 2007	0.0425	52,511
90837	Psychotherapy, 60 minutes with patient	3.00	5	60	10	75	April 2012	0.0444	5,299,115

In summary, for CPT code 963X0 (*Developmental testing, first hour*) the societies recommend ***2.60 wRVUs and 5/60/30 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.

☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96112	XXX	2.60	5	60	30
+96113	ZZZ	0.92	0	30	0

Can also be billed with E/M services

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96111

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Clinical Psychology How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 89200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization for CPT code 96111 represents 1% of the national utilization. 2016 Medicare utilization for 96111 is 892.

Specialty Pediatrics Frequency 71360 Percentage 80.00 %

Specialty Clinical Psychology Frequency 4460 Percentage 5.00 %

Specialty Neurology Frequency 4460 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 892 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This code will replace 100% of the Medicare utilization for CPT code 96111

Specialty Clinical Psychology Frequency 232 Percentage 26.00 %

Specialty Neurology Frequency 134 Percentage 15.02 %

Specialty Pediatrics Frequency 17 Percentage 1.90 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96111

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96113 Tracking Number K5 Original Specialty Recommended RVU: **0.92**
Presented Recommended RVU: **0.92**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **1.10**

CPT Descriptor: Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 5-year-old male previously diagnosed with autism, but not enrolled in early intervention due to family circumstances, presents for extended developmental testing after he could not be successfully assessed for kindergarten entry. Patient requires an additional 30 minutes of extended developmental testing beyond the first hour.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Multiple standardized tests of fine and gross motor, expressive and receptive language, visual/spatial problem solving, social interactions were administered during which child-examiner interactions and perceived difficulty engaging the patient provided additional diagnostic information. The parent was present during the testing, and explanation of observed behaviors was briefly noted to the mother as the testing progressed. The test results were scored.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Kevin Kerber, MD, AAN Steve Krug, MD, AAP Lynn Wegner, MD, AAP Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA
Specialty(s):	American Academy of Neurology (AAN) American Academy of Pediatrics (AAP) American Psychological Association (APA)
CPT Code:	96113
Sample Size:	5096 **Resp N:** 43 **Response:** 0.8 %
Description of Sample:	Random

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**25.00**	95.00	920.00
Survey RVW:	0.80	1.77	**2.23**	2.86	5.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	20.00	38.50	**60.00**	85.00	99205.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96113	**Recommended Physician Work RVU: 1.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99355	ZZZ	1.77	**RUC Time**

CPT Descriptor Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service).

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	480,712

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	131,261

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 23.2 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 23.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 96113	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 99355
Median Pre-Service Time	0.00	7.00	0.00
Median Intra-Service Time	30.00	45.00	30.00
Median Immediate Post-service Time	0.00	15.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**67.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	40%	20%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	30%	70%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	40%	50%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	50%	20%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	60%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	10%	60%	30%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	30%	30%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (several of the codes are being reviewed by HCPAC). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
  - Neurobehavioral status exam (96116, +96121)
  - Testing evaluation services (96130, +96131, 96132, +96133)
  - Test administration and scoring (96136, +96137)
  - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	**Developmental testing, each addl 30 min.**	**+96113**	**0.92**	**0/30/0**	**0.031**
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and	96X11	0.80	3/30/3	0.022

MEETING	Category	Code #	Work RVU	Time	IWPUT
	report				

October 2017 RUC Work Survey and Recommendation

The American Academy of Pediatrics (AAP), American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed *+96113, Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)* for the October 2017 RUC meeting.

CPT code +96113 is the add-on code of a base code/add-on combination.

- 96112, Developmental testing, first hour
- +96113, Developmental testing, each addl 30 minutes

A total of 43 responses were received from a random sample of 5,096 AAP, AAN and APA members (.08 percent response rate). The societies convened an Expert Panel to review the survey data. ***The societies are recommending 0.92 work RVUs and 0/30/0 for the time.***

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.77	2.23	2.86
Intra-Time	38.5	60	85

wRVU recommendation: The Expert Panel felt that the survey work RVW 25th percentile and median was too high. The current value of the base code is 2.60 work RVUs. The base code (963X0) and the add-on code (+96113) have no pre-time. Since the base code is 60 minutes, and the add-on code is 30 minutes, the Expert Panel felt that it should be valued less than half of the base code. On the other hand, the base code and the add-on code should have similar intensity since the subsequent 30 minutes should have the same intensity as the first hour.

The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Time recommendation: By definition the code has 30 minutes intra-time. The Expert Panel agreed that the survey median of 60 minutes intra-time was too high as was the 25th percentile of 38.5 minutes. The Expert Panel agreed that 30 minutes intra-time was appropriate. As an add-on code this code has no pre- or post-time.

Custom question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (963X0 and all increments of +96113)?*

Min.	25th Percentile	Median	75th Percentile	Max.
0	88.75	150	240	3610

wRVU Recommendation Rationale: Crosswalk to code 93750

Since the survey data was not appropriate the Expert Panel based its work RVU recommendation on a crosswalk to a RUC surveyed code.

Since the survey data was not appropriate the Expert Panel based its work RVU recommendation on a crosswalk to a RUC surveyed code.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 minutes and 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

The Expert Panel did a search on the RUC database to find an appropriate crosswalk. In conducting the search they considered the intra-time (30 minutes) and intensity (similar to the base code).

Based on these parameters and their clinical expertise with the service the Expert Panel recommended a crosswalk to:

- 93750, *Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report*
    - Work RVU = 0.92
    - IWPUT = 0.0307
    - Time = 0/30/0
    - 2016 utilization: 80,883

The code was surveyed by the RUC in 2009. The Expert Panel acknowledged that the survey data was slightly dated but the pool of codes was limited since there are few codes with the above described parameters. In addition, the entire family of codes is being surveyed, which includes codes that could have been used as crosswalks, resulting in even fewer crosswalk options. The Expert Panel noted the recommended crosswalk was technically an XXX code, but it did not have pre or post time and felt that it made it similar to a ZZZ code.

The Expert Panel concluded that the appropriate work RVW value is 0.92 crosswalked from code 93750.

Comparison to the Base Code

The first hour of the service is reported by code 96112. The societies are recommending maintaining the current work RVU value of 2.60 for 96112. Code 96112 has 60 minutes intra-service time while +96113 has an intra-service time of 30 minutes. The recommended value of 0.92 work RVUs for code +96121 has a similar IWPUT as the base code (96112 IWPUT = 0.0303; +96113 IWPUT = 0.0307).

Since the professional work and intensity of the work is the same in the first hour of work as the subsequent 30 minutes of work, the societies felt a similar IWPUT was appropriate.

Response to reviewer comments: The societies received a comment from one reviewer if the wRVU proportionality between the base and add-on code should be consistent throughout the family. The Expert Panel considered this question and concluded that it should not necessarily be consistent. The add-on code is a continuation of the intra-service period of the base code so its value is driven by the value of the base code. What is included in the base code varies by each base code/add-on combination. Also in one instance, the developmental service (96112, +96113), the base code is for the first 60 minutes and the add-on code is for each subsequent 30 minutes which will result in a different relationship between the base and the add-on code.

Comparison to Other Codes with Similar Times and Values

Finally, the societies compared +96113 to other codes across the fee schedule with similar times and values. The recommended work RVUs and resulting IWPUT seem to provide appropriate relativity when compared to other services in the fee schedule.

Code	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT	Most Recent RUC Review
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	0.87	0	30	0	30	0.0290	April 2013
+96113	**Developmental testing, each addl 30 minutes**	**0.92**	**0**	**30**	**0**	**30**	**0.031**	**NEW**
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	1.24	0	30	0	30	0.0413	April 2012

In summary, for CPT code +963X1 (*Developmental testing, each addl 30 min*.) the societies recommend ***0.92 work RVUs and 0/30/0 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96112	XXX	2.60	5	60	30
+96113	ZZZ	0.92	0	30	0

Can also be billed with E/M services

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96111

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Clinical Psychology How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 267600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 1% of national utilization. +96121 will be reported 300% of the time when the base code 96112 is reported. 2016 Medicare utilization of 96111 is 802.

Specialty Pediatrics Frequency 214080 Percentage 80.00 %

Specialty Clinical Psychology Frequency 13380 Percentage 5.00 %

Specialty Neurology Frequency 13380 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,676
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. +96121 will be reported 300% of the time when the base code 96112 is reported. 2016 Medicare utilization of 96111 is 892.

Specialty Clinical Psychology Frequency 723 Percentage 27.01 %

Specialty Neurology Frequency 401 Percentage 14.98 %

Specialty Pediatrics Frequency 401 Percentage 14.98 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96111

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96116 Tracking Number K7 Original Specialty Recommended RVU: **1.86**
Presented Recommended RVU: **1.86**
Global Period: XXX Current Work RVU: **1.86** RUC Recommended RVU: **1.86**

CPT Descriptor: Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female is referred by her physician because of family reports of changes in her behavior including attention difficulties, memory problems, and difficulties with problem solving. A neurobehavioral status examination is completed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review referral and accompanying records. Select methods to evaluate neurobehavioral status.

Description of Intra-Service Work: Meet with patient and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clinical assessment for impairments in acquired knowledge, attention, language, learning, memory, problem solving, and visual-spatial abilities. Observe behavior and record responses. Develop clinical impression.

Description of Post-Service Work: Review findings for additional assessment planning and interaction.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA					
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)					
CPT Code:	96116					
Sample Size:	4602	**Resp N:** 81		**Response:** 1.7 %		
Description of Sample:	Random					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	15.00	**65.00**	175.00	628.00
Survey RVW:	0.50	2.90	**3.15**	3.30	50.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	45.00	**60.00**	105.00	790.00

Immediate Post Service-Time:	**23.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96116	**Recommended Physician Work RVU: 1.86**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	236,046

CPT Descriptor 1 Electroencephalogram(EEG); including recording awake and asleep

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99233	XXX	2.00	**RUC Time**	22,500,172

CPT Descriptor 2 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source

99221	XXX	1.92	**RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 41 **% of respondents:** 50.6 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 96116	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **90791**
Median Pre-Service Time	5.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	5.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	3%	29%	44%	22%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	34%	61%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	44%	46%
Physical effort required	10%	66%	24%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	49%	37%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	33%	28%	33%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	22%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	28%	61%
Physical effort required	17%	39%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	33%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (some of these codes are being presented at the HCPAC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
  - Neurobehavioral status exam (96116, +96121)
  - Testing evaluation services (96130, +96131, 96132, +96133)
  - Test administration and scoring (96136, +96137)
  - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	**Neurobehavioral status exam, first hour**	**96116**	**1.86**	**5/60/5**	**0.027**
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed *96116, Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour* for the October 2017 RUC meeting.

CPT code 96116 is the base code of a base code/add-on combination.

- 96116, Neurobehavioral status exam, first hour
- +96121, Neurobehavioral status exam, each addl hour

A total of 81 responses were received from a random sample of 4,602 AAN and APA members (1.7 percent response rate). AAN and APA convened an Expert Panel to review the survey data. ***The societies are recommending maintaining the current wRVU value of 1.86 and 5/60/5 for the time.***

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.90	3.15	3.30
Pre		20	
Intra	45	60	105
Post		23	

The Expert Panel concluded that the survey data was too high to recommend for the wRVU.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Custom Question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (96116 and all increments of +96121)?*

Min.	**25th Percentile**	**Median**	**75th Percentile**	**Max.**
30 min.	75 min.	110 min.	180 min.	1200 min.

Based on 2015 Medicare claims data, the median number of units of 96116 billed on the same day was 1 unit.

wRVU Recommendation: Maintain Current Value

The recommendation is based on a cosswalk to the current wRVU. The appropriateness of this recommendations is supported by rank order in the family and comparison to other codes with similar times and values.

wRVU and Time Recommendations

wRVU recommendation: The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation for the wRVU. The societies felt that maintaining the current wRVU value for 96116 was appropriate since the newly revised code is very similar to the current code. They are both one hour codes, although the current code is a per hour code while the newly revised code is for the first hour (base code of a base code/add-on combination).

2017 Coding Scenario				New Coding Scenario			
Code	RVU	Time	IWPUT	Code	RVU*	Time*	IWPUT
96116	1.86	7/60/0	0.0284	96116	1.86	5/60/5	0.027
				+96121	1.71	0/60/0	0.029

* Recommended RVUs and time

In 2017 the provider bills 96116 (1.86 work RVUs) per hour of the service. Under the new codes the provider would bill 96116 (1.86 work RVUs) for the first hour and +96121 (1.71 work RVUs) for each additional hour.

Response to reviewer comments: One reviewer asked why there was no post-time assigned to the code even though there was work associated with it. A reviewer also commented that they would like to see greater consistency in the family with pre-and post-time. The Expert Panel thanks the reviewers for this observation and agrees with their assessment. For time, they are recommending 5 minutes pre-time and 5 minutes post time. This time seemed aligned with other services in the family as well as other XXX codes.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. This aligned well with the survey median for intra-time. The Expert Panel felt that 5 minutes pre-time and 5 minutes post-time was necessary to perform the typical pre- and post-service tasks. A recommendation of 5 minutes for both pre- and post-time seemed to align with other similar XXX codes.

Rank order in the Family

Rank order in the family was also found to be appropriate. Code 96116 has a wRVU value and IWPUT below the psychological/neuropsychological testing evaluation base codes (96130, 96132). A neurobehavioral status exam may be completed prior to neuropsychological testing and helps determine what further testing, if any, is required. Therefore, a work RVU below codes 96130 and 96132 seemed appropriate.

Category	Code #	Work RVU	Time	IWPUT
Neurobehavioral status exam, first hour	**96116**	**1.86**	**5/60/5**	**0.027**
Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038

Comparison to Other Codes with Similar Times and Values

Finally, the societies compared 96116 to other codes across the fee schedule. The recommended wRVUs and resulting IWPUT seem to provide relativity when compared to other services in the fee schedule.

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
92524	Behavioral and qualitative analysis of voice and resonance	1.50	5	60	10	75	Jan 2013	0.0194	12,778
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	1.71	0	60	0	60	June 1993	0.0285	196,647
96116	**Neurobehavioral status exam, first hour**	1.86	5	60	5	70	*****	**.027**	**REVISED**
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	1.99	10	50	13.5	73.5	April 2012	0.0293	3,626
90834	Psychotherapy, 45 minutes with	2.00	5	45	10	60	April	0.0370	5,411,556

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
	patient						2012		

In summary, for CPT code 96116 (*Neurobehavioral status exam, first hour*) the societies recommend ***1.86 work RVUs and 5/60/5 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+96121	ZZZ	1.71	0	60	0
96132	XXX	2.53	5	60	5
+96133	ZZZ	1.90	0	60	0
96136	XXX	0.55	3	30	3
+96137	ZZZ	0.46	0	30	0
96138	XXX	PE Only	N/A		
+96139	ZZZ	PE Only	N/A		
96X11	XXX	0.80	3	30	0
96146	XXX	PE Only	N/A		

Note: Clinician would bill either would bill X7/X8 or X9/X10 for administration and scoring (by healthcare professional or technician).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96116

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinicial Psychology How often? Commonly

Specialty Neurology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 620063
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 20% of national utilization; Revised 96116 (base code) represents 81% of the current 96116 2016 Medicare volume (remaining volume of current 96116 reported by +96121 (add-on code).

Specialty Clinical Psychology Frequency 396840 Percentage 63.99 %

Specialty Neurology Frequency 93009 Percentage 14.99 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 124,013 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Revised 96116 (base code) represents 81% of the current 96116 2016 Medicare volume (remaining volume of current 96116 reported by +96121 (add-on code)).

Specialty Clinical Psychology Frequency 79368 Percentage 63.99 %

Specialty Neurology Frequency 18602 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96116

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96121 Tracking Number K8 Original Specialty Recommended RVU: **1.71**
Presented Recommended RVU: **1.71**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **1.71**

CPT Descriptor: Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional hour (List separately in addition to code for primary procedure) (Use 963X2 in conjunction with 96116)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female is referred by her physician because of family reports of changes in her behavior including attentional difficulties, memory problems, and difficulties with problem solving. A neurobehavioral status examination is completed. Patient requires an additional hour of neurobehavioral status examination beyond the first hour.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Meet with patient and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clinical assessment for impairments in acquired knowledge, attention, language, learning, memory, problem solving, and visual-spatial abilities. Observe behavior and record responses. Develop clinical impression.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA				
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)				
CPT Code:	96121				
Sample Size:	4602	**Resp N:** 53	**Response:** 1.1 %		
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**12.00**	50.00	300.00
Survey RVW:	0.66	2.43	**3.00**	3.25	50.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	47.25	**60.00**	125.00	950.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96121	**Recommended Physician Work RVU: 1.71**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99354	ZZZ	2.33	**RUC Time**

CPT Descriptor Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	127,566

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	508,905

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source

99356	ZZZ	1.71	**RUC Time**

CPT Descriptor Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 46.1 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 96121	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 99354
Median Pre-Service Time	0.00	7.00	0.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	0.00	15.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**67.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	4%	8%	29%	33%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	13%	29%	58%

- Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	38%	54%
Physical effort required	13%	54%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	63%	25%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	38%	25%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	25%	63%
Physical effort required	13%	50%	38%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	25%	63%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (some of these codes are being presented at the HCPAC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (963X0, +963X1)
- Psychological/neuropsychological testing
  - Neurobehavioral status exam (96116, +963X2)
  - Testing evaluation services (963X3, +963X4, 963X5, +963X6)
  - Test administration and scoring (963X7, +963X8)
  - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	**Neurobehavioral status exam, each addl hour**	**+96121**	**1.71**	**0/60/0**	**0.029**
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed *+96121, Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified*

health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) for the October 2017 RUC meeting.

CPT code +96121 is the add-on code of a base code/add-on combination.

- 96116, Neurobehavioral status exam, first hour
- +96121, Neurobehavioral status exam, each addl hour

A total of 53 responses were received from a random sample of 4,602 AAN/APA members (1.1 percent response rate). AAN/APA convened an Expert Panel to review the survey data. ***The societies are recommending a work RVU value of 1.71 and 0/60/0 for the time.***

Survey Data

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.43	3.00	3.25
Intra-Time	47.25	60	125

wRVU recommendation: The Expert Panel concluded the survey data was too high for a wRVU recommendation. The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. This aligned well with the survey median value for intra-time.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Custom Question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (96116 and all increments of +963X2)?*

Min.	**25th Percentile**	**Median**	**75th Percentile**	**Max.**
30 min.	75 min.	110 min.	180 min.	1200 min.

Based on 2015 Medicare claims data, the median number of units of 96116 billed on the same day was 1 unit.

wRVU Recommendation Rationale: Crosswalk to code 99356

The Expert Panel agreed that the value of the code should be less than the base code, 96116, which has a recommended wRVU of 1.86. Since 963X2 is a continuation of the service provided by the base code and the complexity or intensity does not decrease, the Expert Panel concluded the value should have a similar IWPUT as the base code.

Response to reviewer comments: The society received a comment from one reviewer if the wRVU proportionality between the base and add-on code should be consistent throughout the family. The Expert Panel considered this question and concluded that it should not necessarily be consistent. The add-on code is a continuation of the intra-service period of the base code so its value is driven by the value of the base code. What is included in the base code varies by each base code/add-on combination. Also in one instance, the developmental service (96112, +96113), the base code is for the first 60 minutes and the add-on code is for each subsequent 30 minutes which will result in a different relationship between the base and the add-on code.

In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code 90840 (*Psychotherapy for crisis, each additional 50 minutes*) valued at 1.50 wRVUs and reference code 99355 (*Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)*) valued at 1.77 wRVUs. Both of these codes are ZZZ global codes. A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 minutes and 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed ZZZ codes between wRVU value of 1.50 and 1.77, IWPUT between 0.02 and 0.04, with intra time between 45 and 60 minutes that are not currently being surveyed at this meeting only a single ZZZ code was identified: **99356**, *Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)*.

Code 99356 has a wRVU value of 1.71 and an intra time of 60 minutes. The Expert Panel also felt it was clinically similar. The Expert Panel agreed that code 99356 was an appropriate crosswalk.

Rank order in the family

Rank order in the family was also found to be appropriate. Code +963X2 has a work RVU value and IWPUT below the psychological/neuropsychological testing evaluation add-on codes (+963X4, +963X6). A neurobehavioral status exam may be completed prior to neuropsychological testing and helps determine what further testing, if any, is required. Therefore, a work RVU below add-on codes +963X4, and +963X6 seemed appropriate. When these factors are considered, the recommendation of 1.71 work RVU for +963X2 maintains appropriate rank order in the family.

Code #	Descriptor	Work RVU	Intra-Time (min)	IWPUT
+96121	**Neurobehavioral status exam, each addl hour**	**1.71**	**60**	**0.029**
+96131	Psychological testing evaluation, each addl hour	1.90	60	0.032
+96133	Neuropsychological testing, each addl hour	1.90	60	0.032

Comparison to Other Services

The Expert Panel compared +963X2 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule.

Code	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT	Most Recent RUC Review
+99357	Prolonged service in the inpatient or	1.71	0	30	0	30	0.0570	June 1993

Code	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT	Most Recent RUC Review
	observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes							
+96121	**Neurobehavioral status exam, each add'l hour**	**1.71**	**0**	**60**	**0**	**60**	**0.0285**	**NEW**
+90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	1.90	0	45	3	48	0.0407	April 2012

In summary, for CPT code +963X2 (*Neurobehavioral status exam, each addl hour*) the societies recommend ***1.71 work RVUs and 0/60/0 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+96121	ZZZ	1.71	0	60	0
96132	XXX	2.53	5	60	5
+96133	ZZZ	1.90	0	60	0
96136	XXX	0.55	3	30	3
+96137	ZZZ	0.46	0	30	0
96138	XXX	PE Only	N/A		
+96139	ZZZ	PE Only	N/A		
96X11	XXX	0.80	3	30	3
96146	ZZZ	PE Only	N/A		

Note: Clinician would bill either would bill 96136/96137 or 96138/96139 for administration and scoring (by healthcare professional or technician)

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96116

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty Neurology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 145445
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare volume represents 20% of national utilization; 19% of 2016 volume of 96116 would be billed by +96121 (remaining 81% of 96116 volume reported by revised 96116 (base code))

Specialty Clinical Psychologist Frequency 93085 Percentage 64.00 %

Specialty Neurology Frequency 21817 Percentage 15.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,089
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 19% of 2016 volume of 96116 would be billed by +96121 (remaining 81% of 96116 volume reported by revised 96116 (base code))

Specialty Clinical Psychology Frequency 18617 Percentage 64.00 %

Specialty Neurology Frequency 4363 Percentage 14.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96116

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96132 Tracking Number K11 Original Specialty Recommended RVU: **2.53**
Presented Recommended RVU: **2.50**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.50**

CPT Descriptor: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male with a history of diabetes and hypertension presents with a 6 month change in behavior, personality, and cognition and a positive family history of Alzheimer's disease. His physician refers him for neuropsychological testing.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Preliminary selection of tests. Record review. Call to the referring physician to ascertain the referral question.

Description of Intra-Service Work: Interpretation of tests. Integration of patient data. Clinical decision making. Diagnosis and/or treatment planning. Interactive feedback, when performed. Creation of report.

Description of Post-Service Work: Report distribution and arrangement of referrals.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA					
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)					
CPT Code:	96132					
Sample Size:	4602	**Resp N:** 140	**Response:** 3.0 %			
Description of Sample:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	40.00	**134.00**	225.00	900.00
Survey RVW:		0.90	3.00	**3.17**	3.50	115.00
Pre-Service Evaluation Time:				**30.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		10.00	60.00	**120.00**	240.00	942.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96132	**Recommended Physician Work RVU: 2.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99343	XXX	2.53	**RUC Time**	61,567

CPT Descriptor 1 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	6,942,280

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the

problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
90847	XXX	2.50	**RUC Time**

CPT Descriptor Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 91 **% of respondents:** 65.0 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 19.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 96132	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 90791
Median Pre-Service Time	5.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	5.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	34%	30%	33%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	1%	42%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	31%	67%
Physical effort required	5%	66%	29%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	51%	36%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	19%	30%	48%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	26%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	22%	74%
Physical effort required	4%	74%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	44%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (some of these codes are being presented at the HCPAC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
  - Neurobehavioral status exam (96116, +96121)
  - Testing evaluation services (96130, +96131, 96132, +96133)
  - Test administration and scoring (96136, +96137)
  - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	**Neuropsychological testing evaluation, first hour**	**96132**	**2.53**	**5/60/5**	**0.038**
RUC	Neuropsychological testing, each addl hour	+96133	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

October 2017 RUC Work Survey and Recommendation

The American Psychological Association (APA) and the American Academy of Neurology (AAN) surveyed *96132, Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour* for the October 2017 RUC meeting.

CPT code 96132 is the base code of a base code/add-on combination.

- 96132, Neuropsychological testing evaluation services, first hour
- +96133, Neuropsychological testing evaluation, each addl hour

A total of 140 responses were received from a random sample of 4,602 AAN and APA members (3 percent response rate). The societies convened an Expert Panel to review the survey data. ***The society is recommending: 2.53 wRVUs and 5/60/5 for time.***

Response to reviewer comments: This recommendation is a reduction from the original recommendation of 3.00 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	3.00	3.17	3.5
Pre		30	
Intra	60	120	240
Post		45	

The Expert Panel concluded the survey data was too high to develop a wRVU recommendation. Because of the complex changes in coding structure, which has resulted in professional work being re-aligned within the code set, the Expert Panel concluded that it is appropriate to recommend a redistribution of the wRVUs within the family. The revised recommendations maintain budget neutrality and reflect what was concluded to be an appropriate redistribution of wRVUs.

wRVU recommendation: The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. While this code was surveyed by both APA and AAN, the Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. The survey 25th percentile supported this recommendation. The Expert Panel felt that 5 minutes pre-time and 5 minutes post-time was necessary to perform the typical pre- and post-service tasks. A recommendation of 5 minutes for both pre- and post-time seemed to align with other similar XXX codes.

Response to reviewer comments: In the description of post-service work by the healthcare professional “arrangement of referrals and report distribution” is listed. Reviewers questioned if this is healthcare professional work or if it is done by office staff. The Expert Panel discussed this issue. They concluded that a majority of providers of this service are in

private practice and do not have clinical or clerical staff. So in the typical scenario when this service is performed, these tasks are done by the healthcare professional.

Custom Question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (963X5 and all increments of +96133)?*

Min.	25th Percentile	Median	75th Percentile	Max.
0 min.	240 min.	360 min.	540 min.	36,000 min.

Currently, this service is predominately reported by 96118. It is also reported by 96119. Based on 2015 Medicare claims data the median number of units of 96118 billed on the same day was 3 units. The median number of units of 96119 billed on the same day was 2 units.

Change in Reporting Neuropsychological Testing Services

The following provides a comparison of the change in coding for neuropsychological testing services from the current codes to the new codes surveyed for the October 2017 RUC meeting. Under the new coding structure there are separate codes for professional evaluation services and test administration and scoring. These services are billed under one code in the current coding structure. These changes were made for the coding structure to better reflect how the services are provided in current practice.

Code	Work RVU	How Often Billed	Evaluation	Interactive Feedback	Scoring/ Admin Prof.	Scoring/ Admin Tech.	Inter. & Report
2017 Coding Scenarios							
96118	1.86	Per hour	X		X		X
96119	0.55	Per hour				X	X
New Coding Scenarios							
96132	**2.53**	**First hour**	**X**	**X**			**X**
+96133	1.90	Each addl hour	X	X			X
96136	0.55	First 30 min.			X		
+96137	0.46	Each addl 30 min.			X		
96138	PE only	First 30 min.				X	
96139	PE only	Each addl 30 min.				X	

In the new code the lower intensity and less complex tasks of test administration and scoring are reported separately using test administration and scoring codes (96136 to +96139). The redistribution of intra-service clinical decision making associated with test selection/battery modification and interpretation and report by the healthcare professional from the current technician code (96119) to the new neuropsychological evaluation testing services codes (96132, +96133) supports the increase in work RVU and IWPUT for 96132.

Evaluation services include the integration and interpretation of the data. The healthcare professional takes all of the historical, behavioral and psychometric data and integrates that into what is their final interpretation.

Additionally, code 96132 includes interactive feedback which is not included in the current code. Interactive feedback, as it will be defined in the CPT book, is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when performed. The inclusion of interactive feedback increased the intensity and complexity of the service and provided further support of the recommendation for a higher work RVU and higher IWPUT in comparison to current codes 96118 and 96119.

wRVU Recommendation Rationale: Crosswalk to code 99343

The Expert Panel agreed that due to the work redistribution within the family and the addition of interactive feedback, the value of the code should be greater than 1.86 wRVUs, the current value of 96118. Yet, it should also be less than the survey 25th percentile of 3.00 wRVUs. In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code **90847** (*Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes*) valued at **2.50 wRVUs** and the second highest reference service selected, code **90791** (Psychiatric diagnostic evaluation) valued at **3.00 wRVUs**. A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 minutes and 30 minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed XXX codes between wRVU value of 2.50 to 2.60, IWPUT between 0.03 and 0.05, with intra time between 45 and 60 minutes that are not currently being surveyed at this meeting, six codes were identified: **74262** (*CT colonography dx w/dye @* **2.50 wRVU** with intra-time of 45 min), **75561** (*Cardiac MRI for morph w/dye @* **2.60 wRVU** with intra-time of 45 min) , **90847** (*Family psychotherapy w/pat. 50 min @* **2.50 wRVU** with intra-time of 50 min), **95911** (*Nerve conduction studies, 9-10 studies @* **2.50 wRVU** with intra-time of 50 min), and **99343** (Home visit, new patient @ **2.53 wRVUs** with intra-time of 45 min).

Based on this list the Expert Panel felt that code 90847 and 99343 were the best candidates for a crosswalk. Since 90847 had 50 minutes intra-service time and the surveyed code had 60 minutes they felt it was appropriate to choose a code with a slightly higher wRVU. The Expert Panel agreed that code 99343 was the most appropriate crosswalk.

Response to reviewer comments: During the pre-facilitation call, a reviewer questioned if 99343 was an appropriate crosswalk since CMS had made changes to the code from what was recommended by the RUC. Since code 99343 is on the MPC list, and codes on the MPC list have been identified by the RUC as being appropriate to help rank value of codes in the RUC process, the Expert Panel felt it was an appropriate selection.

The Expert Panel noted that the recommended value was less than both reference service codes selected by survey respondents: 99205 (*Office/Outpatient visit, new patient*) @ 3.17 wRVUs and 90791 (*Psychiatric diagnostic evaluation*) @ 3.00 wRVUs.

Comparison to Other Services

The Expert Panel compared 963X5 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule.

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
99204	Office outpatient visit/new	2.43	5	30	10	45	Feb 2006	0.0698	9,985,403

	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	2.50	5	50	21	76	April 2012	0.0384	188,656
96132	**Neuropsychological testing evaluation, first hour**	**2.53**	**5**	**60**	**5**	**70**	***	**0.0384**	**NEW**
99326	Domiciliary or rest home visit for the evaluation and management of a new patient	2.63	15	45	17	77	Feb 2007	0.0425	52,724
90791*	Psychiatric diagnostic evaluation	3.00	10	60	20	90	April 2012	0.0388	904,682

* 2nd highest reference service

The Expert Panel noted that the intensity of 963X5 was very similar to 90791. They felt that these codes were very clinically similar and that this provided further evidence of the appropriateness of the recommended value.

Rank order with other Psychological/Neuropsychological Testing Codes

Rank order within the family was also found to be appropriate. Code 963X5 has a work RVU value and IWPUT above the neurobehavioral status exam (96116) base code. The higher work RVU and IWPUT values appropriately reflect the relative intensity and complexity of the different procedures.

The recommended work RVU for 96132 is the same as 96130 (*Psychological testing, first hour*). Separate codes were created for psychological and neuropsychological services due to the fundamental differences in the services performed. Those differences are reflected in the respective domains that are assessed by psychological and neuropsychological testing. Although separate codes were created, the Expert Panel agreed that the values should be the same since the intensity and complexity were similar.

When these factors are considered, the recommendation of 2.53 wRVUs for 96132 maintains appropriate rank order in the family.

Code #	Descriptor	Work RVU	Intra-Time (min)	IWPUT
96116	Neurobehavioral status exam, first hour	1.86	60	0.027
96130	Psychological testing evaluation, first hour	2.53	60	0.038
96132	**Neuropsychological testing, first hour**	**2.53**	**60**	**0.038**

In summary, for CPT code 963X5 (*Neuropsychological testing evaluation services, first hour*) ***APA and AAN recommend 2.53 wRVUs and 5/60/5 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+96121	ZZZ	1.71	0	60	0
96132	XXX	2.53	5	60	5
+96133	ZZZ	1.90	0	60	0
96136	XXX	0.55	3	30	3
+96137	ZZZ	0.46	0	30	0
96138	XXX	PE Only	N/A		
+96139	ZZZ	PE Only	N/A		

Note: Clinician would bill X7/X8 OR X9/X10 for administration and scoring.

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96118 and 96119

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty Neurology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1123765
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 20% of national utilization for these services; 30% of the utilization for 96118 will be reported by 96132 and 12.5% of the utilization for 96119 will be reported by 96132.

Specialty Clinical Psychology Frequency 1011389 Percentage 90.00 %

Specialty Neurology Frequency 56189 Percentage 5.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 224,753 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 30% of the utilization for 96118 will be reported by 96132 and 12.5% of the utilization for 96119 will be reported by 96132.

Specialty Clinical Psychology Frequency 202278 Percentage 90.00 %

Specialty Neurology Frequency 11238 Percentage 5.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96119

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96133 Tracking Number K12 Original Specialty Recommended RVU: **1.90**
Presented Recommended RVU: **1.90**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **1.90**

CPT Descriptor: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male with a history of diabetes and hypertension presents with a 6 month change in behavior, personality, and cognition and a positive family history of Alzheimer's disease. His physician refers him for neuropsychological testing. Patient requires an additional hour of neuropsychological testing beyond the first hour.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Interpretation of tests. Integration of patient data. Clinical decision making. Diagnosis and/or treatment planning. Interactive feedback, when performed. Creation of report.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA				
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)				
CPT Code:	96133				
Sample Size:	4602	**Resp N:** 138		**Response:** 2.9 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	23.50	**147.00**	250.00	3000.00
Survey RVW:	0.50	3.00	**3.17**	3.50	115.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	60.00	**137.50**	240.00	1440.00

Immediate Post Service-Time:	0.00	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96133	**Recommended Physician Work RVU: 1.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52442	ZZZ	1.20	**RUC Time**	20,614

CPT Descriptor 1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	508,905

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
90836	ZZZ	1.90	**RUC Time**

CPT Descriptor Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 68 **% of respondents:** 49.2 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 13.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 96133	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 90791
Median Pre-Service Time	0.00	7.00	10.00
Median Intra-Service Time	60.00	45.00	60.00
Median Immediate Post-service Time	0.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	1%	31%	28%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	1%	37%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	26%	74%
Physical effort required	3%	59%	38%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	43%	46%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	11%	37%	47%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	32%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	16%	79%
Physical effort required	0%	84%	16%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	42%	53%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 RUC meeting (some of these codes are being presented at the HCPAC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (96112, +96113)
- Psychological/neuropsychological testing
    - o Neurobehavioral status exam (96116, +96121)
    - o Testing evaluation services (96130, +96131, 96132, +96133)
    - o Test administration and scoring (96136, +96137)
    - o Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	96112	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+96113	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+96121	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	96130	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+96131	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	96132	2.53	5/60/5	0.038
RUC	**Neuropsychological testing, each addl hour**	**+96133**	**1.90**	**0/60/0**	**0.032**
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	96136	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+96137	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	Psychological/neuropsychological single test administration with interpretation and report	96X11	0.80	3/30/3	0.022

<u>October 2017 RUC Work Survey and Recommendation</u>

The American Psychological Association (APA) and the American Academy of Neurology (AAN) surveyed *+96133, Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)* for the October 2017 RUC meeting.

CPT code +96133 is the add-on code of a base code/add-on combination.

- 96132, Neuropsychological testing evaluation services, first hour
- +96133, Neuropsychological testing evaluation, each addl hour

A total of 138 responses were received from a random sample of 4,602 APA members (2.9 percent response rate). AAN and APA convened an Expert Panel to review the survey data. ***The societies are recommending 1.90 wRVUs. They are also recommending 60 minutes intra-service time (0/60/0).***

Response to reviewer comments: This recommendation is a reduction from the original recommendation of 2.33 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	3.00	3.17	3.50
Intra-Time	60	137.5	240

The Expert Panel concluded the survey wRVU was too high. Because of the complex changes in coding structure, which has resulted in professional work being re-aligned within the code set, the Expert Panel concluded that it is appropriate to recommend a redistribution of the wRVUs within the family. The revised recommendations maintain budget neutrality and reflect what was concluded to be an appropriate redistribution of wRVUs.

wRVU recommendation: The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Time recommendation: By definition the code has 60 minutes intra-service time assigned to it. The Expert Panel is recommending the survey 25th percentile for intra time. As a ZZZ code, the service does not have any pre- or post-time.

Custom Question: Per the request of the Research Subcommittee, the following custom question was added to the survey: *For the typical patient, how much total time do you personally spend performing this entire service from start to finish (963X5 and all increments of +963X6)?*

Min.	**25th Percentile**	**Median**	**75th Percentile**	**Max.**
0 min.	240 min.	360 min.	540 min.	36,000 min.

Based on 2015 Medicare claims data the median number of units of 96118 billed on the same day was 3 units. The median number of units of 96119 billed on the same day was 2 units.

Change in Reporting Neuropsychological Testing Services

The following provides a comparison of the change in coding for neuropsychological testing services from the current codes to the new codes surveyed for the October 2017 RUC meeting. Under the new coding structure there are separate codes for professional evaluation services and test administration and scoring. These services are billed under

one code in the current coding structure. These changes were made for the coding structure to better reflect how the services are provided in current practice.

Code	Work RVU	How Often Billed	Evaluation	Interactive Feedback	Scoring/ Admin Prof.	Scoring/ Admin Tech.	Inter. & Report
2017 Coding Scenarios							
96118	1.86	Per hour	X		X		X
96119	0.55	Per hour				X	X
New Coding Scenarios							
96132	2.53	First hour	X	X			X
+96133	**1.90**	**Each addl hour**	**X**	**X**			**X**
96136	0.55	First 30 min.			X		
+96137	0.46	Each addl 30 min.			X		
96138	PE only	First 30 min.				X	
96139	PE only	Each addl 30 min.				X	

In the new code the lower intensity and less complex tasks of test administration and scoring are reported separately using test administration and scoring codes (96136 to +96139). The redistribution of intra-service clinical decision making associated with test selection/battery modification and interpretation and report by the healthcare professional from the current technician code (96119) to the new neuropsychological evaluation testing services codes (96132, +96133) supports the increase in work RVU and IWPUT for +96133.

Evaluation services include the integration and interpretation of the data. The healthcare professional takes all of the historical, behavioral and psychometric data and integrates that into what is their final interpretation.

Additionally, code +96133 includes interactive feedback which is not included in the current code. Interactive feedback, as it will be defined in the CPT book, is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his/her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when performed. The inclusion of interactive feedback increased the intensity and complexity of the service and provided further support of the recommendation for a higher work RVU and higher IWPUT in comparison to current codes 96118 and 96119.

wRVU Recommendation Rationale: Crosswalk to Code 90836

The Expert Panel agreed that due to the work redistribution within the family and the addition of interactive feedback, the value of the code should be greater than 1.86 wRVUs, the current value of 96101. It also should be slightly less the recommendation for the base code which is 2.53 wRVUs. The Expert Panel was also constrained by maintaining budget neutrality within the family.

In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code **99355** (*Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)*) valued at **1.77 wRVUs** and code **90834** (*Psychotherapy, 45 minutes with patient*) valued at **2.00 wRVUs**. The Expert Panel was concerned that this range undervalued the service, but felt it was limited by maintaining rank order in the family and other factors.

<u>*Response to reviewer comments*</u>: The society received a comment from one reviewer if the wRVU proportionality between the base and add-on code should be consistent throughout the family. The Expert Panel considered this question and concluded that it should not necessarily be consistent. The add-on code is a continuation of the intra-service period of the base code so its value is driven by the value of the base code. What is included in the base code varies by each base code/add-on combination. Also in one instance, the developmental service (96112, +96113), the

base code is for the first 60 minutes and the add-on code is for each subsequent 30 minutes which will result in a different relationship between the base and the add-on code.

A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for XXX and ZZZ services with 60 and 30 minutes minutes intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed ZZZ codes between wRVU value of 1.77 to 2.00, IWPUT between 0.03 and 0.05, with intra- time between 45 and 60 minutes that are not currently being surveyed at this meeting, four codes were identified: **90836** (*Psychotherapy, 45 minutes with patient when performed with an evaluation and management service* @ **1.90 wRVU** and 45 min. intra-service time), **48400** (*Injection procedure for intraoperative pancreatography*@ **1.95 wRVU** and 45 min intra-service time), **77293** (*Respiratory motion management simulation* @ **2.00 wRVU** and 45 min intra-service time), and **31627** (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation* @ **2.00 wRVU** and 60 min intra-service time).

Based on this list the Expert Panel felt that even though the intra-service time of code 90836 was 15 minutes less than the surveyed code, it was the most clinically similar service. The Expert Panel agreed that code 90836 was the most appropriate crosswalk.

The Expert Panel noted that the recommended value was less than both reference service codes selected by survey respondents: 99205 (*Office/Outpatient visit, new patient*) @ 3.17 wRVUs and 90791 (*Psychiatric diagnostic evaluation*) @ 3.00 wRVUs.

Comparison to Other Services

The Expert Panel compared +96133 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule

	Descriptor	**Global**	**Work RVU**	**Pre**	**Intra Time**	**Post Time**	**Total Time**	**Most Recent RUC Review**	**IWPUT**	**2016 Utilization**
+90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	ZZZ	1.50	0	30	0	30	April 2013	0.0500	5,345
+99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the	ZZZ	1.77	0	30	0	30	June 1993	0.0590	26,172

	Descriptor	Global	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
	office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)									
+96133	**Neuropsychological testing evaluation, each addl hour**	**ZZZ**	**1.90**	**0**	**60**	**0**	**60**	*******	**0.032**	**NEW**
+31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	ZZZ	2.00	0	60	0	60	Feb 2009	0.0333	10,012
+99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	ZZZ	2.25	0	30	0	30	Aug 2005	0.0750	508,905

Rank order with Other Psychological/Neuropsychological Testing Codes

Rank order within the family was also found to be appropriate. Code +96133 has a work RVU value and IWPUT above the neurobehavioral status exam (+96121) add-on code. The higher work RVU and IWPUT values appropriately reflect the relative intensity and complexity of the different procedures.

The recommended work RVU for +96133 is the same as +96131 (P*sychological testing, each addl hour*). Separate codes were created for psychological and neuropsychological services due to the fundamental differences in the services performed. Those differences are reflected in the respective domains that are assessed by psychological and neuropsychological testing. Although separate codes were created, the Expert Panel agreed that the values should be the same since the intensity and complexity were similar.

When these factors are considered, the recommendation of 1.90 work RVUs for +96133 maintains appropriate rank order in the family.

Code #	Descriptor	Work RVU	Intra-Time (min)	IWPUT
+96121	Neurobehavioral status exam, each addl hour	1.71	60	0.029
+96131	Psychological testing evaluation, each addl hour	1.90	60	0.032
+96133	**Neuropsychological testing, each addl hour**	**1.90**	**60**	**0.032**

In summary, for CPT code +963X6 (*Neuropsychological testing evaluation services, each add'l hour*) ***APA and AAN recommends 1.90 wRVUs and 0/60/0 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+96121	ZZZ	1.71	0	60	0
96132	XXX	2.53	5	60	5
+96133	ZZZ	1.90	0	60	0
96136	XXX	0.55	3	30	3
+96137	ZZZ	0.46	0	30	0
96138	XXX	PE Only	N/A		
+96139	ZZZ	PE Only	N/A		

Note: Clinician would bill X7/X8 or X9/X10 for administration and scoring

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96118 and 96119

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty Neurology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1797725
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 20% of national utilization for these services; 50% of the utilization for 96118 will be reported by +96133 and 12.5% of the utilization for 96119 will be reported by +96133.

Specialty Clinical Psychology Frequency 1617953 Percentage 90.00 %

Specialty Neurology Frequency 89886 Percentage 4.99 %

Specialty 6 Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 359,545 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 50% of the utilization for 96118 will be reported by +96133 and 12.5% of the utilization for 96119 will be reported by +96133.

Specialty Clinical Psychology Frequency 323591 Percentage 90.00 %

Specialty Neurology Frequency 17977 Percentage 4.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96119

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96X11 Tracking Number K17 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.51**

CPT Descriptor: Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed (For multiple tests see 963X3, 963X4, 963X5, 963X6, 963X7, 963X8, 963X9, 96X10)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 42-year-old female is experiencing depressive symptoms and social withdrawal. She is given a single measure of personality and emotional functioning in conjunction with clinical interview.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Select test. Review records.

Description of Intra-Service Work: A single, psychological test instrument is administered by paper and pencil or on an electronic platform, and scored. The interpretation and report are performed by the physician or qualified health care professional. Interactive feedback is provided to the patient/family member(s)/caregiver(s).

Description of Post-Service Work: Report distribution.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Kevin Kerber, MD, AAN Stephen Gillaspy, PhD, APA Randy Phelps, PhD, APA Neil Pliskin, PhD, APA					
Specialty(s):	American Academy of Neurology (AAN) American Psychological Association (APA)					
CPT Code:	96X11					
Sample Size:	4602	**Resp N:** 143		**Response:** 3.1 %		
Description of Sample:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	3.50	**15.00**	70.00	1152.00
Survey RVW:		0.48	2.50	**3.00**	3.20	60.00
Pre-Service Evaluation Time:				**20.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		4.00	45.00	**75.00**	180.00	1425.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96X11	**Recommended Physician Work RVU: 0.51**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**14.00**	**0.00**	**14.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	1,071,181

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	236,046

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
95972	XXX	0.80	**RUC Time**

CPT Descriptor Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and

patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 42 **% of respondents:** 29.3 **%**

Number of respondents who choose 2nd Key Reference Code: 35 **% of respondents:** 24.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 96X11	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 90791
Median Pre-Service Time	8.00	7.00	10.00
Median Intra-Service Time	8.00	45.00	60.00
Median Immediate Post-service Time	14.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**67.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	22%	40%	31%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	31%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	24%	76%
Physical effort required	5%	5000%	4500%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	45%	48%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	3%	6%	26%	26%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	20%	66%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	23%	71%
Physical effort required	6%	54%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	49%	46%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A family of psychological/neuropsychological testing CPT codes was identified by CMS on the High Expenditure Procedural Codes screen. The reporting specialties went to CPT to revise and update the family. The new code family was approved at the May/June 2017 CPT Editorial Panel meeting and surveyed for the October 2017 HCPAC meeting (some of these codes are being presented at the RUC meeting). This family includes codes in three areas:

- Assessment of aphasia/cognitive performance testing (96105, 96125)
- Developmental/behavioral screening and testing (963X0, +963X1)
- Psychological/neuropsychological testing
    - Neurobehavioral status exam (96116, +963X2)
    - Testing evaluation services (963X3, +963X4, 963X5, +963X6)
    - Test administration and scoring (963X7, +963X8)
    - Single test administration with interpretation and report (96X11)

MEETING	Category	Code #	Work RVU	Time	IWPUT
Assessment of Aphasia and Cognitive Performance Testing					
HCPAC	Assessment of aphasia	96105	1.75	4/60/10	0.024
HCPAC	Cognitive performing testing	96125	1.70	4/60/10	0.023
Developmental/Behavioral Screening and Testing					
RUC	Developmental testing, first hour	963X0	2.60	5/60/30	0.030
RUC	Developmental testing, each addl 30 min.	+963X1	0.92	0/30/0	0.031
Psychological/Neuropsychological Testing					
Neurobehavioral Status Exam					
RUC	Neurobehavioral status exam, first hour	96116	1.86	5/60/5	0.027
RUC	Neurobehavioral status exam, each addl hour	+963X2	1.71	0/60/0	0.029
Test Evaluation Services					
HCPAC	Psychological testing evaluation services, first hour	963X3	2.53	5/60/5	0.038
HCPAC	Psychological testing evaluation, each addl hour	+963X4	1.90	0/60/0	0.032
RUC	Neuropsychological testing evaluation, first hour	963X5	2.53	5/60/5	0.038
RUC	Neuropsychological testing, each addl hour	+963X6	1.90	0/60/0	0.032
Test Administration and Scoring					
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, first 30 min.	963X7	0.55	3/30/3	0.014
HCPAC	Psychological or neuropsychological test admin. and scoring by physician or healthcare professional, each addl 30 min.	+963X8	0.46	0/30/0	0.015
Single Test Administration with Interpretation and Report					
RUC	**Psychological/neuropsychological single test administration with interpretation and report**	**96X11**	**0.80**	**3/30/3**	**0.022**

October 2017 RUC Work Survey and Recommendation

The American Association of Neurology (AAN) and the American Psychological Association (APA) surveyed *96X11, Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed* for the October 2017 RUC meeting.

A total of 143 responses were received from a random sample of 4,602 AAN/APA members (3.1 percent response rate). AAN/APA convened an Expert Panel to review the survey data. ***The societies are recommending 0.80 work RVUs and 5/30/5 for the time.***

Response to reviewer comments: This recommendation is a reduction from the original recommendation of 1.05 wRVUs. The Expert Panel reduced the recommended wRVU based on comments from reviewers during the pre-facilitation process.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.50	3.00	3.20
Pre-Time		20	
Intra-Time	45	75	180
Post-Time		30	

wRVU recommendation

The Expert Panel felt that the work survey RVW 25th percentile and median was too high. Code 96X11 describes test administration, with interpretation and report of a single instrument. Codes 963X3 through +963X6 describe psychological/neuropsychological test evaluation for multiple tests for 60 minutes. The Expert Panel concluded that the work RVU and intensity of 96X11 should be less than these codes. The Expert Panel concluded that they could not rely on survey data as the basis of their recommendation and that they would need to develop a recommendation based on a crosswalk to a RUC-reviewed code.

Time recommendation: The Expert Panel agreed that the survey 25th percentile and median for intra-time was too high. The Expert Panel agreed that 30 minutes was appropriate for the test administration, scoring with interpretation and report for a single test.

The Expert Panel agreed that the median and 25th percentile surveyed time for pre- and post-time was too high. They also agreed that it should be less than the pre- and post-time for 963X3 and 963X5. The Expert Panel agreed that 3 minutes pre- and 3 minutes post-time was appropriate and aligned well with other similar services. They also noted this reflected a reduction from the original recommendation of 7 minutes pre-time and 0 minutes post-time.

Response to reviewer comments: Reviewers requested societies to explain the rationale for 30 minutes intra-time. The reviewers noted that the codes that are used to currently report this service (96103 and 96120) have intra-service time of 8 minutes and 15 minutes. The Expert Panel would note that the total time for both of these codes are 30 minutes and 23 minutes respectively. In using their clinical experience, they concluded that 30 minutes was an appropriate intra-time value. Code 96X11 describes a single psychological or neuropsychological test administration with interpretation and report. In contrast 963X3 to +963X6 describe multiple tests within a 60 minute intra-service period. The Expert Panel estimated that at minimum 30 minutes of intra-service time would be needed to administer a test, interpret results and provide feedback.

The Expert Panel noted that even with a computer administered self report test completed by the patient, the intra-service professional work of interpretation, dictating the report and providing feedback to the patient will alone require 30 minutes.

Response to reviewer comments: A reviewer noted that the top reference code selected was an E/M service (99205) but that psychologists do not report E/M services. The Expert Panel agreed that this was both odd and unexpected and that they could not explain why this occurred. Since the survey data was not being used to develop the recommendation the issue was not further explored.

Response to reviewer comments: In the description of post-service work by the healthcare professional “report distribution” is listed. Reviewers questioned if this is healthcare professional work or if it is done by office staff. The

Expert Panel discussed this issue. They concluded that a majority of providers of this service are in private practice and do not have clinical or clerical staff. So in the typical scenario when this service is performed, these tasks are done by the healthcare professional.

wRVU Recommendation Rationale: Crosswalk to code 95972

The Expert Panel agreed that due to the work redistribution within the family and the addition of interactive feedback, the value of the code should be greater than how this service is currently reported (96103 @ 0.51 wRVUs and 96120 @ 0.51 wRVUs). Since it is a code that is used to report a single instrument test it should be valued less than 963X3 and 963X5 that describe multiple instrument tests.

In reviewing the reference service list the Expert Panel concluded that the appropriate value should be between reference code 90853 (*Group psychotherapy (other than of a multiple family-group)* valued at 0.59 wRVUs and reference code 99202 (Office or outpatient visit, new) valued at 0.93 wRVUs. A search of the RUC database was conducted to identify an appropriate crosswalk.

Response to reviewer comments: The society received comments from reviewers that in general selected crosswalks for this family of codes were not as robust as they would have liked. Codes were selected with older survey data, they were not always clinically similar to the surveyed code, the intra-service time was slightly off from the intra-service time of the surveyed code, and in the case of a crosswalk to a ZZZ surveyed code a XXX code was selected. We very much agree with the reviewers that the crosswalks were not always ideal. Unfortunately the Expert Panel was constrained by a variety of factors:

- Entire family was being surveyed, eliminating potential ideal crosswalks with clinical similarity
- Generally, psychology/neuropsychology has fewer codes within the specialty and more limited clinically similar services to other specialties
- Limited options for services with 60 minutes and 30 minutes of intra-time with appropriate wRVUs
- Some crosswalks suggested by reviewers were just too high and would not have maintained budget neutrality in the family

Within these constraints, the Expert Panel attempted to find the most suitable crosswalks.

In a search of the RUC database for RUC-reviewed XXX codes between wRVU value of 0.59 to 0.93, IWPUT between 0.02 and 0.03, with intra time between 20 and 30 minutes that are not currently being surveyed at this meeting, six codes were identified (12 codes were identified but six were dismissed since they did not have any Medicare volume associated with them or they were flagged in the RUC database that CMS did not accept the RUC recommendation):

- **92557** (*Comprehensive hearing test* @ 0.60 wRVU with 20 min intra-time)
- **76948** (*Echo guidance ova aspiration* @ 0.67 wRVU and 25 min intra-time)
- **88342** (*Immunohist antb 1st stain* @ 0.70 wRVU and 25 min time)
- **95971** (*Analyze neurostim, simple* @ 0.78 wRVUs and 20 min)
- **95972** (*Analyze neurostim, complex* @ 0.80 wRVUs and 23 min)
- **96931** (*RCM cellular subcellular IMG SK* @ 0.80 wRVUs and 25 min)

Based on this list the Expert Panel felt that code 95972 was the best candidate for a crosswalk.

Comparison to Other Services

The Expert Panel compared 96X11 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule.

	Descriptor	wRVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
97168	Re-evaluation of occupational therapy established plan of care	0.75	5	30	10	45	2015	0.0138	N/A
96X11	**Psychological/neuropsychological**	**0.80**	**3**	**30**	**3**	**36**	***	**0.022**	**NEW**

	Descriptor	wRVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2016 Utilization
	single test administration with interpretation and report								
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	0.93	0	30	0	30	April 2014	0.0310	97,801

In summary, for CPT code 96X11 (*Psychological/neuropsychological single test administration with interpretation and report*) APA and AAN recommend 0.80 ***wRVUs and 3/60/3 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre	Intra	Post
96116	XXX	1.86	5	60	5
+963X2	ZZZ	1.71	0	60	0
90791	XXX	3.00	10	60	20

3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96103 or 96120

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 490860
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 20% of national utilization for these services; 50% of utilization for 96103 and 96120 will now be reported by 96X11

Specialty Nurse Practitioners Frequency 127624 Percentage 26.00 %

Specialty Neurology Frequency 78537 Percentage 15.99 %

Specialty Clinical Psychology Frequency 29452 Percentage 6.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 98,172
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 50% of utilization for 96103 and 96120 will now be reported by 96X11

Specialty Nurse Practitioners Frequency 25524 Percentage 25.99 %

Specialty Neurology Frequency 15708 Percentage 16.00 %

Specialty Clinical Psychology Frequency 5896 Percentage 6.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96120

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Psychological and Neuropsychological Testing Services

TAB: 8 & 20

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	26	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	5	0.039			3.00			90	10					60			20
CURRENT	96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or		0.030			2.60			95	5					60			30
SVY	96112	Developmental test administration (including assessment of fine and/or gross motor,	48	0.034	1.00	2.48	3.13	3.20	5.00	108	18			15	50	60	90	770	30
crosswalk	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50		0.0384			2.50			76	5					50			21
REC	96112 (RUC)	Developmental test administration (including assessment of fine and/or gross motor,		0.0379			2.50			70	5					60			5

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	10	0.059			3.17			67	7					45			15
2nd REF	99355	Prolonged evaluation and management or psy	10	0.059			1.77			30						30			
CURRENT	96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or		0.030			2.60			95	5					60			30
SVY	96113	Developmental test administration (including assessment of fine and/or gross motor,	43	0.037	0.80	1.77	2.23	2.86	5.00	60				20	39	60	85	99205	
crosswalk	96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue		0.0367			1.10			30						30			
REC	96113 (RUC)	Developmental test administration (including assessment of fine and/or gross motor,		0.0367			1.10			30	0					30			0

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	Phot odyn	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	18	0.039			3.00			90	10					60			20
CURRENT	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.028			1.86			67	7					60			
SVY	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and	81	0.036	0.50	2.90	3.15	3.30	50.00	103	20			5	45	60	105	790	23
REC	96116 (RUC)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.0273			1.86			70	5					60			5

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	24	0.059			3.17			67	7					45			15
2nd REF	99354	Prolonged evaluation and management or psy	8	0.039			2.33			60						60			
CURRENT	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.028			1.86			67	7					60			0
SVY	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and	53	0.050	0.66	2.43	3.00	3.25	50.00	60				0	48	60	123	950	
crosswalk	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time		0.0285			1.71			60						60			
REC	96121 (RUC)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		0.0285			1.71			60	0					60			0

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	31	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	24	0.039			3.00			90	10					60			20
CURRENT	96101	Psychological testing (includes psychodiagnostic assessment of		0.028			1.86			67	7					60			0
SVY	96130	Psychological testing evaluation services by physician or other qualified health care	68	0.022	0.50	3.00	3.17	3.50	60.00	144	24			10	60	88	212	1225	32
crosswalk	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50		0.0384			2.50			76	5					50			21
REC	96130 (HCPAC)	Psychological testing evaluation services by physician or other qualified health care		0.0379			2.50			70	5					60			5

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	24	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	16	0.039			3.00			90	10					60			20
CURRENT	96101	Psychological testing (includes psychodiagnostic assessment of		0.028			1.86			67	7					60			0
SVY	96131	Psychological testing evaluation services by physician or other qualified health care	65	0.024	0.50	2.55	3.17	3.40	75.00	132				15	60	132	240	1050	
crosswalk	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and		0.0407			1.90									45			3
REC	96131 (HCPAC)	Psychological testing evaluation services by physician or other qualified health care		0.0317			1.90			60	0					60			0

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD

SS Rec Summary

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	91	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	27	0.039			3.00			90	10					60			20
CURRENT	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler		0.028			1.86			67	7					60			0
SVY	96132	Neuropsychological testing evaluation services by physician or other qualified	140	0.012	0.90	3.00	3.17	3.50	115	195	30			10	60	120	240	942	45
crosswalk	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50		0.0384			2.50			76	5					50			21
REC	96132 (RUC)	Neuropsychological testing evaluation services by physician or other qualified		0.0379			2.50			70	5					60			5

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	68	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	19	0.039			3.00			90	10					60			20
CURRENT	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler		0.028			1.86			67	7					60			
SVY	96133	Neuropsychological testing evaluation services by physician or other qualified	138	0.023	0.50	3.00	3.17	3.50	115	138				4	60	138	240	1440	
crosswalk	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and		0.0407			1.90				0					45			3
REC	96133 (RUC)	Neuropsychological testing evaluation services by physician or other qualified		0.0317			1.90			60	0					60			0

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	37	0.059			3.17			67	7					45			15
2nd REF	99203	Office or other outpatient visit for the evaluatio	30	0.061			1.42			29	4					20			5
CURRENT	96102	Psychological testing (includes psychodiagnostic assessment of		0.021			0.50			23	3					15			5
SVY	96136	Psychological or neuropsychological test administration and scoring by physician or	147	0.011	0.50	1.64	2.44	3.17	110	170	15			3	30	120	288	1325	35
crosswalk	97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection),		0.0185			0.55				3					20			5
REC	96136 (HCPAC)	Psychological or neuropsychological test administration and scoring by physician or		0.0139			0.55			36	3					30			3

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	38	0.059			3.17			67	7					45			15
2nd REF	99355	Prolonged evaluation and management or psy	20	0.059			1.77			30	0					30			0
CURRENT	96102	Psychological testing (includes psychodiagnostic assessment of		0.021			0.50			23	3					15			5
SVY	96137	Psychological or neuropsychological test administration and scoring by physician or		0.027	0.48	1.75	2.43	3.17	110	90				3	30	90	300	1440	
crosswalk	96152	Health and behavior intervention, each 15 minutes, face-to-face; individual		0.0172			0.46				4					15			5
REC	96137 (HCPAC)	Psychological or neuropsychological test administration and scoring by physician or		0.0153			0.46			30	0					30			0

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99205	Office or other outpatient visit for the evaluatio	42	0.059			3.17			67	7					45			15
2nd REF	90791	Psychiatric diagnostic evaluation	35	0.039			3.00			90	10					60			20
CURRENT	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a		0.002			0.51			30	8					8			14
SVY	96X11	Psychological or neuropsychological test administration using single instrument, with	143	0.025	0.48	2.50	3.00	3.20	60.00	125	20			4	45	75	180	1425	30
INTERIM REC	96X11 (RUC)	Psychological or neuropsychological test administration using single instrument, with		0.0022			0.51			30	8					8			14

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
7						RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
8	source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
9	1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0								1						
10	2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0								1	1					
11	CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0								1						
12	SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0								1						
13	REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1						

CPT Source	Deleted	Source 2016 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2016)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
Assessment of Aphasia and Cognitivie Performance Testing										
96105		521	96105	521	1.000	1.75	1.75	08 Psychological and Neuropsychological Testing	912	912
96125		2,427	96125	2,427	1.000	1.70	1.70	08 Psychological and Neuropsychological Testing	4,126	4,126
									5,038	5,038
Developmental/Behavioral Screening and Testing										
96110		0	96110	0	1.000	0.00	0.00	08 Psychological and Neuropsychological Testing	0	0
96111	D	892	96112	892	1.000	2.60	2.50	08 Psychological and Neuropsychological Testing	2,230	2,319
96111	D	892	96113	2,676	3.000	0.00	1.10	08 Psychological and Neuropsychological Testing	2,944	0
96127		20,323	96127	20,323	1.000	0.00	0.00	08 Psychological and Neuropsychological Testing	0	0
									5,174	2,319
Psychological/Neuropsychological Testing Neurobehavioral Status Exam										
Neurobehavioral Status Exam										
96116		153,102	96116	124,013	0.810	1.86	1.86	08 Psychological and Neuropsychological Testing	230,663	230,663
96116		153,102	+96121	29,089	0.190	1.86	1.71	08 Psychological and Neuropsychological Testing	49,743	54,106
									280,406	284,770
Testing Evaluation Services										
96101	D	213,472	96130	53,368	0.250	1.86	2.50	08 Psychological and Neuropsychological Testing	133,420	99,264
96101	D	213,472	+96131	96,062	0.450	1.86	1.90	08 Psychological and Neuropsychological Testing	182,519	178,676
96102	D	44,979	96130	5,622	0.125	0.00	2.50	08 Psychological and Neuropsychological Testing	14,056	0
96102	D	44,979	+96131	5,622	0.125	0.00	1.90	08 Psychological and Neuropsychological Testing	10,683	0
96118	D	673,962	96132	202,189	0.300	1.86	2.50	08 Psychological and Neuropsychological Testing	505,472	376,071
96118	D	673,962	+96133	336,981	0.500	1.86	1.90	08 Psychological and Neuropsychological Testing	640,264	626,785
96119	D	180,512	96132	22,564	0.125	0.55	2.50	08 Psychological and Neuropsychological Testing	56,410	0
96119	D	180,512	+96133	22,564	0.125	0.55	1.90	08 Psychological and Neuropsychological Testing	42,872	0
									1,585,694	1,280,796
Test Administration and Scoring										
96101	D	213,472	96136	32,021	0.150	1.86	0.55	08 Psychological and Neuropsychological Testing	17,611	59,559
96118	D	673,962	96136	67,396	0.100	1.86	0.55	08 Psychological and Neuropsychological Testing	37,068	0
96118	D	673,962	96136	67,396	0.100	1.86	0.55	08 Psychological and Neuropsychological Testing	37,068	125,357
96118	D	673,962	+96137	67,396	0.100	1.86	0.46	08 Psychological and Neuropsychological Testing	31,002	0
96118	D	673,962	+96137	67,396	0.100	1.86	0.46	08 Psychological and Neuropsychological Testing	31,002	125,357
96101	D	213,472	+96137	32,021	0.150	1.86	0.46	08 Psychological and Neuropsychological Testing	14,730	59,559
96101	D	213,472	+96137	64,042	0.300	1.86	0.46	08 Psychological and Neuropsychological Testing	29,459	0
96102	D	44,979	96138	22,490	0.500	0.50	0.00	08 Psychological and Neuropsychological Testing	0	11,245
96102	D	44,979	91639	22,490	0.500	0.50	0.00	08 Psychological and Neuropsychological Testing	0	11,245
96119	D	180,512	96138	90,256	0.500	0.55	0.00	08 Psychological and Neuropsychological Testing	0	49,641
96119	D	180,512	96139	90,256	0.500	0.55	0.00	08 Psychological and Neuropsychological Testing	0	49,641
									197,940	491,602
Single Test Administration with Interpretation and Report										
96103	D	168,038	96X11	84,019	0.500	0.51	0.51	08 Psychological and Neuropsychological Testing	42,850	42,850
96120	D	28,306	96X11	14,153	0.500	0.51	0.51	08 Psychological and Neuropsychological Testing	7,218	7,218
									50,068	50,068
Automated Testing and Result										
96103	D	168,038	96146	84,019	0.500	0.51	0.00	08 Psychological and Neuropsychological Testing	0	42,850
96120	D	28,306	96146	14,153	0.500	0.51	0.00	08 Psychological and Neuropsychological Testing	0	7,218
									0	50,068
								Total RVUs	**2,124,320**	**2,164,660**

	CURRENT CODES						NEW CO
Meeting	Source Code	Source Code Descriptor	Work RVU	2016 Medicare Volume	Total RVUs (E*F)	New Code
Assessment of Aphasia and Cognitive Performance Testing							
HCPAC	96105	Assessment of aphasia	1.75	521	912	96105
HCPAC	96125	Cognitive testing by hc professional	1.70	2,427	4,126	96125
Developmental/Behavioral Screening and Testing							
RUC	96111	Developmental testing	2.60	892	2,319	96112
RUC						+96113
Psychological/Neuropsychological Testing							
Neurobehavioral Status Exam							
RUC	96116	Neurobehavioral status exam, per hour	1.86	153,102	284,770	96116
RUC						+96121
Testing Evaluation Services							
HCPAC	96101	Psychological testing, per hour	1.86	213,472	397,058	96130

HCPAC						+96131
HCPAC						96136
HCPAC						+96137
HCPAC	96102	Psychological testing, administered by technician, per hour	0.50	44,979	22,490	96130
HCPAC						+96131
PE Subcom mittee						96138
PE Subcom mittee						+96139
RUC	96118	Neuropsychological testing, per hour	1.86	673,962	1,253,569	96132
RUC						+96133
HCPAC						96136

HCPAC						+96137
RUC	96119	Neuropsychological testing, administered by technician, per hour	0.55	180,512	99,282	96132
RUC						+96133
PE Subcom mittee						96138
PE Subcom mittee						+96139
Single Test Administration with Interpretation and Report						
RUC	96103	Psychological testing admin by computer	0.51	168,038	85,699.38	96X11
RUC	96120	Neuropsychological testing admin by computer	0.51	28,306	14,436.06	96X11
Automated Testing and Result						
PE Subcom mittee	96103	Psychological testing admin by computer	0.51	168,038	85,699	96146
PE Subcom mittee	96120	Neuropsychological testing admin by computer	0.51	28,306	14,436	96146

TOTAL CHANGE IN WORK RVUs 2,164,660

DES

New Code Descriptor	Rec RVU	% Reported	Est. Voume	Total RVUs by Code (J*L)
Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	1.75	100%	521	912
Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	1.70	100%	2,427	4,126
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	2.50	100%	892	2,230
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes	1.10	300%	2,676	2,944
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	1.86	81%	124,013	230,663
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour	1.71	19%	29,089	49,743
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	25%	53,368	133,420

Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	1.90	45%	96,062	182,519
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	0.55	15%	32,021	17,611
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	0.46	45%	96,062	44,189
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	12.5%	5,622	14,056
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	1.90	12.5%	5,622	10,683
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	PE Only	50%	N/A	
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes	PE Only	50%	N/A	
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	30%	202,189	505,472
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour	1.90	50%	336,981	640,264
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	0.55	20%	134,792	74,136

Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes	0.46	20%	134,792	62,005
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2.50	13%	22,564	56,410
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour	1.90	13%	22,564	42,872
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	PE Only	50%	N/A	
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes	PE Only	50%	N/A	
Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed	0.51	50%	84,019	42,850
Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed	0.51	50%	14,153	7,218
Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	PE Only	50%	N/A	
Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	PE Only	50%	N/A	

Total RVUs of All Services Crosswalked to Current Code (Sum of utilization in column M)	Change in RVUs from Current to New Codes (N-G)
912	0.00
4,126	0.00
5,174	2,854
280,406	(4,363)
377,739	(19,319)

24,738	2,249
1,281,876	28,306

99,282	-
42,850	(42,850)
7,218	(7,218)
-	(85,699)
-	(14,436)
2,124,320	(40,341)

CPT Code: 96110
Specialty Societies: AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Developmental screening (eg, developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument**

Global Period: **XXX** Meeting Date: **October 2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **An AAN-AAP/APA expert panel formulated direct practice expense input recommendations for code 96110 utilizing the RUC-approved inputs for key reference code G0451/96110.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **G0451/96110**
The current inputs for G0451 are the same as those that CMS used in valuing 96110. For most of the services with RVUs displayed even though Medicare does not make separate payment, CMS develops PE RVUs based on the direct PE inputs through its standard methodology. In the case of 96110, CMS does not develop PE RVUs. Instead, CMS develops PE RVUs for G0451, which is payable by Medicare, and then display the RVUs for G0451 for 96110. The direct PE inputs are included in the direct PE input database only for G0451.

3. Is this code(s) typically billed with an E/M service? **N/A (Data for 96110 is not included)**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **N/A (Data for 96110 is not included)**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **Scoring completed developmental screening tool**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: _96116 (Revised)________
Specialty Society: ___AAN, APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

Global Period: _XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the societies listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing the current direct PE inputs for CPT code 96116,** ***Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report*****, as the reference code.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting 45% of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **When 96116 was originally valued in 2006, the PE input, "neurobehavioral status form, average" (Medical Supply Code: SK050, unit price $5.77) for this one-hour code was valued at 0.25 items or $1.44 per the 60-minute code. This indicates the expectation that 96116 would be billed in multiple units (i.e. 4 units per patient). In actuality, the CMS database, based on 2015 data, shows that the mean number of unique occurrences is 1.24, and the median is 1.00. Therefore, we are requesting an increase from 0.25 items to 1.00 items. The new coding structure is a base code/add-on model. The 96116 will only be billed 1 time per hour, per patient. No supplies are being requested for the second hour (i.e. add-on code 963X2).**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: 96127
Specialty Societies: AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global Period: **XXX** Meeting Date: **October 2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **An AAN-AAP/APA expert panel formulated direct practice expense input recommendations for code 96127 utilizing the current inputs for key reference code 96127.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **96127**

3. Is this code(s) typically billed with an E/M service? **Yes (78% All; 78% NF)**

4. What specialty is the dominant provider in the nonfacility? **Family Practice** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **41%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **Scoring completed emotional/behavioral assessment tool**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 96112
Specialty Societies: AAN/AAP/APA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour**

Global Period: **XXX** Meeting Date: **October 2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **An AAN-AAP/APA expert panel formulated direct practice expense input recommendations for code 963X0 utilizing the RUC-approved inputs for code 96111 (April 2003).**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **Code 96112 represents a revision of code 96111.**

3. Is this code(s) typically billed with an E/M service? **Yes (54% All; 62% NF)**

4. What specialty is the dominant provider in the nonfacility? **Clinical Psychologist** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **36%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: 10 minutes is assigned to use of the cognitive abilities testing software, even though we are not recommending any clinical staff time for code 963X0. This is attributed to the fact that the physician/qualified health care professional typically utilizes the software for 10 minutes to score the results following conclusion of the testing session.

CPT Code: 96113
Specialty Societies: AAN/AAP/APA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes**

Global Period: **ZZZ** Meeting Date: **October 2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **An AAN-AAP/APA expert panel formulated direct practice expense input recommendations for code 96113 utilizing the RUC-approved inputs for code 96111 (April 2003).**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **Code 963X1 represents an add-on to the revision of code 96111.**

3. Is this code(s) typically billed with an E/M service? **Yes (54% All; 62% NF)**

4. What specialty is the dominant provider in the nonfacility? **Clinical Psychologist** What percent of the time does the dominant provider provide the service(s) in the nonfacility? **36%** Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder) **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: _+96121________
Specialty Society: ___AAN, APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) (Use 963X2 in conjunction with 96116)

Global Period: _XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the societies listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing the current direct PE inputs to CPT code 96116*, Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report*, as the reference code.**

   - **New code CPT code +96121 is currently reported with 96116.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting 45% of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
    - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code:_96132________
Specialty Society ___AAN/APA________________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

Global Period:_XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the societies listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing CPT code 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*, as the reference code.**

   - **New CPT code 96132 is currently reported by CPT code 96118 and 96119.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Equipment from the existing 96118 crosswalk:**
      ED032 printer, laser, paper
      ED021 computer, desktop, w-monitor

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code:_+96133_____
Specialty Society: __AAN/APA________________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

Global Period:_XXX__ Meeting Date: _Oct 2017________

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the societies listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing CPT code 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*, as the reference code.**

   - **New CPT code +96133 is currently reported by CPT code 96118 and 96119.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

- **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**
13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Equipment from the existing 96118 crosswalk:**
      - **ED021 computer, desktop, w-monitor**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

CPT Code: _96X11 (Revised)_____
Specialty Society: ___APA_______________

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed (For multiple tests see 963X3, 963X4, 963X5, 963X6, 963X7, 963X8, 963X9, 96X10)

Global Period: _XXX__ Meeting Date: _Oct 2017_______

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the society listed above met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **We are listing CPT code 96103, *Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report*, as the reference code.**

3. Is this code(s) typically billed with an E/M service?
   - **No.**

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)
   - **Clinical psychology is the dominant provider in the nonfacility setting.**
   - **The dominant provider provides the service in the nonfacility setting more than 50 percent of the time.**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   - **When our reference code, 96103, was originally valued in 2006, no supplies or equipment were incorporated into the PE inputs to account for the actual testing service. Although the code description for 96103 very clearly mentions specific types of tests administered, requiring a number of testing forms as supplies, none are apparent in the inputs. Therefore, we are requesting the addition of a single, generic psychological testing form (i.e. SK067, psych testing forms, average, $2.30/item), to be added to the PE inputs for 96X11.**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
   - **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Equipment from the existing 96103 crosswalk:**
      - **ED032 printer, laser, paper**
      - **ED021 computer, desktop, w-monitor**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

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102	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**												
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 3.88**	**$ -**	**$ 3.12**	**$ -**	**$ 11.54**	**$ -**	**$ 11.54**	**$ -**	**$ 0.40**	**$ -**	**$ 0.40**
104	SB024	gloves, sterile	0.84	pair		1										
105	SB022	gloves, non-sterile	0.084	pair				1								
106	SJ016	denture cup	0.183	item		1		1								
107	SJ061	tongue depressor	0.012	item		1		1								
108	SK003	aphasia assessment forms, average	2.84	item		1		1								
109	SK050	neurobehavioral status forms, average	5.77	item						2		2				
110	SK001	ages & stages questionnaire	0.4	item										1		1
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet	1.96	booklet												
112	SK088	Woodcock Johnson test record	2.44	item												
113	SK007	audio cassette tape 60 min	0.76	item												
114	SK095	battery, AA	0.45	item												
115	SK057	paper, laser printing (each sheet)	0.005	item												
116	SK067	psych testing forms, average	2.3	item												
117	SK108	MCMI-III kit and manual	0	item												
120	NEW	WAIS-IV Record Form														
121	NEW	WAIS-IV Response Booklet #1														
122	NEW	WAIS-IV Response Booklet #2														
125																
126	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**											
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)	558		0.002210906											
129	ED032	printer, laser, paper	1199		0.004750673											
130	ED021	computer, desktop, w-monitor	2501		0.009909453											
131	EQ185	neurobehavioral status instrument	13635		0.054024546											
132	ED039	psychological testing equipment	0													
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)	$971.30	Default	0.003848481											
136	NEW	CANTAB Mobile (per single automated assessment)	$2,800													

	A	B	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**															
2																
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**														
5		**LOCATION**														
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**														
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**														
12		**PRE-SERVICE PERIOD**														
13		**Start: Following visit when decision for surgery or procedure made**														
14	CA001	Complete pre-service diagnostic and referral forms														
15	CA002	Coordinate pre-surgery services (including test results)														
16	CA003	Schedule space and equipment in facility														
17	CA004	Provide pre-service education/obtain consent														
18	CA005	Complete pre-procedure phone calls and prescription														
19	CA006	Confirm availability of prior images/studies														
20	CA007	Review patient clinical extant information and questionnaire														
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)														
28		**End: When patient enters office/facility for surgery/procedure**														
29		**SERVICE PERIOD**														
30		**Start: When patient enters office/facility for surgery/procedure:**														
31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
34	CA010	Obtain vital signs														
35	CA011	Provide education/obtain consent														
36	CA012	Review requisition, assess for special needs														
37	CA013	Prepare room, equipment and supplies														
38	CA014	Confirm order, protocol exam														
39	CA015	Setup scope (nonfacility setting only)														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient														
41	CA017	Sedate/apply anesthesia														
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)														
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)														
52	CA021	Perform procedure/service---NOT directly related to physician work time														
53	CA021	Perform procedure/service---NOT directly related to physician work time														
57	CA021	Perform procedure/service---NOT directly related to physician work time														
58	**OLD**	***Other activity:*** **Gathering data and scoring tests**														
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4														
63	CA023	Monitor patient following procedure/service, no multitasking														
64	CA024	Clean room/equipment by clinical staff														
65	CA025	Clean scope														
66	CA026	Clean surgical instrument package														
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions														
68	CA028	Review/read post-procedure x-ray, lab and pathology reports														
69	CA029	Check dressings, catheters, wounds														
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
71	CA031	Review examination with interpreting MD/DO														
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.														
73	CA033	Perform regulatory mandated quality assurance activity (service period)														
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)														
75	CA035	Review home care instructions, coordinate visits/prescriptions														
76	CA036	Discharge day management														
80	**OLD**	***Other activity:*** **Transcribe scores to data summary sheet**														
81	**OLD**	***Other activity:*** **Gather data and record result**														
83		**End: Patient leaves office**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications														
87	CA038	Coordinate post-procedure services														
101		**End: with last office visit before end of global period**														

	A	B	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**															
2																
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**														
5		**LOCATION**														
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**														
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
102	**Medical Supply Code**	**MEDICAL SUPPLIES**														
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 1.96**	**$ -**	**$ 1.96**	**$ -**	**$ 1.96**	**$ -**	**$ 2.44**	**$ -**	**$ 2.44**	**$ -**	**$ -**	**$ -**	**$ 2.46**
104	SB024	gloves, sterile														
105	SB022	gloves, non-sterile														
106	SJ016	denture cup														
107	SJ061	tongue depressor														
108	SK003	aphasia assessment forms, average														0.25
109	SK050	neurobehavioral status forms, average														0.25
110	SK001	ages & stages questionnaire														
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet		1		1		1								
112	SK088	Woodcock Johnson test record								1		1				
113	SK007	audio cassette tape 60 min														0.25
114	SK095	battery, AA														0.25
115	SK057	paper, laser printing (each sheet)														
116	SK067	psych testing forms, average														
117	SK108	MCMI-III kit and manual														
120	NEW	WAIS-IV Record Form														
121	NEW	WAIS-IV Response Booklet #1														
122	NEW	WAIS-IV Response Booklet #2														
125																
126	**Equipment Code**	**EQUIPMENT**														
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.13**	**$ -**	**$ 0.02**	**$ -**	**$ -**	**$ -**	**$ 1.01**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)								60		10				
129	ED032	printer, laser, paper														10
130	ED021	computer, desktop, w-monitor														15
131	EQ185	neurobehavioral status instrument														15
132	ED039	psychological testing equipment														
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)														
136	NEW	CANTAB Mobile (per single automated assessment)														

	A	B	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU
1	**RUC Practice Expense Spreadsheet**															
2																
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 8 (RUC) & 20 (HCPAC)** **Specialty: ASHA, AAP, AAN, APA**														
5		**LOCATION**														
6		**GLOBAL PERIOD**														
7		**TOTAL CLINICAL STAFF TIME**														
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**														
12		**PRE-SERVICE PERIOD**														
13		**Start: Following visit when decision for surgery or procedure made**														
14	CA001	Complete pre-service diagnostic and referral forms														
15	CA002	Coordinate pre-surgery services (including test results)														
16	CA003	Schedule space and equipment in facility														
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19	CA006	Confirm availability of prior images/studies														
20	CA007	Review patient clinical extant information and questionnaire														
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)														
28		**End: When patient enters office/facility for surgery/procedure**														
29		**SERVICE PERIOD**														
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31		**Pre-Service (of service period)**														
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available														
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35	CA011	Provide education/obtain consent														
36	CA012	Review requisition, assess for special needs														
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41	CA017	Sedate/apply anesthesia														
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)														
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52	CA021	Perform procedure/service---NOT directly related to physician work time														
53	CA021	Perform procedure/service---NOT directly related to physician work time														
57	CA021	Perform procedure/service---NOT directly related to physician work time														
58	**OLD**	***Other activity:*** **Gathering data and scoring tests**														
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4														
63	CA023	Monitor patient following procedure/service, no multitasking														
64	CA024	Clean room/equipment by clinical staff														
65	CA025	Clean scope														
66	CA026	Clean surgical instrument package														
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions														
68	CA028	Review/read post-procedure x-ray, lab and pathology reports														
69	CA029	Check dressings, catheters, wounds														
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
71	CA031	Review examination with interpreting MD/DO														
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.														
73	CA033	Perform regulatory mandated quality assurance activity (service period)														
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)														
75	CA035	Review home care instructions, coordinate visits/prescriptions														
76	CA036	Discharge day management														
80	**OLD**	***Other activity:*** **Transcribe scores to data summary sheet**														
81	**OLD**	***Other activity:*** **Gather data and record result**														
83		**End: Patient leaves office**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications														
87	CA038	Coordinate post-procedure services														
101		**End: with last office visit before end of global period**														

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8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**														
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**														
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**														
102	**Medical Supply Code**	**MEDICAL SUPPLIES**														
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	$ -	$ 5.77	$ -	$ -	$ -	$ 0.25	$ -	$ -	$ -	$ -	$ -	$ 9.82	$ -	$ -
104	SB024	gloves, sterile														
105	SB022	gloves, non-sterile														
106	SJ016	denture cup														
107	SJ061	tongue depressor														
108	SK003	aphasia assessment forms, average												1		
109	SK050	neurobehavioral status forms, average		1										1		
110	SK001	ages & stages questionnaire														
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet														
112	SK088	Woodcock Johnson test record														
113	SK007	audio cassette tape 60 min												1		
114	SK095	battery, AA												1		
115	SK057	paper, laser printing (each sheet)						3								
116	SK067	psych testing forms, average						0.10								
117	SK108	MCMI-III kit and manual						0.10								
120	NEW	WAIS-IV Record Form														
121	NEW	WAIS-IV Response Booklet #1														
122	NEW	WAIS-IV Response Booklet #2														
125																
126	**Equipment Code**	**EQUIPMENT**														
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	$ -	$ -	$ -	$ -	$ -	$ 0.15	$ -	$ -	$ -	$ -	$ -	$ 0.69	$ -	$ -
128	EQ087	cognitive abilities testing software (Woodcock Johnson)														
129	ED032	printer, laser, paper						10						10		
130	ED021	computer, desktop, w-monitor						10						10		
131	EQ185	neurobehavioral status instrument												10		
132	ED039	psychological testing equipment						10								
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)														
136	NEW	CANTAB Mobile (per single automated assessment)														

	A	B	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI
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6		GLOBAL PERIOD														
7		TOTAL CLINICAL STAFF TIME														
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME														
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME														
10		TOTAL POST-SERVICE CLINICAL STAFF TIME														
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE														
12		PRE-SERVICE PERIOD														
13		Start: Following visit when decision for surgery or procedure made														
14	CA001	Complete pre-service diagnostic and referral forms														
15	CA002	Coordinate pre-surgery services (including test results)														
16	CA003	Schedule space and equipment in facility														
17	CA004	Provide pre-service education/obtain consent														
18	CA005	Complete pre-procedure phone calls and prescription														
19	CA006	Confirm availability of prior images/studies														
20	CA007	Review patient clinical extant information and questionnaire														
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)														
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36	CA012	Review requisition, assess for special needs														
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53	CA021	Perform procedure/service---NOT directly related to physician work time														
57	CA021	Perform procedure/service---NOT directly related to physician work time														
58	OLD	*Other activity:* Gathering data and scoring tests														
61		Post-Service (of service period)														
62	CA022	Monitor patient following procedure/service, multitasking 1:4														
63	CA023	Monitor patient following procedure/service, no multitasking														
64	CA024	Clean room/equipment by clinical staff														
65	CA025	Clean scope														
66	CA026	Clean surgical instrument package														
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions														
68	CA028	Review/read post-procedure x-ray, lab and pathology reports														
69	CA029	Check dressings, catheters, wounds														
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
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8		TOTAL PRE-SERVICE CLINICAL STAFF TIME														
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME														
10		TOTAL POST-SERVICE CLINICAL STAFF TIME														
102	Medical Supply Code	MEDICAL SUPPLIES														
103		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ -	$ -	$ 0.80	$ -	$ 2.95	$ -	$ -	$ -	$ -	$ -	$ 0.80	$ -	$ 2.95
104	SB024	gloves, sterile														
105	SB022	gloves, non-sterile														
106	SJ016	denture cup														
107	SJ061	tongue depressor														
108	SK003	aphasia assessment forms, average						0.30								0.30
109	SK050	neurobehavioral status forms, average						0.30								0.30
110	SK001	ages & stages questionnaire														
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet														
112	SK088	Woodcock Johnson test record														
113	SK007	audio cassette tape 60 min						0.30								0.30
114	SK095	battery, AA						0.30								0.30
115	SK057	paper, laser printing (each sheet)				8								8		
116	SK067	psych testing forms, average				0.33								0.33		
117	SK108	MCMI-III kit and manual				0.33								0.33		
120	NEW	WAIS-IV Record Form								0.165		0.165				
121	NEW	WAIS-IV Response Booklet #1								0.165		0.165				
122	NEW	WAIS-IV Response Booklet #2								0.165		0.165				
125																
126	Equipment Code	EQUIPMENT														
127		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ -	$ -	$ 0.25	$ -	$ 3.88	$ -	$ 0.12	$ -	$ 0.12	$ -	$ 0.25	$ -	$ 3.88
128	EQ087	cognitive abilities testing software (Woodcock Johnson)														
129	ED032	printer, laser, paper				10		10						10		10
130	ED021	computer, desktop, w-monitor				20		60						20		60
131	EQ185	neurobehavioral status instrument						60								60
132	ED039	psychological testing equipment				20								20		
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)								30		30				
136	NEW	CANTAB Mobile (per single automated assessment)														

	A	B	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV
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9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**													
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**													
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**													
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13		**Start: Following visit when decision for surgery or procedure made**													
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63	CA023	Monitor patient following procedure/service, no multitasking													
64	CA024	Clean room/equipment by clinical staff													
65	CA025	Clean scope													
66	CA026	Clean surgical instrument package													
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions													
68	CA028	Review/read post-procedure x-ray, lab and pathology reports													
69	CA029	Check dressings, catheters, wounds													
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71	CA031	Review examination with interpreting MD/DO													
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9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**													
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102	**Medical Supply Code**	**MEDICAL SUPPLIES**													
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.02**	**$ -**	**$ 2.30**	**$ -**	**$ 0.36**	**$ -**	**$ -**	**$ -**
104	SB024	gloves, sterile													
105	SB022	gloves, non-sterile													
106	SJ016	denture cup													
107	SJ061	tongue depressor													
108	SK003	aphasia assessment forms, average													
109	SK050	neurobehavioral status forms, average													
110	SK001	ages & stages questionnaire													
111	SK119	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet													
112	SK088	Woodcock Johnson test record													
113	SK007	audio cassette tape 60 min										0.30			
114	SK095	battery, AA										0.30			
115	SK057	paper, laser printing (each sheet)						3							
116	SK067	psych testing forms, average								1					
117	SK108	MCMI-III kit and manual													
120	NEW	WAIS-IV Record Form		0.165		0.165									
121	NEW	WAIS-IV Response Booklet #1		0.165		0.165									
122	NEW	WAIS-IV Response Booklet #2		0.165		0.165									
125															
126	**Equipment Code**	**EQUIPMENT**													
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 0.12**	**$ -**	**$ 0.12**	**$ -**	**$ 0.64**	**$ -**	**$ -**	**$ -**	**$ 3.88**	**$ -**	**$ -**	**$ -**
128	EQ087	cognitive abilities testing software (Woodcock Johnson)													
129	ED032	printer, laser, paper						10				10			
130	ED021	computer, desktop, w-monitor						60				60			
131	EQ185	neurobehavioral status instrument										60			
132	ED039	psychological testing equipment													
135	NEW	Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Kit (less forms)		30		30									
136	NEW	CANTAB Mobile (per single automated assessment)												10	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

High Volume Growth

October 2017

Bronchoscopy

A list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014 was assembled by AMA Staff. The query resulted in the identification of 12 services. In January 2017 the RUC recommended that these services be surveyed for October 2017. CPT code 31623 was one of the 12 services identified in this high volume growth screen and CPT code 31624 was added as part of the bronchoscopy family.

31623 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings***
The RUC reviewed the survey results from 83 pulmonologists and determined that it was appropriate to maintain the current work RVU of 2.63, which is below the survey 25th percentile. The RUC discussed the pre-service times (10 minutes evaluation time, 5 minutes positioning time, and 5 minutes scrub/dress/wait time) and confirmed the removal of moderate sedation. Pre-service package 1-FAC Straightforward Patient Procedure with no sedation/anesthesia was selected due to the coding changes that removed moderate sedation from all services. The pre-service evaluation time was reduced by 3 minutes consistent with the survey median and 4 minutes was added to the standard positioning time consistent with the survey median to provide for positioning/repositioning of IVs and the bronchoscopy equipment. The pre-service scrub/dress/wait time was adjusted to below the median 10 minutes to 5 minutes consistent with CPT code 31622. Post-service package 8A IV sedation/simple procedure was selected and adjusted by 10 minutes consistent with the survey median time of 15 minutes. The RUC agreed that the survey median intra-service time of 30 minutes accurately reflects the time required to perform this service and is consistent with the current median time of CPT 31622. The RUC recommends 20 minutes pre-service time, 30 minutes intra-service time and 15 minutes immediate post-service time and noted that CMS already reduced the current value to 2.63 as part of the removal of moderate sedation for all services, so further reduction is not necessary.

The RUC compared CPT code 31623 to key reference service CPT code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU = 2.53 and 30 minutes intra-service time) and noted that both services have identical intra-service time, however the survey code involves more total time, justifying the higher work value. The survey results support the reference service code in terms of relativity, intensity and complexity measures. The RUC agreed that the overall intensity/complexity measures for CPT code 31623 are generally the same or greater than 31622.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

For additional support, the RUC compared the survey code to CPT code 43227 Esophagoscopy, flexible, transoral; with control of bleeding, any method (work RVU = 2.89, intra-service time of 30 minutes, total time of 63 minutes) and noted that both codes have identical intra-service time and similar total time. **The RUC recommends a work RVU of 2.63 for CPT code 31623.**

31624 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage***
The RUC reviewed the survey results from 90 pulmonologists and determined that it was appropriate to maintain the current work RVU of 2.63, which is below the survey 25th percentile. The RUC discussed the pre-service times (10 minutes evaluation time, 5 minutes positioning time, and 5 minutes scrub/dress/wait time) and confirmed the removal of moderate sedation. Pre-service package 1-FAC Straightforward Patient Procedure with no sedation/anesthesia was selected due to the coding changes that removed moderate sedation from all services. The pre-service evaluation time was reduced by 3 minutes consistent with the survey median and 4 minutes was added to the standard positioning time consistent with the survey median to provide for positioning/repositioning of IVs and the bronchoscopy equipment. The pre-service scrub/dress/wait time was adjusted to below the median 10 minutes to 5 minutes consistent with CPT code 31622. Post-service package 8A IV sedation/simple procedure was selected and adjusted by 10 minutes consistent with the survey median time of 15 minutes. The RUC agreed that the survey median intra-service time of 30 minutes accurately reflects the time required to perform this service and is consistent with the current median time of CPT 31622. The RUC recommends 20 minutes pre-service time, 30 minutes intra-service time and 15 minutes immediate post-service time and noted that CMS already reduced the current value to 2.63 as part of the removal of moderate sedation for all services, so further reduction is not necessary.

The RUC compared CPT code 31624 to key reference service CPT code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU = 2.53 and 30 minutes intra-service time) and noted that both services have identical intra-service time, however the survey code involves more total time, justifying the higher work value. The survey results support the reference service code in terms of relativity, intensity and complexity measures. The RUC agreed that the overall intensity/complexity measures for CPT code 31624 are generally the same or greater than 31622.
The RUC recommends a work RVU of 2.63 for CPT code 31624.

Practice Expense
The Practice Expense Subcommittee modified the direct practice expense inputs by approving 1 minute of clinical staff time for clinical activity CA029, *check dressings, catheters, wounds* and removing supply item SJ016, *denture cup*. The PE Subcommittee discussed that these modificiations deviate from the base code, 31622. The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	000	2.63 (No Change)
31624 (f)	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	000	2.63 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31623 Tracking Number Original Specialty Recommended RVU: **2.63**
Presented Recommended RVU: **2.63**
Global Period: 000 Current Work RVU: **2.63** RUC Recommended RVU: **2.63**

CPT Descriptor: bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 66 year-old female with an abnormal chest x -ray un
is visualized and brushings are performed.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's preprocedural work-up and medical records are reviewed. Communication with other professionals, the patient, and the patient's family is completed. The patient is examined to verify that the patient can undergo the procedure. The identity of the patient and the procedure to be performed are verified in accordance with The Joint Commission regulations. The details of the procedure are reviewed with the patient, including possible complications, and informed consent is obtained. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and used where appropriate. A topical anesthetic is administered through a nebulizer. A surgical "time out" is performed with the team.

Description of Intra-Service Work: Once the patient has achieved appropriate topical anesthesia and moderate sedation, the procedure begins. A videobronchoscope is inserted through the mouth or nostril to visualize the upper airways to the vocal cords noting any abnormalities. The vocal cords are observed for function and structure. The bronchoscope is then advanced into the trachea. All of the airways are inspected. The videobronchoscope is then advanced into the tracheobronchial tree. Spray additional lidocaine after the videobronchoscope has entered the upper trachea and at the carina into the segmental airways. Visualize/inspect all 18 segments along with their subsegments. Capture images of abnormalities seen in the tracheobronchial tree. Pass a protected brush through the videobronchoscope Assure that the catheter is in the infiltrated area, break the catheter's seal, and use an un-contaminated brush to collect specimens for culture and sensitivity. Or, use an unprotected brush to take samples for cytology and microscopic examinations of an airway or lung segment or subsegment. Make several passes of the unprotected brush into the area of infiltrate. After obtaining specimens control any bleeding that occurs with the disruption of the endothelium. The physician examines the patient immediately post-endoscopy to ascertain that no complications such as respiratory decompensation.

Description of Post-Service Work: Examine the patient after the procedure and before discharge from the facility to ascertain that no complications such as bleeding, mucuc plugging, or shortness of breath has occurred. Ensure any images taken during procedure are reviewed, labeled and stored within medical record. Coordinate care with post anesthesia care team. The bronchoscopy report is generated and forwarded to the referring physician and other appropriate parties. The specimen(s) requisition form(s) are completed and verified. The results of the procedure, how the patient did during the procedure, and the patient's current condition are explained to the patient's family. Once the patient is awake, the

bronchoscopy findings are discussed with the patient. Orders for when the patient can drink or eat are given to the patient and the patient’s family. Necessary prescriptions, follow up tests and appoinmtents are provided to the patient. Once the patient has stable vital signs and feels well enough to leave, the patient is discharged from the bronchoscopy suite.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (CHEST), Omar Hussain, MD (ATS)
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)
CPT Code:	31623
Sample Size: 3885	Resp N: 83 — Response: 2.1 %
Description of Sample:	Random survey of both ATS and CHEST memberships, deduplicate common members.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**20.00**	45.00	1200.00
Survey RVW:	1.00	3.00	**3.04**	3.11	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	3.00	25.00	**30.00**	35.00	60.00

Immediate Post Service-Time:	15.00	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code: 31623	Recommended Physician Work RVU: 2.63		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	10.00	13.00	-3.00
Pre-Service Positioning Time:	5.00	1.00	4.00
Pre-Service Scrub, Dress, Wait Time:	5.00	6.00	-1.00
Intra-Service Time:	30.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	15.00	25.00	-10.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93503	000	2.91	**RUC Time**

CPT Descriptor Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31622	000	2.53	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.53	**RUC Time**	64,510

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	7,048,864

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
99326	XXX	2.63	**RUC Time**

CPT Descriptor Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 47 **% of respondents:** 56.6 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 26.5 **%**

TIME ESTIMATES (Median)	**CPT Code:** 31623	**Top Key Reference CPT Code:** 93503	**2nd Key Reference CPT Code:** **31622**
Median Pre-Service Time	20.00	12.00	16.00
Median Intra-Service Time	30.00	15.00	30.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**65.00**	**37.00**	**61.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	30%	60%	8%	2%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	24%	68%	8%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	32%	53%	15%
Physical effort required	21%	72%	7%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	36%	49%	15%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	40%	46%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	41%	59%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	60%	35%
Physical effort required	5%	68%	27%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	73%	27%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The AMA staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. The query resulted in identification of 12 services. In January 2017, the RUC recommended that these services be surveyed for October 2017. CPT code 31623 was identified by the RUC and CPT 31624 was identified by the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) as part of the family.

Survey Results & ATS/CHEST Recommendations:
CPT 31623

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 83 responses to this code survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request. The survey performance rate median of 20 studies per year among the 83 respondents is a reasonable rate given the RUC database volume for early 2016 data is 31,349 for this procedure.

- 90% of respondents found the vignette to be typical.

For both the CPT 31623 and the CPT 31624, survey the participants both chose the same two Key Reference Service codes, CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* and CPT 93503 (*Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes.*)

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 1-FAC straightforward patient procedure with no sedation/anesthesia. (this is due to the coding changes that removed moderate sedation from all services). We reduced the pre-service evaluation time by (-3) minutes consistent with the survey median and added 4 minutes to the standard positioning time; we adjusted the pre-service scrub, dress and wait time from the package 5 to below the median 10 to 5 minutes consistent with CPT 31622. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure adjusting by 10 minutes consistent with our survey median time of 15 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 30 minutes accurately reflects the time required to perform this service today and is consistent with the current median time of CPT 31622. After review of the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 30 minutes with (10, 5, 5 total 20) pre and 15 post time for CPT 31623.

Work:

Survey respondents estimated CPT 31623 at a median work RVW of 3.04 and 25 percentile of 3.00 higher than the current work RVW of 2.63, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents in terms of

relativity and results of intensity and complexities, CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* (RVW 2.53) to have equal or higher measures including overall time intensity complexity and CPT 93503 (*Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes.*) (RVW 2.91) to have equal or lower work intensity and complexity, skill and psychological stress than 93503. The expert panel reviewed the intensity complexity measures and agreed with the survey respondents that the medical judgement, urgency of medical decision making, the technical skill and the physician effort for CPT 31623 is generally greater than CPT 31622.

The expert panel compared 31623 to three MPC codes CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* (RVW 2.53, times 16-30-15 total time 61 minutes), CPT 99222 (*Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.*), (RVW 2.61, times 15-40-20, total 75 min). and CPT 99326 (*Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.*), (RVW 2.63, times 15-45-17, total 77 min). We believe these procedures along with our survey result support maintaining the current relative value.

In summary, we recommend maintaining the current RVW of 2.63 for 31623 with our median times per the survey adjusted per the preservice packages as noted earlier for a pre-service total time 20 minutes, intra service time 30 minutes and post time 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31623

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Internal Medicine How often? Sometimes

Specialty Critical Care How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 94047
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3 times the Medicare RUC data base volume.

Specialty Pulmonary Frequency 75238 Percentage 80.00 %

Specialty Internal Medicine Frequency 7524 Percentage 8.00 %

Specialty Critical Care Frequency 6583 Percentage 6.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
31,349 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. Medicare RUC data base, early 2016 data

Specialty Pulmonary Frequency 25079 Percentage 79.99 %

Specialty Internal Medicine Frequency 2508 Percentage 8.00 %

Specialty Criticial Care Frequency 2194 Percentage 6.99 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31623

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31624 Tracking Number Original Specialty Recommended RVU: **2.63**
Presented Recommended RVU: **2.63**
Global Period: 000 Current Work RVU: **2.63** RUC Recommended RVU: **2.63**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 66 year-old male with fever and an abnormal chest x-ray showing infiltrates undergoes bronchoscopy. a bronchoalveolar lavage is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's preprocedural work-up and medical records are reviewed. Communication with other professionals, the patient, and the patient's family is completed. The patient is examined to verify that the patient can undergo the procedure. The identity of the patient and the procedure to be performed are verified in accordance with The Joint Commission regulations. The details of the procedure are reviewed with the patient, including possible complications, and informed consent is obtained. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and used where appropriate. A topical anesthetic is administered through a nebulizer. A surgical "time out" is performed with the team.

Description of Intra-Service Work: Once the patient has achieved appropriate topical anesthesia and moderate sedation, the procedure begins. A video bronchoscope is inserted through the mouth or nostril to visualize the upper airways to the vocal cords noting any abnormalities. The vocal cords are observed for function and structure. The bronchoscope is then advanced into the trachea. All of the airways are inspected. The videobronchoscope is then advanced into the tracheobronchial tree. Spray additional lidocaine after the videobronchoscope has entered the upper trachea and at the carina into the segmental airways. Visualize/inspect all 18 segments along with their subsegments. Capture images of abnormalities seen in the tracheobronchial tree. Wedge the bronchoscope into the subsegment under study, and instill saline through the bronchoscope into the area and aspirate into a sterile syringe or trap. Instill the saline in 20-50 ml aliquots. After each aliquot is infused, aspirate it into one or more containers. The total volume usually infused by site is 100 ml to 150 ml. Keep each aliquot separate and document. After obtaining specimens control any bleeding that occurs with the disruption of the endothelium. The physician examines the patient immediately post-endoscopy to ascertain that no complications such as desaturation or respiratory failure has occurred.

Description of Post-Service Work: Examine the patient after the procedure and before discharge from the facility to ascertain that no complications such as bleeding, mucuc plugging, or shortness of breath has occurred. Ensure any images taken during procedure are reviewed, labeled and stored within medical record. Coordinate care with post anesthesia care team. The bronchoscopy report is generated and forwarded to the referring physician and other appropriate parties. The specimen(s) requisition form(s) are completed and verified. The results of the procedure, how the patient did during the procedure, and the patient's current condition are explained to the patient's family. Once the patient is awake, the

bronchoscopy findings are discussed with the patient. Orders for when the patient can drink or eat are given to the patient and the patient's family. Necessary prescriptions, follow up tests and appoinmtents are provided to the patient. Once the patient has stable vital signs and feels well enough to leave, the patient is discharged from the bronchoscopy suite.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (CHEST), Omar Hussain, MD (ATS)
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)
CPT Code:	31624
Sample Size:	3885 — Resp N: 90 — Response: 2.3 %
Description of Sample:	Random survey of both ATS and CHEST memberships, deduplicate common members.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	12.00	**30.00**	68.00	1500.00
Survey RVW:	1.00	2.70	**3.00**	3.17	45.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	3.00	25.00	**30.00**	35.00	60.00

Immediate Post Service-Time:	15.00	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	31624	Recommended Physician Work RVU: 2.63		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		10.00	13.00	-3.00
Pre-Service Positioning Time:		5.00	1.00	4.00
Pre-Service Scrub, Dress, Wait Time:		5.00	6.00	-1.00
Intra-Service Time:		30.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	15.00	25.00	-10.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31622	000	2.53	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93503	000	2.91	**RUC Time**

CPT Descriptor Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.53	**RUC Time**	64,510

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	7,048,864

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
99326	XXX	2.63	**RUC Time**

CPT Descriptor Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 53.3 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 24.4 **%**

TIME ESTIMATES (Median)	**CPT Code:** 31624	**Top Key Reference CPT Code:** 31622	**2nd Key Reference CPT Code:** **93503**
Median Pre-Service Time	20.00	16.00	12.00
Median Intra-Service Time	30.00	30.00	15.00
Median Immediate Post-service Time	15.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**65.00**	**61.00**	**37.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	2%	37%	52%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	46%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	36%	56%
Physical effort required	6%	29%	65%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	59%	35%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	41%	50%	9%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	32%	54%	14%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	38%	48%	20%
Physical effort required	36%	55%	9%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	41%	41%	18%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The AMA staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. The query resulted in identification of 12 services. In January 2017, the RUC recommended that these services be surveyed for October 2017. CPT code 31623 was identified by the RUC and CPT 31624 was identified by the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) as part of the family.

Survey Results & ATS/CHEST Recommendations:
CPT 31624

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 90 responses to this code survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request. The survey performance rate median of 30 studies per year among the 90 respondents is a reasonable rate given the RUC database volume for early 2016 data is 114,370 for this procedure.

- 91% of respondents found the vignette to be typical.

For both the CPT 31623 and the CPT 31624, survey the participants both chose the same two Key Reference Service codes, CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* and CPT 93503 (*Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes.*)

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 1-FAC straightforward patient procedure with no sedation/anesthesia. (this is due to the coding changes that removed moderate sedation from all services). We reduced the pre-service evaluation time by (-3) minutes consistent with the survey median and added 4 minutes to the standard positioning time; we adjusted the pre-service scrub, dress and wait time from the package 5 to below the median 10 to 5 minutes consistent with CPT 31622. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure adjusting by 10 minutes consistent with our survey median time of 15 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 30 minutes accurately reflects the time required to perform this service today and is consistent with the current median time of CPT 31622. After review of the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 30 minutes with (10, 5, 5 total 20) pre and 15 post time for CPT 31624.

Work:

Survey respondents estimated CPT 31624 at a median work RVW of 3.00 and 25 percentile of 2.70 higher than the current work RVW of 2.63, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents in terms of

relativity and results of intensity and complexities, CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* (RVW 2.53) to have equal or higher measures including overall time intensity complexity and CPT 93503 (*Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes.*) (RVW 2.91) to have equal or lower work intensity and complexity, skill and psychological stress than 93503. The expert panel reviewed the intensity complexity measures and agreed with the survey respondents that the medical judgement, urgency of medical decision making, the technical skill and the physician effort for CPT 31624 is generally greater than CPT 31622.

The expert panel compared 31624 to three MPC codes CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* (RVW 2.53, times 16-30-15 total time 61 minutes), CPT 99222 (*Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.*), (RVW 2.61, times 15-40-20, total 75 min). and CPT 99326 (*Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.*), (RVW 2.63, times 15-45-17, total 77 min). We believe these procedures along with our survey result support maintaining the current relative value.

In summary, we recommend maintaining the current RVW of 2.63 for 31624 with our median times per the survey adjusted per the preservice packages as noted earlier for a pre-service total time 20 minutes, intra service time 30 minutes and post time 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31624

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Internal Medicine How often? Sometimes

Specialty Critical Care How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 343110
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3 times the Medicare RUC data base volume.

Specialty Pulmonary Frequency 243608 Percentage 70.99 %

Specialty Internal Medicine Frequency 30880 Percentage 9.00 %

Specialty Critical Care Frequency 37742 Percentage 10.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 114,370 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare RUC data base, early 2016 data

Specialty Pulmonary Frequency 81203 Percentage 71.00 %

Specialty Internal Medicine Frequency 10293 Percentage 8.99 %

Specialty Criticial Care Frequency 12581 Percentage 11.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31624

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Bronchoscopy
TAB: 9

Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
57%	REF 1	93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	47	0.166			2.91			37	5	2	5			15			10					
27%	REF 2	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	22	0.064			2.53			61	8	3	5			30			15					
	Current	31623	bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		0.062			2.63			65	15					30			20					
90%	SVY Total	31623	bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	83	0.076	1.00	3.00	3.04	3.11	5.00	70	10	5	10	3	25	30	35	60	15	0	8	20	45	1200
	REC	31623	bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		0.064			2.63			65	10	5	5			30			15					

Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
53%	REF 1	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	48	0.064			2.53			61	8	3	5			30			15					
24%	REF 2	93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	22	0.166			2.91			37	5	2	5			15			10					
	CURRENT	31624	bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage		0.062			2.63			65	15					30			20					
91%	SVY Total	31624	bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	90	0.075	1.00	2.70	3.00	3.17	45.00	70	10	5	10	3	25	30	35	60	15	2	12	30	68	1500
	REC	31624	bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage		0.064			2.63			65	10	5	5			30			15					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility and Facility Direct Practice Expense (PE) Inputs

CPT, Global and Long Descriptor:

CPT	Global	Long Description
31623	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
31624	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage

Meeting Date: **October 2017 9-5-2017** **Revised 10-6-2017**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **The ATS and CHEST convened a consensus panel via telephone and email to develop the inputs for this code.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   Reference Code Rationale: The surveying societies supplied the existing codes and values as references, additionally a recently surveyed and PE reviewed CPT code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* is also used as a reference. The examination of the vocal cords, glottic structures and all the bronchial segments and subsegments (the physician work of 31622) would be performed before performing either/or 31623 or 31624. A provider cannot bill 31622 in addition to either 31623 or 31624, as 31622 is an inherent part of any performed bronchoscopy.

3. Is this code(s) typically billed with an E/M service? **Per the AMA billed with files No.**

4. What specialty is the dominant provider in the nonfacility? Pulmonary Disease What percent of the time does the dominant provider provide the service(s) in the nonfacility? 72% Is the dominant provider in the non-facility different then for the global? No (please see provided data in PE Subcommittee folder)

Specialty (ALL)	Specialty Percent (ALL)	Site-of-Service (ALL)	Site-of-Service Percent (ALL)	Specialty (Non-Fac ONLY)	Specialty Percent (Non-Fac ONLY)
PULMONARY DISEASE	79%	OUTPATIENT HOSPITAL	54%	PULMONARY DISEASE	72%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

Lines: 15 to 19 rationale, when decision for service is made. "While many of these procedures are performed in the facility setting, if done in a non-facility setting the coordination to set up appointments for any bronchoscopy such as 31623 or 31624 would be typical for 31622, therefore we cross walked to 31622 service inputs for RUC accepted times.

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:
   We cross walked the same PE clinical inputs from 31622, to perform 31623 or 31624 as one would first perform the physician work of a 31622. It would not make sense to have less clinical time for bronchoscopic procedures that are more complex than the base bronchoscopic service 31622. At the PE meeting, line 72 was taken from 3 minutes to 1 minute, therefore that line is inconsistent with other bronchoscopy services.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Pre-Service Clinical Labor Activities:

- Hospital outpatient and ASC admission and pre-procedural work-up, review of records, communication with other professionals, patient and family.
- Obtain informed consent.
- Obtain vital signs. (height, weight, temperature, respiratory rate, pulse rate/ regularity, supine BP, O2 Sat)
- Provide preservice education about the bronchoscopy and the bronchial brush and/or Bronchoalveolar lavage
- Dress in gown, non-sterile gloves and eye shield before the procedure. Don lead apron for fluoroscopic guidance, if used.
- Prepare room, equipment, supplies and bronchoscope.
- Prepare and position the patient and equipment, following instructions by the physician. Accepted the standard 2 minutes including prepare the video/scope equipment to allow access for the procedure and maintain patient monitoring. (Note: The patient will be monitored post procedure.)
- The RN/RT also verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations.

Intra-Service Clinical Labor Activities:

- The patient is placed on supplemental oxygen by the RN/RT in the bronchoscopy suite which has resuscitative equipment in place.
- The physician supervises the nebulized administration of inhaled topical anesthesia.

- The physician or RN/RT next applies local topical anesthesia to the oropharynx and nasopharynx.
- The RN/RT is available throughout the performance of the service to hand the physician instruments, to change the oxygen delivery system, to move the video, to reposition the patient, etc.
- The RN/RT places a bite block in the mouth to protect the bronchoscope from damage.
- Staff is 100% of the physician time.
- Typical is flexible scope.

Post-Service Clinical Labor Activities:

- The RN/RT examines the patient post-bronchoscopy and pre-discharge from the facility to ascertain that no complications, such as bleeding, mucus plugging, or shortness of breath have occurred.
- The RN/RT informs the patient and explains to the family the previous instructions about post-procedure complications.
- The RN/RT checks dressings, coordinates discharge, provides home care instructions, completes diagnostic forms, lab requisitions for specimens and a chest x-ray requisition.
- The RN/RT Cleans scope(s).

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

It is noted the PE committee had extensive discussion regarding the denture cup. In the end the denture cup was deleted as the decision was that the typical patient does not have dentures in the general population and the bronchoscopy population was thought to be typical due to the ICD 9 code of abnormal chest xray, therefore the cup was deleted from 31623 and 31624 which is inconsistent with other bronchoscopy services.

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

The patients undergoing bronchoscopies are **always** on oxygen for the entire procedure (not just the time for moderate sedation) which is continued until discharge. This is the standard of care. Additionally, these patients would have C02 monitored similarly.

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2		*column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*				**31622**		**31623**		**31623**		**31624**		**31624**	
3		***RUC Collaboration Website***				Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 9 Bronchoscopy revised 10-6-2017** **Specialty: ATS and CHEST**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**103.0**	**16.0**	**94.0**	**15.0**	**101.0**	**16.0**	**94.0**	**15.0**	**101.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**16.0**	**16.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**0.0**	**16.0**	**16.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L047C**	RN/Respirator	0.47	**0.0**	**0.0**	**15.0**	**15.0**	**0.0**	**0.0**	**15.0**	**15.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L047C**	RN/Respirator	0.47	**87.0**	**0.0**	**79.0**	**0.0**	**85.0**	**0.0**	**79.0**	**0.0**	**85.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L047C**	RN/Respirator	0.47	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 46.81**	**$ 5.92**	**$ 44.18**	**$ 7.05**	**$ 45.87**	**$ 5.92**	**$ 44.18**	**$ 7.05**	**$ 45.87**	**$ 5.92**
13		**PRE-SERVICE PERIOD**													
14		**Start: Following visit when decision for surgery or procedure made**													
15	CA001	Complete pre-service diagnostic and referral forms	L047C	RN/Respirator	0.47			5	5			5	5		
16	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37	5	5			5	5			5	5
17	CA002	Coordinate pre-surgery services (including test results)	L047C	RN/Respirator	0.47			2	4			2	4		
18	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37	3	5			3	5			3	5
19	CA003	Schedule space and equipment in facility	L047C	RN/Respirator	0.47				3				3		
20	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		3				3				3
21	CA004	Provide pre-service education/obtain consent	L047C	RN/Respirator	0.47			5				5			
22	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37	5				5				5	
23	CA005	Complete pre-procedure phone calls and prescription	L047C	RN/Respirator	0.47			3	3			3	3		
24	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37	3	3			3	3			3	3
25	CA006	Confirm availability of prior images/studies													
26	CA007	Review patient clinical extant information and questionnaire													
27	CA008	Perform regulatory mandated quality assurance activity (pre-													
34		**End: When patient enters office/facility for surgery/procedure**													
35		**SERVICE PERIOD**													
36		**Start: When patient enters office/facility for surgery/procedure:**													
37		**Pre-Service (of service period)**													
38	CA009	Greet patient, provide gowning, ensure appropriate medical records	L047C	RN/Respirator	0.47	3		3		3		3		3	
39	CA010	Obtain vital signs	L047C	RN/Respirator	0.47	5		5		5		5		5	
40	CA011	Provide education/obtain consent	L047C	RN/Respirator	0.47			2				2			
41	CA012	Review requisition, assess for special needs	L047C	RN/Respirator	0.47										
42	CA013	Prepare room, equipment and supplies	L047C	RN/Respirator	0.47	2		2		2		2		2	
43	CA014	Confirm order, protocol exam	L047C	RN/Respirator	0.47										
44	CA015	Setup scope (nonfacility setting only)	L047C	RN/Respirator	0.47	5		5		5		5		5	
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L047C	RN/Respirator	0.47	2		2		2		2		2	
46	CA017	Sedate/apply anesthesia	L047C	RN/Respirator	0.47	0		0		0		0		0	
53		**Intra-service (of service period)**													
54	CA018	Assist physician or other qualified healthcare professional---directly	L047C	RN/Respirator	0.47	30		22		30		22		30	
55	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37										
56	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37										
57	CA021	Perform procedure/service---NOT directly related to physician work	L037D	RN/LPN/MTA	0.37										

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2		***column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**31622**		**31623**		**31623**		**31624**		**31624**	
3		***RUC Collaboration Website***				Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 9 Bronchoscopy revised 10-6-2017 Specialty: ATS and CHEST**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**103.0**	**16.0**	**94.0**	**15.0**	**101.0**	**16.0**	**94.0**	**15.0**	**101.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**16.0**	**16.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**0.0**	**16.0**	**16.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L047C**	RN/Respirator	0.47	**0.0**	**0.0**	**15.0**	**15.0**	**0.0**	**0.0**	**15.0**	**15.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L047C**	RN/Respirator	0.47	**87.0**	**0.0**	**79.0**	**0.0**	**85.0**	**0.0**	**79.0**	**0.0**	**85.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L047C**	RN/Respirator	0.47	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
64		**Post-Service (of service period)**													
65	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37										
66	CA023	Monitor patient following procedure/service, no multitasking	L047C	RN/Respirator	0.47										
67	CA024	Clean room/equipment by clinical staff	L047C	RN/Respirator	0.47	3		3		3		3		3	
68	CA025	Clean scope	L047C	RN/Respirator	0.47	30		30		30		30		30	
69	CA026	Clean surgical instrument package	L047C	RN/Respirator	0.47										
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L047C	RN/Respirator	0.47	4		2		4		2		4	
71	CA028	Review/read post-procedure x-ray, lab and pathology reports	L047C	RN/Respirator	0.47										
72	CA029	Check dressings, catheters, wounds	L047C	RN/Respirator	0.47	3		3		1		3		1	
73	CA030	Technologist QC's images in PACS, checking for all images,	L047C	RN/Respirator	0.47										
74	CA031	Review examination with interpreting MD/DO	L047C	RN/Respirator	0.47										
75	CA032	Scan exam documents into PACS. Complete exam in RIS system	L047C	RN/Respirator	0.47										
76	CA033	Perform regulatory mandated quality assurance activity (service	L047C	RN/Respirator	0.47										
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L047C	RN/Respirator	0.47										
78	CA035	Review home care instructions, coordinate visits/prescriptions	L047C	RN/Respirator	0.47										
79	CA036	Discharge day management	L047C	RN/Respirator	0.47	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
86		**End: Patient leaves office**													
87		**POST-SERVICE PERIOD**													
88		**Start: Patient leaves office/facility**													
89	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37										
90	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37										
91		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
92		99211 16 minutes	16												
93		99212 27 minutes	27												
94		99213 36 minutes	36												
95		99214 53 minutes	53												
96		99215 63 minutes	63												
97	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2		*column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*				**31622**		**31623**		**31623**		**31624**		**31624**	
3		***RUC Collaboration Website***				Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 9 Bronchoscopy** **revised 10-6-2017** **Specialty: ATS and CHEST**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**103.0**	**16.0**	**94.0**	**15.0**	**101.0**	**16.0**	**94.0**	**15.0**	**101.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**16.0**	**16.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**0.0**	**16.0**	**16.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L047C**	RN/Respirator	0.47	**0.0**	**0.0**	**15.0**	**15.0**	**0.0**	**0.0**	**15.0**	**15.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L047C**	RN/Respirator	0.47	**87.0**	**0.0**	**79.0**	**0.0**	**85.0**	**0.0**	**79.0**	**0.0**	**85.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L047C**	RN/Respirator	0.47	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
105	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**											
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 37.94**	**$ -**	**$ 60.52**	**$ -**	**$ 60.34**	**$ -**	**$ 40.48**	**$ -**	**$ 46.27**	**$ -**
107	SA048	pack, minimum multi-specialty visit	1.143	pack		1		1		1		1		1	
108	SA042	pack, cleaning and disinfecting, endoscope	17.062	pack		1		1		1		1		1	
109	SD141	brush, protected airway specimen	13	item		0		2		2					
110	SC051	syringe 10-12ml	0.184	item		2		2		2		2		2	
111	SC056	syringe 50-60ml	0.881	item		1						1		1	
112	SD121	suction specimen trap, sterile	2.54	item		2		1		1		3		3	
113	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item		2		2		2		2		2	
114	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml		40		40		40		40		40	
115	SH048	lidocaine 2% jelly, topical (Xylocaine)	0.647	ml		5		5		5		5		5	
116	SH050	lidocaine 4% soln, topical (Xylocaine)	0.153	ml		20		20		20		20		20	
117	SH066	sodium chloride 0.9% inj (10ml uou)	0.427	item		1		1		1		1		**15**	
118	SJ010	basin, emesis	0.216	item		1		1		1		1		1	
119	SJ016	denture cup	0.183	item		1		1		**0**		1		**0**	
120	SL036	cup, biopsy-specimen sterile 4oz	0.173	item		2		2		2		2		2	
121	SM016	eye shield, splash protection	1.471	item		2		2		2		2		2	
122	SD084	gas, oxygen	0.003	liter		0		0		0		0		0	
126		**EQUIPMENT**	**Purchase**	**Equipment**	**Cost Per**										
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 12.29**	**$ -**	**$ 24.36**	**$ -**	**$ 13.43**	**$ -**	**$ 24.36**	**$ -**	**$ 13.43**	**$ -**
128	EQ235	suction machine (Gomco)	743.21	Default	0.001972276	34		106		34		106		34	
129	EQ004	CO2 respiratory profile monitor	7995	Default	0.025804918	34		0		34		0		34	
130	EF031	table, power	6153.63	Default	0.016330051	39		106		44		106		44	
131	ES031	video system, endoscopy (processor, digital capture, monitor, printer,	33391	Scope	0.129394371	39		106		44		106		44	
132	ES017	fiberscope, flexible, bronchoscopy	14175	Scope	0.082127612	69		106		74		106		74	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS 000-Day Global Typically Reported with an E/M

October 2017

Injection – Eye

In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an Evaluation and Management (E/M) service 50 percent of the time or more, on the same day of service, same patient, by the same physician, that have not been reviewed in the last five years with Medicare utilization greater than 20,000.

67500 ***Retrobulbar injection; medication (separate procedure, does not include supply of medication)***
The RUC reviewed the survey results from 47 ophthalmologists and determined that the survey 25th percentile work RVU of 1.18 accurately reflects the physician work necessary for this service. The pre-service time for evaluation substantially increased for this code while the intra-service time has not changed. The specialty noted that CPT code 67500 is not itself performed with an office visit but is reported alone 84% of the time. The RUC recommends pre-service package 6 unmodified, as the procedure is not typically done on the same day as an office visit and an interim history and dilated exam are required to assess the extent of the disease and the need for the procedure. The RUC recommends the following time components: 17 minutes evaluation time, 1 minute positioning time, 5 minutes scrub/dress/wait time, 5 minutes intra-service time, and 5 minutes post-service time. The RUC compared the survey code to top key reference code 67028 *Intravitreal injection of a pharmacologic agent (separate procedure)* (work RVU = 1.44, intra-service time of 5 minutes) and noted that the survey code is appropriately valued lower because the reference code is an intra-occular injection while the survey code is extra-occular. While both procedures are high-risk, the specialty attested that the survey code should not be valued at the same level as the key reference service. The RUC agreed that the 25th percentile work RVU better reflects the intensity and complexity of the service.

The RUC compared the survey code to MPC codes 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 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (work RVU = 1.15) and agreed that the survey code fits appropriately between these comparison codes. The RUC acknowledged that there are few MPC or recently reviewed 000-day global codes with intra-service times of 5 minutes, and none that match the intensity or complexity of a retrobulbar injection. **The RUC recommends a work RVU of 1.18 for CPT code 67500.**

67505 ***Retrobulbar injection; alcohol***
The RUC reviewed the survey results from 29 ophthalmologists and determined that the survey code should be valued the same as CPT code 67500 with a work RVU of 1.18, below the survey 25th percentile. The RUC discussed that the number of survey respondents falls below the survey threshold. The RUC typically requires a resurvey if below the threshold, however, there were only 201 procedures performed in the

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Medicare population in 2016 and a resurvey would not warrant additional results. Therefore, the RUC is recommending the same work RVU as CPT code 67500. The specialty indicated that the survey code is almost identical in work to 67500 but it is in a blind eye. The RUC agreed that the survey code has similar work as CPT code 67500 despite differences in pre-service evaluation time as supported by the survey. The RUC recommends utilizing the work value of 67500 with the following time components: 10 minutes evaluation time, 1 minute positioning time, 5 minutes scrub/dress/wait time, 5 minutes intra-service time, and 5 minutes post-service time.

The RUC compared the survey code to MPC code 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (work RVU = 1.15) while acknowledging that there are few good comparator codes with intra-service times of 5 minutes, and none that match the intensity or complexity of a retrobulbar injection. **The RUC recommends a work RVU of 1.18 for CPT code 67505.**

67515 *Injection of medication or other substance into Tenon's capsule*
The RUC reviewed the survey results from 43 ophthalmologists and recommends a work RVU of 0.84, crosswalking 67515 to the work of CPT code 65222 *Removal of foreign body, external eye; corneal, with slit lamp* (work RVU = 0.84, 7 minutes intra-service time and 15 minutes total time) and falls well below the survey 25th percentile. Pre-service package 6 was used and further reduced because the procedure is typically performed on the same day as an office visit. The RUC examined the pre-service times for potential overlap with E/M and recommends 3 minutes evaluation time, 1 minute positioning time, 1 minute scrub/dress/wait time, 3 minutes intra-service time, and 5 minutes of immediate post-service time. The specialty indicated that the intra-service portion of the procedure itself has not changed over the past 12 years despite the decrease in survey time. However, the RUC noted that the recommended decrease in work is reflective of the decrease in intra-service time. The RUC further noted that CPT code 67515 is less intense than the other codes in the family and should be valued less.

To further support a work RVU of 0.84, the RUC compared the survey code to CPT code 67820 *Correction of trichiasis; epilation, by forceps only* (work RVU = 0.71, 5 minutes intra-service time and 15 minutes total time) and CPT code 20527 *Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)* (work RVU = 1.00, 5 minutes intra-service time and 18 minutes total time). The RUC recommends a crosswalk of 0.84 work RVUs to CPT code 65222 and believes that it appropriately ranks this procedure within this family of services. **The RUC recommends a work RVU of 0.84 for CPT code 67515.**

RUC Database Flag
The RUC recommends to flag CPT code 67505 as “do not use” for validation of work as 67505 physician time and work recommendations are based on only the 29 survey respondents who performed this service in the past 12 months.

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Practice Expense
The Practice Expense Subcommittee accepted the argument for compelling evidence based on a change in practice equipment with the Atkinson needle becoming the standard of care. The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

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

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
67500 (f)	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	000	1.18
67505 (f)	Retrobulbar injection; alcohol	000	1.18
67515	Injection of medication or other substance into Tenon's capsule	000	0.84

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:67500 Tracking Number Original Specialty Recommended RVU: **1.18**
Presented Recommended RVU: **1.18**
Global Period: 000 Current Work RVU: **1.44** RUC Recommended RVU: **1.18**

CPT Descriptor: Retrobulbar injection; medication (separate procedure, does not include supply of medication)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year old with posterior scleritis. An injection of steriod (1-3 cc) is performed for control of the uveitis

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the records and plan. Obtain an interval history. Perform a dilated examination of the patient to confirm the continued presence and severity of disease. Describe the planned procedure and obtain informed consent. Check the supplies. Confirm the eye for treatment. Recline the chair and position the patient. Prep the periocular skin and apply povidone-iodine to the ocular surface. Inject local anesthetic.

Description of Intra-Service Work: Swab the lower lid with alcohol. Place a sterile cotton-tipped applicator between the globe and inferior orbital rim to elevate the globe. Pass a blunt-tipped needle through the lateral half of the lower lid above the floor of the orbit and aimed towards the orbital apex. The needle pops through the intermuscular septum. The plunger is withdrawn slightly to confirm placement outside of a vascular space. The drug is injected into the retrobulbar space. The needle is withdrawn.

Description of Post-Service Work: Pressure is maintained over the closed lids to reduce bleeding and the globe is retropulsed to check for a retrobulbar hemorrhage. An operative report is written in the medical record and forwarded to the referring source and primary care provider. Postoperative medications are prescribed. Use of medications and analgesia are discussed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	David B. Glasser, M.D. AAO, John T. McAllister, M.D. AAO, John Thompson, M.D. ASRS				
Specialty(s):	Ophthalmology				
CPT Code:	67500				
Sample Size: 741	**Resp N:** 47	**Response:** 6.3 %			
Description of Sample:	A random sample of members were pulled from the AAO, ASRS and ASCRS databases				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	1.00	5.00	**20.00**	70.00	400.00
Survey RVW:	0.49	1.18	**1.50**	1.75	5.00
Pre-Service Evaluation Time:			**24.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	2.00	**5.00**	5.50	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code: 67500	**Recommended Physician Work RVU: 1.18**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:	**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**5.00**	**5.00**	**0.00**
Intra-Service Time:	**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
67028	000	1.44	**RUC Time**

CPT Descriptor Intravitreal injection of a pharmacologic agent (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64405	000	0.94	**RUC Time**

CPT Descriptor Injection, anesthetic agent; greater occipital nerve

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	52,170

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36620	000	1.15	**RUC Time**	573,357

CPT Descriptor 2 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

Other Reference CPT Code	Global	Work RVU	Time Source
31231	000	1.10	**RUC Time**

CPT Descriptor Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 53.1 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 67500	Top Key Reference CPT Code: 67028	2nd Key Reference CPT Code: 64405
Median Pre-Service Time	23.00	12.00	7.00
Median Intra-Service Time	5.00	5.00	5.00
Median Immediate Post-service Time	5.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**33.00**	**22.00**	**22.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	44%	32%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	4%	32%	64%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	8%	44%	48%
Urgency of medical decision making	16%	52%	32%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	4%	60%	36%
Physical effort required	4%	72%	24%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	12%	40%	48%
Outcome depends on the skill and judgment of physician	4%	56%	40%
Estimated risk of malpractice suit with poor outcome	12%	48%	40%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	57%	14%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	57%	43%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	14%	86%
Urgency of medical decision making	0%	43%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	57%	43%
Physical effort required	0%	43%	57%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	14%	86%
Outcome depends on the skill and judgment of physician	0%	57%	43%
Estimated risk of malpractice suit with poor outcome	0%	29%	71%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 67500 *Retrobulbar injection; medication (separate procedure, does not include supply of medication)* is part of a family of procedures including CPT 67515, which was identified by CMS with a screen for 000-day global services typically performed with an office visit. This code was last fully reviewed by the RUC in 2005.

CPT 67500 is not itself performed with an office visit. A query of the 2015 5% file from CMS for the 3 codes in this family showed 67515 to be reported on the same day as an E/M or eye office visit code 53% of the time. The same query showed 67500 to be reported alone 84% of the time.

CPT Code 1	CPT Code 2	% Billed Together
67500	67028	6%
67500	92012	5%
67500	92134	7%
67500	ALONE	84%
67515	65800	2%
67515	66984	1%
67515	67028	15%
67515	76512	2%
67515	92004	2%
67515	92012	13%
67515	92014	24%
67515	92020	1%
67515	92134	49%
67515	92225	2%
67515	92226	15%
67515	92235	10%
67515	92250	10%
67515	92285	1%
67515	99204	3%
67515	99213	4%
67515	99214	7%
67515	ALONE	20%
67515	92134	2%

A random survey of AAO, American Society of Cataract and Refractive Surgeons (ASCRS) and American Society of Retina Specialists (ASRS) had 47 respondents, 76% of whom found the vignette typical. The median WRVU was 1.50 and the 25th percentile was 1.18. Median IST was 5 minutes. The current value of the code is 1.44 WRVU. The primary reference service, chosen by 53%, was 67028, *Intravitreal injection of a pharmacologic agent (separate procedure)* (RUC October 2009) with a WRVU of 1.44 and 5 minutes IST. The second key reference service was 64405, *Injection, anesthetic agent; greater occipital nerve* (RUC October 2010) with a WRVU of 0.94 and 5 minutes IST. For both reference codes, the majority of respondents rated the overall intensity/complexity of the surveyed code as somewhat or much more intense/complex.

The expert panel of the AAO, ASCRS and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 5 minutes is unchanged from the current value. The intra-service portion of the procedure itself has not changed over the past 12 years. The survey pre-times were 24/5/5. We used pre-service package 6 times of 17/1/5 unmodified, as the procedure is not typically done on the same day as an office visit and an interim history and dilated exam are required to assess the extent of the disease and the need for the procedure. We maintained the survey post-time of 5 minutes to maintain pressure on the globe and check for a retrobulbar hemorrhage, counsel the patient, prepare the report and communicate the results. **We recommend times of 23/5/5 and 1.18 WRVU, the survey's 25th percentile.**

There are few MPC or recently reviewed 000-day global codes with ISTs of 5 minutes, and no 5-minute MPC codes that match the intensity or complexity of a retrobulbar injection. The closest MPC in value and total time is 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (RUC April 2007) with 1.15 WRVU, an IST of 10 minutes and total time of 22 minutes. The recommended value is supported by the key reference service, CPT code 67028 *Intravitreal injection of a pharmacologic agent (separate procedure)* (RUC October 2009) with a WRVU of 1.44, an IST of 5 minutes and total time of 22 minutes. It is also supported by CPT code 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* (RUC January 2012) with a WRVU of 1.10, an IST of 7 minutes and total time of 21 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 11290
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 5152 Percentage 45.63 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,527
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 3435 Percentage 45.63 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 67500

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:67505 Tracking Number Original Specialty Recommended RVU: **1.18**
Presented Recommended RVU: **1.18**
Global Period: 000 Current Work RVU: **1.27** RUC Recommended RVU: **1.18**

CPT Descriptor: Retrobulbar injection; alcohol

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65- year-old male with a history of absolute glaucoma, blindness, and pain in the eye. Patient refuses enucleation.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the records and plan. Obtain an interval history. Perform a dilated examination to confirm the pathology in the involved eye. Describe the planned procedure and obtain informed consent. Check the supplies. Confirm the eye for treatment. Recline the chair and position the patient. Prep the periocular skin and apply povidone-iodine to the ocular surface. Inject local anesthetic.

Description of Intra-Service Work: The patient is instructed to look forward. A slightly blunt-tipped needle is passed through the outer half of the lower lid above the floor of the orbit aimed toward the orbital apex. The needle pops through the intermuscular septum, passing just below the globe and lateral to the inferior rectus, inferior oblique complex. The alcohol is injected in the retrobulbar space.

Description of Post-Service Work: An operative report is written in the medical record. Post-operative topical medications are prescribed. Analgesia is discussed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	David Glasser, M.D. AAO, John T. McAllister, M.D. AAO, John T. Thompson, M.D. ASRS				
Specialty(s):	Ophthalmology				
CPT Code:	67505				
Sample Size:	497	**Resp N:** 29	**Response:** 5.8 %		
Description of Sample:	A random sample of members were pulled from the AAO and ASRS database.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	2.00	10.00
Survey RVW:	0.90	1.30	**1.53**	1.80	3.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	2.00	**5.00**	5.00	20.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	67505	**Recommended Physician Work RVU: 1.18**	
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**10.00**	**17.00**	**-7.00**
Pre-Service Positioning Time:	**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**5.00**	**5.00**	**0.00**
Intra-Service Time:	**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
67028	000	1.44	**RUC Time**

CPT Descriptor Intravitreal injection of a pharmacologic agent (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65800	000	1.50	**RUC Time**

CPT Descriptor Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	52,170

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36620	000	1.15	**RUC Time**	573,357

CPT Descriptor 2 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

Other Reference CPT Code	Global	Work RVU	Time Source
31231	000	1.10	**RUC Time**

CPT Descriptor Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 44.8 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 24.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 67505	Top Key Reference CPT Code: 67028	2nd Key Reference CPT Code: 65800
Median Pre-Service Time	16.00	12.00	18.00
Median Intra-Service Time	5.00	5.00	5.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**26.00**	**22.00**	**28.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	31%	31%	23%	15%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	51%	24%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	15%	46%	39%
Physical effort required	15%	54%	31%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	28%	36%	36%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	14%	29%	43%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	19%	14%	67%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	14%	86%
Physical effort required	0%	14%	86%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	14%	72%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 67505 *Retrobulbar injection; alcohol* is part of a family of procedures including CPT 67515, which was identified by CMS with a screen for 000-day global services typically performed with an office visit. This code was last fully reviewed by the RUC in 2005.

CPT 67505 is not itself performed with an office visit. A query of the 2015 5% file from CMS for the 3 codes in this family showed 67515 to be reported on the same day as an E/M or eye office visit code 53% of the time. The same query showed 67500 to be reported alone 84% of the time. The report contained no data for 67505 because it is performed too infrequently. This is due to a change in the user agreement with CMS, which now stipulates that no data will be displayed if any value is less than 11.

CPT Code 1	CPT Code 2	% Billed Together
67500	67028	6%
67500	92012	5%
67500	92134	7%
67500	ALONE	84%
67515	65800	2%
67515	66984	1%
67515	67028	15%
67515	76512	2%
67515	92004	2%
67515	92012	13%
67515	92014	24%
67515	92020	1%
67515	92134	49%
67515	92225	2%
67515	92226	15%
67515	92235	10%
67515	92250	10%
67515	92285	1%
67515	99204	3%
67515	99213	4%
67515	99214	7%
67515	ALONE	20%
67515	92134	2%

A random survey of AAO and American Society of Retina Specialists (ASRS) had 29 respondents, 97% of whom found the vignette typical. The survey failed to meet the 30 respondents threshold, but the procedure is rarely performed (206 claims in 2016) and is almost identical in work and intensity to 67500. In addition, many respondents reported a zero performance rate for this procedure. Because the survey failed to meet the threshold and the median performance rate was zero, three separate SORs were prepared: one with the aggregate data, one with data from respondents who did perform the procedure, and one with data from respondents who did not perform the procedure. This SOR is based on the aggregate data. A summary of some key data elements comparing the aggregate data and that from performers and non-performers is presented in the following table:

	Aggregate	Performers	Non-Performers
n	29	14	15
Median performance rate	0	2	0
WRVU 25%	1.30	1.39	1.27
WRVU median	1.53	1.52	1.53
Total pre-time	20	23.5	20
Pre-eval	10	13.5	10
Pre-position	5	5	5
Pre-wait	5	5	5
IST median	5	4.5	5
Post-time	10	14.5	10

The median WRVU for the aggregate data was 1.53 and the 25th percentile was 1.30. Median IST was 5 minutes. The current value of the code is 1.27 WRVU. The primary reference service, chosen by 45%, was 67028, *Intravitreal injection of a pharmacologic agent (separate procedure)* (RUC October 2009) with a WRVU of 1.44 and 5 minutes IST. The intensity and complexity metrics for the surveyed code were similar to those of the reference code. The median performance rate for 67028 among all responders was 2000. The second key reference service was 65800, *Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous* (RUC April 2012) with a WRVU of 1.53 and 5 minutes IST. The intensity and complexity metrics for the surveyed code were higher than those for this reference code. The median performance rate for 65800 among all responders was 20.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 5 minutes is unchanged from the current value. The intra-service portion of the procedure itself has not changed over the past 12 years. The survey pre-times were 25/5/5. We used pre-service package 6 times of 17/1/5, as this procedure is not typically done on the same day as an office visit. A dilated exam is required to confirm the need for the procedure. We reduced the pre-service evaluation time to 10 minutes to match the survey median. We maintained 1 minute for positioning the patient and 5 minutes for scrub/dress/wait to prep the surface and inject local anesthetic and wait for it to take effect. We reduced the survey post-time from 10 to 5 minutes to maintain pressure on the globe and check for a retrobulbar hemorrhage, counsel the patient, prepare the report and communicate the results. **We recommend times of 16/5/5 and 1.18 WRVU, identical to CPT 67500 and below the survey's 25th percentile.**

There are few MPC or recently reviewed 000-day global codes with ISTs of 5 minutes, and no 5-minute MPC codes that match the intensity or complexity of a retrobulbar injection. The closest MPC in value and total time is 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (RUC April 2007) with 1.15 WRVU, an IST of 10 minutes and total time of 22 minutes. The recommended value is supported by the key reference service, CPT code 67028 *Intravitreal injection of a pharmacologic agent (separate procedure)* (RUC October 2009) with a WRVU of 1.44, an IST of 5 minutes and total time of 22 minutes. It is also supported by CPT code 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* (RUC January 2012) with a WRVU of 1.10, an IST of 7 minutes and total time of 21 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmologu How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 309
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 259 Percentage 83.81 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 206
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 173 Percentage 83.98 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 67505

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:67515 Tracking Number Original Specialty Recommended RVU: **1.00**

Presented Recommended RVU: **1.00**

Global Period: 000 Current Work RVU: **1.40** RUC Recommended RVU: **0.84**

CPT Descriptor: Injection of medication or other substance into Tenon's capsule

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old patient presents with panuveitis due to sarcoidosis

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Describe the planned procedure and obtain informed consent. Check the supplies. Confirm the eye for treatment. Recline the chair and position the patient. Prep the periocular skin and apply povidone-iodine to the ocular surface. Inject local anesthetic

Description of Intra-Service Work: Instruct the patient to look forward. Pass a slightly blunt-tipped needle through the bulbar conjunctiva in the inferotemporal quadrant passing just below the globe and medial to the intermuscular septum. Advance the needle into the sub-Tenon space, avoiding penetration of the globe. Rock the tip as necessary to be certain the needle is not in the eye. Inject the medication into the potential space between Tenon capsule and the sclera. Withdraw the needle.

Description of Post-Service Work: Pressure is maintained over the closed lids to reduce bleeding. An operative report is written in the medical record and forwarded to the referring source and primary care provider. Postoperative medications are prescribed. Use of medications and analgesia are discussed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017						
Presenter(s):	David B. Glasser, M.D. AAO, John T. McAllister, M.D. AAO, John T. Thompson, M.D. ASRS						
Specialty(s):	Ophthalmology						
CPT Code:	67515						
Sample Size:	493	**Resp N:** 43		**Response:** 8.7 %			
Description of Sample:	A random sample of members were pulled from the AAO and ASRS databases						
			Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate			1.00	11.00	**24.00**	50.00	150.00
Survey RVW:			0.49	1.27	**1.44**	1.58	4.00
Pre-Service Evaluation Time:					**20.00**		
Pre-Service Positioning Time:					**4.00**		
Pre-Service Scrub, Dress, Wait Time:					**5.00**		
Intra-Service Time:			1.00	2.00	**3.00**	5.00	20.00
Immediate Post Service-Time:	**5.00**						
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**					
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**					
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**					
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**					
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**					
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**					
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**					

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	67515	**Recommended Physician Work RVU: 0.84**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**17.00**	**-14.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**5.00**	**-4.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
67028	000	1.44	**RUC Time**

CPT Descriptor Intravitreal injection of a pharmacologic agent (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
68200	000	0.49	**RUC Time**

CPT Descriptor Subconjunctival injection

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	52,170

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36620	000	1.15	**RUC Time**	573,357

CPT Descriptor 2 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

Other Reference CPT Code	Global	Work RVU	Time Source
20527	000	1.00	**RUC Time**

CPT Descriptor Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 60.4 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 16.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 67515	Top Key Reference CPT Code: 67028	2nd Key Reference CPT Code: 68200
Median Pre-Service Time	5.00	12.00	3.00
Median Intra-Service Time	3.00	5.00	5.00
Median Immediate Post-service Time	5.00	5.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**13.00**	**22.00**	**11.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	19%	35%	38%	8%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	4%	35%	61%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4%	42%	54%
Urgency of medical decision making	15%	62%	23%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	27%	38%	35%
Physical effort required	0%	69%	31%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	35%	35%	30%
Outcome depends on the skill and judgment of physician	8%	54%	38%
Estimated risk of malpractice suit with poor outcome	23%	46%	31%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	14%	71%	14%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	0%	43%	57%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	43%	57%
Urgency of medical decision making	0%	57%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	28%	72%
Physical effort required	0%	43%	57%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	0%	29%	71%
Outcome depends on the skill and judgment of physician	0%	29%	71%
Estimated risk of malpractice suit with poor outcome	0%	43%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

67515 Revised SOR Rationale

CPT 67515 *Injection of medication or other substance into Tenon's capsule* was identified by CMS as a potentially misvalued 000-day global service typically performed with an office visit. A query of the 2015 5% file from CMS for the 3 codes in this family showed 67515 to be reported on the same day as an E/M or eye office visit code 53% of the time. It was last fully reviewed by the RUC in 2005.

A random survey of AAO and American Society of Retina Specialists (ASRS) had 43 respondents, 98% of whom found the vignette typical. The median WRVU was 1.44 and the 25th percentile was 1.27. Median IST was 3 minutes. The current value of the code is 1.40 WRVU. The primary reference service, chosen by 60%, was 67028, *Intravitreal injection of a pharmacologic agent (separate procedure)* (RUC October 2009) with a WRVU of 1.44 and 5 minutes IST. The intensity and complexity metrics for the surveyed code were similar to or greater than those of the reference code. The second key reference service was 68200, *Subconjunctival injection* (RUC September 2011) with a WRVU of 0.49 and 5 minutes IST. The intensity and complexity metrics for the surveyed code were higher than those for this reference code.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 3 minutes is 2 minutes less than the current value. The panel questioned whether a difference of 2 minutes in a survey of this nature is meaningful given the recent instructions to not round up or down compared to previous surveys that lacked those instructions. The intra-service portion of the procedure itself has not changed over the past 12 years despite the decrease in survey time. The survey pre-times were 20/4/5. We used pre-service package 6 with times of 17/1/5. We reduced the pre-service time further because the procedure is typically done on the same day as an office visit, utilizing 3 minutes to prepare for the procedure, describe the procedure to the patient and obtain consent, 1 minute to position the patient, and 1 minute to administer and wait for the anesthetic, for a total pre-time of 5 minutes. We maintained the survey post-time of 5 minutes to maintain pressure on the globe to reduce bleeding, counsel the patient, prepare the report and communicate the results. **We recommend times of 5/3/5 and 1.00 WRVU, below the survey's 25th percentile.**

There are no MPC or recently reviewed 000-day global codes with ISTs of 3 minutes. The closest MPC in value is 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (RUC April 2007) with 01.15 WRVU, an IST of 10 minutes and total time of 22 minutes. The highest-valued MPC with an IST of 5 minutes is 67820 *Correction of trichiasis; epilation, by forceps only* (RUC August 2005) with 0.71 WRVU. We expect that value to drop further after publication of the final rule, based on a re-review last year, but this code is much less intense than 67515. The recommended value is supported by CPT code 20527 *Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)* (RUC April 2011) with a WRVU of 1.00, an IST of 5 minutes and total time of 18 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Billed with an office

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
3.							
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 38904
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 38749 Percentage 99.60 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,936 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 25833 Percentage 99.60 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
NA

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 67515

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
13	**ISSUE:** Injection - Eye																																							
14	**TAB:** 11																																							
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
17	1st REF	67028	Intravitreal injection of a pharmacologic agent (separate		0.226			1.44			22	6	1	5			5			5																				
18	2nd REF	64405	Injection, anesthetic agent; greater occipital nerve		0.112			0.94			22	7					5			10																				
19	CURRENT	67500	Retrobulbar injection; medication (separate		0.213			1.44			25	5	5	5			5			5																				
20	SVY	67500	Retrobulbar injection; medication (separate	47	0.140	0.49	1.18	1.50	1.75	5.00	44	24	5	5	1	2	5	6	45	5																				
21	REC	67500	Retrobulbar injection; medication (separate		0.125			1.18			33	17	1	5			5			5																				
22																																								
23																																								
24																																								
25																																								
26																																								
27						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			

CPT Code: 67500
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Retrobulbar injection; medication (separate procedure, does not include supply of medication)

Global Period: 000 Meeting Date: October, 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **N/A**

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

Minimal staff time is maintained for lines 14 and 16 for this code since it requires time to schedule space and equipment in the facility and to complete diagnostic and referral forms. Our specialty comprises mostly private practice physicians who are not employees of a hospital. As such, the process of staff from the practice communicating with staff from a separate facility (very often with a different EMR) in order to schedule space and complete pre-service forms requires time that should be recognized. Although we believe this work has not changed from the prior review, in a good faith demonstration, we have reduced the pre-service minutes from 5 to 3 in this code.

4. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

5. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

6. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A.**

7. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

9. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

10. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

13. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

14. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 67500
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Retrobulbar injection; medication (separate procedure, does not include supply of medication)

Global Period: 000 Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

In this sheet, the existing code (67500) was listed as the reference.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A, see below.**

4. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

5. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

6. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A.**

Although the technician may be called upon to assist the physician in securing the patient's head or elevating the eyelid, this assistance is likely less than 50% of the time and we have not included it on our PE sheet.

7. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

9. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

10. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

EL005 – ophthalmic exam lane. The default formula was used as this procedure does not include highly-technical equipment by CMS's definition. Exam lane is more typical than screening lane with this code, as it is used to treat posterior pathology and dilation is typical. This must have been an unintentional error in the previously reviewed code.

13. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

Pre-service clinical activities: **N/A**

Service period clinical activities:
Pre-service of service period:

Code 67500 is not typically performed with an E&M, so RUC-approved standards are used for pre-service times.

Line 32: PE standard of 3 minutes are allocated for greeting patient, gowning, and ensuring appropriate medical records are available.

Line 34: PE standard 2 minutes are allocated for providing education.

Line 36: Two minutes are allocated for preparing equipment for the procedure. The supplies for this procedure are not included in the standard ophthalmic exam lane, and are not typically kept there. These supplies are retrieved, drawn up, and prepared by the technician for use in the procedure. The typical supplies used are listed below:

Line 101: Ophthalmology pack with dilation is typically used, since this code is typically done to treat posterior pathology and dilation is typical with the use of this code.

Line 102**:** Two syringes: one syringe to draw up and administer lidocaine, and one syringe to draw up and administer the injected medication.

Line 103: One 18 gauge, filtered needle to draw up lidocaine without particulate matter.

Line 104: One 18 gauge, unfiltered needle to draw up injected medication (typically an emulsified steroid)

Line 105: One Atkinson needle for safely injecting the lidocaine for anesthesia. One Atkinson needle for safely injecting medication into the retrobulbar space. (Although sharp needles may have been used in the past for this procedure, the Atkinson needles are now typically used in order to improve the safety profile of the procedure significantly. The Atkinson needle is a long, stiff, relatively blunted needle, which is more uncomfortable to the patient, but is much less likely to perforate the globe or cause other inadvertent trauma while attempting to place medicine in the retrobulbar space.)

Line 106: 3cc lidocaine which is instilled for anesthesia prior to injecting the medication, which could otherwise cause significant discomfort.

Line 108: 4 non-sterile gauze pads for hemostasis and applying pressure post-injection.

Intra-service of service period:

N/A Staff are often present assisting the physician by holding the patient's eyelid up with a cotton-tipped applicator, securing the patient's head, and handing the physician instruments. We believe that this is still done quite frequently in practice, but less than half of the time. We have therefore removed this intraservice time from the practice expense sheet.

Post-service of service period:

Code 67500 is not typically performed with an E&M, so RUC-approved standards are used for pre-service times.

Line 61: 3 minutes are allocated for disposing of the instruments used for the procedure in the sharps and biohazard waste locations and for replacing medicine bottles used during the procedure.

Post-service clinical activities: N/A

14. If there is any other item on your spreadsheet that needs further explanation please include here:

Line 113: Represents the total time taken to perform the code in the exam lane (which is not able to be occupied by another patient during the time of the procedure), plus the time inputs for the technician work as listed above. Physician service time is submitted as 5 minutes, as listed in line 122 (placeholder to allow for RUC changes while maintaining an accurate formula on line 113 for total exam lane time).

CPT Code: 67505
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Retrobulbar injection; alcohol

Global Period: 000 Meeting Date: October, 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **N/A**

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

Minimal staff time is maintained for lines 14 and 16 for this code since it requires time to schedule space and equipment in the facility and to complete diagnostic and referral forms. Our specialty comprises mostly private practice physicians who are not employees of a hospital. As such, the process of staff from the practice communicating with staff from a separate facility (very often with a different EMR) in order to schedule space and complete pre-service forms requires time that should be recognized. Although we believe this work has not changed from the prior review, in a good faith demonstration, we have reduced the pre-service minutes from 5 to 3 in this code.

4. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

5. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

6. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A.**

7. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

9. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

10. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

13. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

14. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 67505
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Retrobulbar injection; alcohol

Global Period: 000 Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

In this sheet, the existing code (67500) was listed as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A, see below.**

4. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

5. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

6. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A.**

Although the technician may be called upon to assist the physician in securing the patient's head or elevating the eyelid, this assistance is likely less than 50% of the time and we have not included it on our PE sheet.

7. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

9. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

10. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **EL005 – ophthalmic exam lane. The default formula was used as this procedure does not include highly-technical equipment by CMS's definition. Exam lane is more typical than screening lane with this code, as it is used to treat posterior pathology and dilation is typical. This must have been an unintentional error in the previously reviewed code.**

13. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

Pre-service clinical activities: **N/A**

Service period clinical activities:

Pre-service of service period:
Code 67505 is not typically performed with an E&M, so RUC-approved standards are used for pre-service times.

Line 32: PE standard of 3 minutes are allocated for greeting patient, gowning, and ensuring appropriate medical records are available.

Line 34: PE standard 2 minutes are allocated for providing education.

Line 36: Two minutes are allocated for preparing equipment for the procedure. The supplies for this procedure are not included in the standard ophthalmic exam lane, and are not typically kept there. These supplies are retrieved, drawn up, and prepared by the technician for use in the procedure. The typical supplies used are listed below:

Line 101: Ophthalmology pack with dilation is typically used, since this code is typically done to treat posterior pathology and dilation is typical with the use of this code.

Line 102**:** Two syringes: one syringe to draw up and administer lidocaine, and one syringe to draw up and administer alcohol.

Line 104: Two 18 gauge, filtered needles: One to withdraw lidocaine without particulate matter and a second one to withdraw the ethanol from a glass ampule without any glass shards.

Line 105: One Atkinson needle for safely injecting the lidocaine for anesthesia. One Atkinson needle for safely injecting alcohol into the retrobulbar space. (Although sharp needles may have been used in the past for this procedure, the Atkinson needles are now typically used in order to improve the safety profile of the procedure significantly. The Atkinson needle is a long, stiff, relatively blunted needle, which is more uncomfortable to the patient, but is much less likely to perforate the globe or cause other inadvertent trauma while attempting to place medicine in the retrobulbar space than a typical needle.)

Line 106: 3cc lidocaine which is instilled for anesthesia prior to injecting the medication, which could otherwise cause significant discomfort.

Line 107: 1cc ethanol which is instilled for the procedure. This is significantly uncomfortable and requires anesthesia to tolerate.

Line 108: 4 non-sterile gauze pads for hemostasis and applying pressure post-injection.

Intra-service of service period:

N/A Staff are often present assisting the physician by holding the patient's eyelid up with a cotton-tipped applicator, securing the patient's head, and handing the physician instruments. We believe that this is still done quite frequently in practice, but less than half of the time. We have therefore removed this intra-service time from the practice expense sheet.

Post-service of service period:
Code 67505 is not typically performed with an E&M, so RUC-approved standards are used for pre-service times.

Line 61: 3 minutes are allocated for disposing of the instruments used for the procedure in the sharps and biohazard waste locations and for replacing medicine bottles used during the procedure. These supplies are not typically part of an exam lane, and require clean-up in excess of a typical E&M visit.

Post-service clinical activities: N/A

14. If there is any other item on your spreadsheet that needs further explanation please include here:

Line 113: Represents the total time taken to perform the code in the exam lane (which is not able to be occupied by another patient during the time of the procedure), plus the time inputs for the technician work as listed above. Physician service time is submitted as 5 minutes, as listed in line 122 (placeholder to allow for RUC changes while maintaining an accurate formula on line 113 for total exam lane time).

CPT Code: 67515
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection of medication or other substance into Tenon's capsule

Global Period: 000 Meeting Date: October, 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **N/A**

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

Minimal staff time is maintained for lines 14 and 16 for this code since it requires time to schedule space and equipment in the facility and to complete diagnostic and referral forms. Our specialty comprises mostly private practice physicians who are not employees of a hospital. As such, the process of staff from the practice communicating with staff from a separate facility (very often with a different EMR) in order to schedule space and complete pre-service forms requires time that should be recognized. Although we believe this work has not changed from the prior review, in a good faith demonstration, we have reduced the pre-service minutes from 5 to 3 in this code.

4. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

5. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

6. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A.**

7. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

9. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

10. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

13. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

14. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

CPT Code: 67515
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection of medication or other substance into Tenon's capsule

Global Period: 000 Meeting Date: October 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

In this sheet, the existing code (67515) was listed as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A, see below.**

4. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

5. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

6. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A.**

Although the technician may be called upon to assist the physician in securing the patient's head or elevating the eyelid, this assistance is likely less than 50% of the time and we have not included it on our PE sheet.

7. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

9. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

10. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

EL005 – ophthalmic exam lane. The default formula was used as this procedure does not include highly-technical equipment by CMS's definition. Exam lane is more typical than screening lane with this code, as it is used to treat posterior pathology and dilation is typical. This must have been an unintentional oversight in the previously reviewed code.

13. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

Pre-service clinical activities: **N/A**

Service period clinical activities:

Pre-service of service period:

(Lines 32, and 34 have been removed since this code is typically done now in conjunction with an E&M code.)

Line 36: 2 minutes are allocated for preparing equipment for the procedure. Although this procedure is typically done with an E&M service, the supplies for this procedure are not included in the standard ophthalmic exam lane, and are not typically kept there. These supplies are retrieved, drawn up, and prepared by the technician for use in the procedure, in excess of typical E&M service.

The typical supplies used are listed below:

Line 102: Two syringes: one syringe to draw up and administer lidocaine, and one syringe to draw up and administer the intended medication (typically an emulsified corticosteroid)

Line 103: Three needles; one unfiltered 18 gauge needle to withdraw the medication (typically an emulsified corticosteroid), one 25 gauge needle for injecting the lidocaine into the Sub-Tenon's space, and a third 25 gauge needle for injecting the medication into the Sub-Tenon's space.

Line 104: One filtered 18 gauge needle to withdraw the lidocaine without particulate matter.

Line 106: 3cc lidocaine used for anesthesia

Line 108: 4 non-sterile gauze pads for hemostasis and applying pressure post-injection.

Intra-service of service period:

N/A Staff are often present assisting the physician by holding the patient's eyelid up with a cotton-tipped applicator, securing the patient's head, and handing the physician instruments. We believe that this is still done quite frequently in practice, but less than half of the time. We have therefore removed this intraservice time from the practice expense sheet.

Post-service of service period:

Line 61: 3 minutes are allocated for disposing of the instruments used for the procedure in the sharps and biohazard waste locations, and for replacing medicine bottles used during the procedure. These supplies are not typically a part of the standard ophthalmic exam lane, and are in excess of the typical cleaning performed for the E&M visit.

Post-service clinical activities: N/A

14. If there is any other item on your spreadsheet that needs further explanation please include here:

Line 113: *R*epresents the total time taken to perform the code in the exam lane (which is not able to be occupied by another patient during the time of the procedure), plus the time inputs for the technician work as listed above. Physician service time is submitted as 5 minutes, as listed in line 122 (placeholder to allow for RUC changes while maintaining an accurate formula on line 113 for total exam lane time).

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**CURI**
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ****Please do not modify formulas in gray shaded cells*** ****Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***							**67500**		**67500**		**67**
3		***RUC Collaboration Website***							Retrobulbar injection; medication (separate procedure, does not include supply of medication)		Retrobulbar injection; medication (separate procedure, does not include supply of medication)		Retrobulba alc
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab:** **Specialty: AAO**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**											
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**16.0**	**10.0**	**10.0**	**6.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**10.0**	**0.0**	**6.0**	**5.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**11.0**	**0.0**	**10.0**	**0.0**	**11.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ -**	**$ -**	**$ 6.08**	**$ 3.80**	**$ 3.80**	**$ 2.28**	**$ 6.08**
12		**PRE-SERVICE PERIOD**											
13		**Start: Following visit when decision for surgery or procedure made**											
14	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38			5	5		3	5
15	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38							
16	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38				5		3	
17	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38							
18	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38							
19	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38							
20	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38							
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38							
22				L038A	COMT/COT/RN/CST	0.38							
23				L038A	COMT/COT/RN/CST	0.38							
24				L038A	COMT/COT/RN/CST	0.38							
25		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
26		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
27		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
28		**End: When patient enters office/facility for surgery/procedure**											

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	RUC Practice Expense Spreadsheet						REFERENCE CODE		CURRENT		RECOMMENDED		CURI
2		**Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*							67500		67500		675
3		RUC Collaboration Website							Retrobulbar injection; medication (separate procedure, does not include supply of medication)		Retrobulbar injection; medication (separate procedure, does not include supply of medication)		Retrobulba alco
4	Clinical Activity Code	Meeting Date: October 2017 Tab: Specialty: AAO	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute							
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD											
7		TOTAL CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	16.0	10.0	10.0	6.0	16.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	5.0	10.0	0.0	6.0	5.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	11.0	0.0	10.0	0.0	11.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	0.0	0.0	0.0	0.0	0.0
29		SERVICE PERIOD											
30		Start: When patient enters office/facility for surgery/procedure:											
31		Pre-Service (of service period)											
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standard time for this activity is 3 minutes.	L038A	COMT/COT/RN/CST	0.38			3		3		3
33	CA010	Obtain vital signs	Vital Sign StandardsLevel 0 (no vital signs taken) = 0 minutesLevel 1 (1-3 vitals) = 3 minutesLevel 2 (4-6 vitals) = 5 minutes	L038A	COMT/COT/RN/CST	0.38							
34	CA011	Provide education/obtain consent	Include only the additional education/consent activities not included in the pre-service period.	L038A	COMT/COT/RN/CST	0.38			2		2		2
35	CA012	Review requisition, assess for special needs	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38							
36	CA013	Prepare room, equipment and supplies	2 minute standard	L038A	COMT/COT/RN/CST	0.38			3		2		3
37	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38							
38	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the non facility setting only.	L038A	COMT/COT/RN/CST	0.38							
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L038A	COMT/COT/RN/CST	0.38							
40	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L038A	COMT/COT/RN/CST	0.38							
41				L038A	COMT/COT/RN/CST	0.38							
42				L038A	COMT/COT/RN/CST	0.38							
43				L038A	COMT/COT/RN/CST	0.38							
44		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
45		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
46		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
47		Intra-service (of service period)											
48	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	100% of physician or other qualified healthcare professional intra-service time.	L038A	COMT/COT/RN/CST	0.38			0		0		0
49	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	67% of physician or other qualified healthcare professional intra-service time.	L038A	COMT/COT/RN/CST	0.38							
50	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	other% of physician or other qualified healthcare professional intra-service time. Percentage must be	L038A	COMT/COT/RN/CST	0.38							
51	CA021	Perform procedure/service---NOT directly related to physician work time	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38							
52				L038A	COMT/COT/RN/CST	0.38							

	A	B	C	D	E	F	G	H	I	J	K	L	M
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2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***							**67500**		**67500**		**67!**
3		***RUC Collaboration Website***							Retrobulbar injection; medication (separate procedure, does not include supply of medication)		Retrobulbar injection; medication (separate procedure, does not include supply of medication)		Retrobulba alco
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: Specialty: AAO**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**											
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**16.0**	**10.0**	**10.0**	**6.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**10.0**	**0.0**	**6.0**	**5.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**11.0**	**0.0**	**10.0**	**0.0**	**11.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
53				L038A	COMT/COT/RN/CST	0.38							
54				L038A	COMT/COT/RN/CST	0.38							
55		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
56		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
57		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							

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1	RUC Practice Expense Spreadsheet						REFERENCE CODE		CURRENT		RECOMMENDED		CURI
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6		GLOBAL PERIOD											
7		TOTAL CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	16.0	10.0	10.0	6.0	16.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	5.0	10.0	0.0	6.0	5.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	11.0	0.0	10.0	0.0	11.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	0.0	0.0	0.0	0.0	0.0
58		Post-Service (of service period)											
59	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the standard is 15 minutes of RN/LPN/MTA time per 1 hour of monitoring.	L038A	COMT/COT/RN/CST	0.38							
60	CA023	Monitor patient following procedure/service, no multitasking	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38							
61	CA024	Clean room/equipment by clinical staff	3 minute standard	L038A	COMT/COT/RN/CST	0.38			3		3		3
62	CA025	Clean scope	Standards For Scope Cleaning--5 minutes for a disposable scope, --10 minutes for a rigid scope, and -- 30 minutes for a flexible scope	L038A	COMT/COT/RN/CST	0.38							
63	CA026	Clean surgical instrument package	Standard for cleaning instruments *Must have instrument package included in equipment (based on guidelines)Basic Surgical Instrument Package--10 minutesMedium Surgical Instrument Package--15 minutes	L038A	COMT/COT/RN/CST	0.38							
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38							
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38							
66	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.	L038A	COMT/COT/RN/CST	0.38							
67	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	No standard time. Baseline time for this activity is 2 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38							
68	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38							
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	Standard time for this activity is 1 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38							
70	CA033	Perform regulatory mandated quality assurance activity (service period)	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38							
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38							
72	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes. For non-facility (office) setting use this activity instead of discharge day management activities.	L038A	COMT/COT/RN/CST	0.38							
73	CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)Dischrg mgmt (1.0 x 99238) (enter 12 min)Dischrg mgmt (1.0 x 99239) (enter 15 min)	L038A	COMT/COT/RN/CST	0.38			n/a		n/a		n/a
74				L038A	COMT/COT/RN/CST	0.38							
75				L038A	COMT/COT/RN/CST	0.38							
76				L038A	COMT/COT/RN/CST	0.38							
77		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
78		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							

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1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**CURI**
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3		***RUC Collaboration Website***							Retrobulbar injection; medication (separate procedure, does not include supply of medication)		Retrobulbar injection; medication (separate procedure, does not include supply of medication)		Retrobulba alc
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab:** **Specialty: AAO**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**											
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**16.0**	**10.0**	**10.0**	**6.0**	**16.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**10.0**	**0.0**	**6.0**	**5.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**11.0**	**0.0**	**10.0**	**0.0**	**11.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
79		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
80		**End: Patient leaves office**											

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	RUC Practice Expense Spreadsheet						REFERENCE CODE		CURRENT		RECOMMENDED		CURI
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5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD											
7		TOTAL CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	16.0	10.0	10.0	6.0	16.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	5.0	10.0	0.0	6.0	5.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	11.0	0.0	10.0	0.0	11.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	0.0	0.0	0.0	0.0	0.0
81		POST-SERVICE PERIOD											
82		Start: Patient leaves office/facility											
83	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute incrementsPhone calls/emails/texts need to be fully justified, as the post op e/m codes already contain time for phone calls/emails/texts and adding any additional phone calls/emails/texts would be duplicative.	L038A	COMT/COT/RN/CST	0.38							
84	CA038	Coordinate post-procedure services	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38							
85		*Office visits: List Number and Level of Office Visits*		MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits
86		99211 16 minutes		16									
87		99212 27 minutes		27									
88		99213 36 minutes		36									
89		99214 53 minutes		53									
90		99215 63 minutes		63									
91	CA039	Post-operative visits (total time)		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92				L038A	COMT/COT/RN/CST	0.38							
93				L038A	COMT/COT/RN/CST	0.38							
94				L038A	COMT/COT/RN/CST	0.38							
95		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
96		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
97		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38							
98		End: with last office visit before end of global period											

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6		GLOBAL PERIOD											
7		TOTAL CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	16.0	10.0	10.0	6.0	16.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	5.0	10.0	0.0	6.0	5.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	11.0	0.0	10.0	0.0	11.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99	Medical Supply Code	MEDICAL SUPPLIES		PRICE	UNIT								
100		TOTAL COST OF SUPPLY QUANTITY x PRICE					$ -	$ -	$ 2.76	$ -	$ 4.83	$ -	$ 2.76
101	SA082	pack, ophthalmology visit (w-dilation)		1.997	pack				1		1		1
102	SC057	syringe 5-6ml		0.15	item				2		2		2
103	SC029	needle, 18-27g		0.089	item				4		2		4
104	SC027	needle, 18-19g, filter		0.37	item						1		
105	SC081	needle, retrobulbar (Atkinson)		1.825	item						1		
106	SH047	lidocaine 1%-2% inj (Xylocaine)		0.035	ml				3		3		3
107	SL189	ethanol, 100%		0.0033	ml								1
108	SG050	gauze, non-sterile 2in x 2in		0.013	item						4		
109		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*											
111	Equipment Code	EQUIPMENT	Please select the equipment formula you intend to use for each equipment item from the dropdown list in column E under equipment. If you select "Other formula" please explain in PE SoR. You must also include an excel formula adding the equipment minutes used in columns J and K (this will not be automatic). Please see key in equipment tab for clinical activities included in each equipment formula.	Purchase Price	Equipment Formula	Cost Per Minute							
112		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE					$ -	$ -	$ 0.98	$ -	$ 1.43	$ -	$ 0.98
113	EL006	lane, screening (oph)		28463.33		0.089395054			11				11
114	EL005	lane, exam (oph)		30453.33		0.095645066					15		
115													
116													
117													
118													
119		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*											

	A	B	N	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*	505	67505		67515		67515	
3		RUC Collaboration Website	r injection; ohol	Retrobulbar injection; alcohol		Injection of medication or other substance into Tenon's capsule		Injection of medication or other substance into Tenon's capsule	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: Specialty: AAO							
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD							
7		TOTAL CLINICAL STAFF TIME	10.0	10.0	6.0	16.0	10.0	5.0	6.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	10.0	0.0	6.0	5.0	10.0	0.0	6.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	10.0	0.0	11.0	0.0	5.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 3.80	$ 3.80	$ 2.28	$ 6.08	$ 3.80	$ 1.90	$ 2.28
12		PRE-SERVICE PERIOD							
13		Start: Following visit when decision for surgery or procedure made							
14	CA001	Complete pre-service diagnostic and referral forms	5		3	5	5		3
15	CA002	Coordinate pre-surgery services (including test results)							
16	CA003	Schedule space and equipment in facility	5		3		5		3
17	CA004	Provide pre-service education/obtain consent							
18	CA005	Complete pre-procedure phone calls and prescription							
19	CA006	Confirm availability of prior images/studies							
20	CA007	Review patient clinical extant information and questionnaire							
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)							
22									
23									
24									
25		*Other activity: please include short clinical description here and type new in column A*							
26		*Other activity: please include short clinical description here and type new in column A*							
27		*Other activity: please include short clinical description here and type new in column A*							
28		End: When patient enters office/facility for surgery/procedure							

	A	B	N	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED	
2		**Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*	505	67505		67515		67515	
3		RUC Collaboration Website	r injection;	Retrobulbar injection;		Injection of		Injection of	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: Specialty: AAO	hol	alcohol		medication or other substance into Tenon's capsule		medication or other substance into Tenon's capsule	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD							
7		TOTAL CLINICAL STAFF TIME	10.0	10.0	6.0	16.0	10.0	5.0	6.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	10.0	0.0	6.0	5.0	10.0	0.0	6.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	10.0	0.0	11.0	0.0	5.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
29		SERVICE PERIOD							
30		Start: When patient enters office/facility for surgery/procedure:							
31		Pre-Service (of service period)							
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available		3		3			
33	CA010	Obtain vital signs							
34	CA011	Provide education/obtain consent		2		2			
35	CA012	Review requisition, assess for special needs							
36	CA013	Prepare room, equipment and supplies		2		3		2	
37	CA014	Confirm order, protocol exam							
38	CA015	Setup scope (nonfacility setting only)							
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
40	CA017	Sedate/apply anesthesia							
41									
42									
43									
44		*Other activity: please include short clinical description here and type new in column A*							
45		*Other activity: please include short clinical description here and type new in column A*							
46		*Other activity: please include short clinical description here and type new in column A*							
47		Intra-service (of service period)							
48	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		0		0		0	
49	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)							
50	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)							
51	CA021	Perform procedure/service---NOT directly related to physician work time							
52									

	A	B	N	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	505	67505		67515		67515	
3		RUC Collaboration Website	r injection; ohol	Retrobulbar injection; alcohol		Injection of medication or other substance into Tenon's capsule		Injection of medication or other substance into Tenon's capsule	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: Specialty: AAO							
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD							
7		TOTAL CLINICAL STAFF TIME	10.0	10.0	6.0	16.0	10.0	5.0	6.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	10.0	0.0	6.0	5.0	10.0	0.0	6.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	10.0	0.0	11.0	0.0	5.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
53									
54									
55		*Other activity: please include short clinical description here and type new in column A*							
56		*Other activity: please include short clinical description here and type new in column A*							
57		*Other activity: please include short clinical description here and type new in column A*							

	A	B	N	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*	505	67505		67515		67515	
3		***RUC Collaboration Website***	r injection; ohol	Retrobulbar injection; alcohol		Injection of medication or other substance into Tenon's capsule		Injection of medication or other substance into Tenon's capsule	
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab:** **Specialty: AAO**							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**							
7		**TOTAL CLINICAL STAFF TIME**	**10.0**	**10.0**	**6.0**	**16.0**	**10.0**	**5.0**	**6.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**10.0**	**0.0**	**6.0**	**5.0**	**10.0**	**0.0**	**6.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**10.0**	**0.0**	**11.0**	**0.0**	**5.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58		**Post-Service (of service period)**							
59	CA022	Monitor patient following procedure/service, multitasking 1:4							
60	CA023	Monitor patient following procedure/service, no multitasking							
61	CA024	Clean room/equipment by clinical staff		3		3		3	
62	CA025	Clean scope							
63	CA026	Clean surgical instrument package							
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions							
65	CA028	Review/read post-procedure x-ray, lab and pathology reports							
66	CA029	Check dressings, catheters, wounds							
67	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page							
68	CA031	Review examination with interpreting MD/DO							
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.							
70	CA033	Perform regulatory mandated quality assurance activity (service period)							
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)							
72	CA035	Review home care instructions, coordinate visits/prescriptions							
73	CA036	Discharge day management		**n/a**		**n/a**		**n/a**	
74									
75									
76									
77		*Other activity: please include short clinical description here and type new in column A*							
78		*Other activity: please include short clinical description here and type new in column A*							

	A	B	N	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*	505	67505		67515		67515	
3		RUC Collaboration Website	r injection; ohol	Retrobulbar injection; alcohol		Injection of medication or other substance into Tenon's capsule		Injection of medication or other substance into Tenon's capsule	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: Specialty: AAO							
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD							
7		TOTAL CLINICAL STAFF TIME	10.0	10.0	6.0	16.0	10.0	5.0	6.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	10.0	0.0	6.0	5.0	10.0	0.0	6.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	10.0	0.0	11.0	0.0	5.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
79		*Other activity: please include short clinical description here and type new in column A*							
80		End: Patient leaves office							

	A	B	N	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	505	67505		67515		67515	
3		RUC Collaboration Website	r injection; ohol	Retrobulbar injection; alcohol		Injection of medication or other substance into Tenon's capsule		Injection of medication or other substance into Tenon's capsule	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: Specialty: AAO							
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD							
7		TOTAL CLINICAL STAFF TIME	10.0	10.0	6.0	16.0	10.0	5.0	6.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	10.0	0.0	6.0	5.0	10.0	0.0	6.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	10.0	0.0	11.0	0.0	5.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
81		POST-SERVICE PERIOD							
82		Start: Patient leaves office/facility							
83	CA037	Conduct patient communications							
84	CA038	Coordinate post-procedure services							
85		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits
86		99211 16 minutes							
87		99212 27 minutes							
88		99213 36 minutes							
89		99214 53 minutes							
90		99215 63 minutes							
91	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92									
93									
94									
95		*Other activity: please include short clinical description here and type new in column A*							
96		*Other activity: please include short clinical description here and type new in column A*							
97		*Other activity: please include short clinical description here and type new in column A*							
98		End: with last office visit before end of global period							

	A	B	N	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED	
2		**Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*	505	67505		67515		67515	
3		RUC Collaboration Website	r injection; hol	Retrobulbar injection; alcohol		Injection of medication or other substance into Tenon's capsule		Injection of medication or other substance into Tenon's capsule	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: Specialty: AAO							
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD							
7		TOTAL CLINICAL STAFF TIME	10.0	10.0	6.0	16.0	10.0	5.0	6.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	10.0	0.0	6.0	5.0	10.0	0.0	6.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	10.0	0.0	11.0	0.0	5.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99	Medical Supply Code	MEDICAL SUPPLIES							
100		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ 5.11	$ -	$ 2.76	$ -	$ 1.09	$ -
101	SA082	pack, ophthalmology visit (w-dilation)		1		1			
102	SC057	syringe 5-6ml		2		2		2	
103	SC029	needle, 18-27g		1		4		3	
104	SC027	needle, 18-19g, filter		2				1	
105	SC081	needle, retrobulbar (Atkinson)		1					
106	SH047	lidocaine 1%-2% inj (Xylocaine)		3		3		3	
107	SL189	ethanol, 100%		1					
108	SG050	gauze, non-sterile 2in x 2in		4				4	
109		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*							
111	Equipment Code	EQUIPMENT							
112		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ 1.43	$ -	$ 0.98	$ -	$ 0.96	$ -
113	EL006	lane, screening (oph)				11			
114	EL005	lane, exam (oph)		15				10	
115									
116									
117									
118									
119		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Negative IWPUT

October 2017

Echo Exam of Eye Thickness

A RUC member requested that the Relativity Assessment Workgroup review services with negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 21 services identified.

76514 *Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)*
The RUC reviewed the survey results from 55 ophthalmologists and optometrists and determined that it was appropriate to maintain the current work RVU of 0.17 which is the survey 25th percentile. The RUC questioned the reductions in time reflected in the survey. The median survey intra-service time of 3 minutes is 2 minutes less than the current value. The specialties explained that while the steps in the procedure are unchanged since it was first valued, the workflow has changed. With the advent of smaller, portable, easier to use pachymeters, the technician now typically takes the measurements that used to be taken by the physician. The intra-service time was reduced by two minutes to account for the technician performing this service. The remaining three minutes of intra-service time reflects the more intense cognitive work performed by the physician after the measurements are taken. The survey pre-service time was 3 minutes. Since the procedure is typically done on the same day as an office visit, this was reduced to 1 minute of evaluation time to discuss the test with the patient and place an order in the medical record. The survey immediate post-service time was reduced from 3 minutes to 1 minute to enter the findings into the medical record and explain the implications to the patient. The RUC recommends 1 minute evaluation pre-service time, 3 minutes intra-service time and 1 minute immediate post-service time. The RUC discussed these changes in time and determined that the reductions effectively address the negative IWPUT issue. To support the recommendation, the RUC examined the top key reference service, CPT code 92145 *Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report* (work RVU = 0.17 and 5 minutes intra-service time) and noted that the recommended total intra-service time for the survey code is 2 minutes less but represents the same overall work. Additionally, the overall intensity/ complexity rating was identical or somewhat more relative to the key reference code.

For additional support, the RUC compared the survey code to the following MPC codes: 71010 *Radiologic examination, chest; single view, frontal* (work RVU = 0.18), 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16), and CPT code 73080 *Radiologic examination, elbow; complete, minimum of 3 views* (work RVU = 0.17) and noted that all three codes have an identical intra-service time of 3 minutes and total time of 5 minutes as the survey code. The RUC recommends maintaining the current work RVU at the survey's 25th percentile. **The RUC recommends a work RVU of 0.17 for CPT code 76514.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

In addition, the RUC noted that "a final, written report" is required for CPT code 76514. The CPT guidelines under Diagnostic Ultrasound state, "For those codes whose sole diagnostic goal is a biometric measure (ie, 76514, 76516, and 76519), permanently recorded images are not required. A final, written report should be issued for inclusion in the patient's medical record."

Practice Expense

The Practice Expense Subcommittee accepted the argument for compelling evidence based on the change in practice from the physician typically performing the service to the ophthalmic technician. The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	XXX	0.17 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76514 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.17**

CPT Descriptor: Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68 year old female is being evaluated for glaucoma. Corneal pachymetry is indicated to measure corneal thickness.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Describe the examination and its purpose to the patient. Enter an order into the medical record.

Description of Intra-Service Work: Review the readings obtained by the technician. IOP adjustments and contribution to glaucoma risk associated with the readings are determined.

Description of Post-Service Work: Enter the findings into the medical record and discuss the implications with the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	David B. Glasser, M.D. AAO, Charlie Fitzpatrik, O.D. AOA					
Specialty(s):	Ophthalmology (AAO) and Optometry (AOA)					
CPT Code:	76514					
Sample Size: 1101	**Resp N:** 55		**Response:** 4.9 %			
Description of Sample:	A random sample of members were pulled from the AAO, AGS, ASCRS, Cornea Society and AOA databases.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		1.00	50.00	**128.00**	250.00	1000.00
Survey RVW:		0.04	0.17	**0.25**	0.35	0.49
Pre-Service Evaluation Time:				**3.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		0.00	2.00	**3.00**	5.00	30.00
Immediate Post Service-Time:	**3.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76514	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92145	XXX	0.17	**RUC Time**

CPT Descriptor Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92025	XXX	0.35	**RUC Time**

CPT Descriptor Computerized corneal topography, unilateral or bilateral, with interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71010	XXX	0.18	**RUC Time**	17,269,035

CPT Descriptor 1 Radiologic examination, chest; single view, frontal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	283,462

CPT Descriptor 2 Radiologic examination, hand; 2 views

Other Reference CPT Code	Global	Work RVU	Time Source
73080	XXX	0.17	**RUC Time**

CPT Descriptor Radiologic examination, elbow; complete, minimum of 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 54.5 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 16.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 76514	Top Key Reference CPT Code: 92145	2nd Key Reference CPT Code: 92025
Median Pre-Service Time	1.00	2.00	5.00
Median Intra-Service Time	3.00	5.00	12.00
Median Immediate Post-service Time	1.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**7.00**	**17.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	53%	33%	3%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	3%	50%	47%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	70%	24%
Urgency of medical decision making	0%	77%	23%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	67%	20%
Physical effort required	3%	80%	17%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	3%	77%	20%
Outcome depends on the skill and judgment of physician	6%	67%	27%
Estimated risk of malpractice suit with poor outcome	3%	77%	20%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	22%	45%	33%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	78%	11%	11%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	45%	33%	22%
Urgency of medical decision making	0%	89%	11%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	33%	56%
Physical effort required	22%	34%	44%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	12%	44%	44%
Outcome depends on the skill and judgment of physician	23%	33%	44%
Estimated risk of malpractice suit with poor outcome	12%	44%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A random survey of AAO, AGS, ASCRS, Cornea Society and AOA members had 55 respondents, 82% of whom found the vignette typical. The median WRVU was 0.25 and the 25th percentile was 0.17. Median IST was 3 minutes. The current value of the code is 0.17 WRVU. The primary reference service, chosen by 55%, was 92145, *Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report* (RUC April 2014) with a WRVU of 0.17 and 5 minutes IST. The second key reference service was 92025, *Computerized corneal topography, unilateral or bilateral, with interpretation and report* (RUC February 2006) with a WRVU of 0.35 and 12 minutes IST. The intensity and complexity metrics for the surveyed code were similar to those of both reference codes.

The expert panel of the AAO, AGS, ASCRS, Cornea Society and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 3 minutes is 2 minutes less than the current value. The panel considered whether a difference of 2 minutes in a survey of this nature is meaningful given the recent instructions to not round up or down compared to previous surveys that lacked those instructions. While the steps in the procedure are unchanged since it was first valued, the workflow has changed. With the advent of smaller, portable, easier to use pachymeters, the technician now typically takes the measurements that used to be taken by the physician. This may also explain the reduction in IST. The survey pre-time was 3 minutes. Since the procedure is typically done on the same day as an office visit, we reduced this to 1 minute to discuss the test with the patient and place an order in the medical record. We reduced the survey post-time from 3 minutes to 1 minute to enter the findings into the medical record and explain the implications to the patient. **We recommend times of 1/3/1 and 0.17 WRVU, the survey's 25th percentile.**

This value is supported by MPC code 73120, *Radiologic examination, hand; 2 views* (RUC August 2005) with 0.16 WRVU, and MPC 71010, *Radiologic examination, chest; single view, frontal* (RUC August 2005) with 0.18 WRVU. The recommended value is also supported by CPT code 73080, *Radiologic examination, elbow; complete, minimum of 3 views* (RUC April 2010) with a WRVU of 0.17. All 3 of these codes share an identical IST of 3 minutes and total time of 5 minutes with the surveyed code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3. CPT Code Pre- Intra- Post- Total Time Work RVU Global Period

4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 971250
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 754564 Percentage 77.68 %

Specialty Optometry Frequency 215423 Percentage 22.17 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 485,625 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 377282 Percentage 77.68 %

Specialty Optometry Frequency 107711 Percentage 22.17 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76514

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: **Echo Exam of Eye Thickness**

TAB: **12**

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
1st REF	92145	Corneal hysteresis determination, by air impulse		0.025			0.17			7	2					5																							
2nd REF	92025	Computerized corneal topography, unilateral or		0.020			0.35			17	5					12																							
CURRENT	76514	Ophthalmic ultrasound, diagnostic; corneal		-0.011			0.17			15	5					5			5																				
SVY	76514	Ophthalmic ultrasound, diagnostic; corneal	55	0.039	0.04	0.17	0.25	0.35	0.49	9	3			0	2	3	5	30	3																				
REC	76514	Ophthalmic ultrasound, diagnostic; corneal		0.042			0.17			5	1					3			1																				

CPT Code 76514
Specialty Society American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

Global Period: 000 Meeting Date: 10/2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **N/A (current PE inputs are reference)**

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

N/A. RUC approved standard times are placed for minimal staff time for line 36 for this code, since the equipment for this code is not typically housed in the screening lane, and is brought in, set up, taken down, and cleaned, requiring time that is not included in E&M codes.

4. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

To accurately value this code, AOA and AAO performed an informal survey of whether the physician or technician or both acquired the thickness readings. The combined informal survey had 40 respondents. The physician acquired the thickness readings 37% of the time and the technician acquired the readings 63% of the time. The current value of the code is based upon the physician acquiring the readings.

This change in practice represents compelling evidence supporting an increase in staff PE times to reflect the increase in technician work. This shift in workflow is due to a combination of better-trained staff and easier-to-use machines. The newer pachymetry machines are more automated, smaller, and more portable than the older, larger machines, which required more manual input. This change allows the technician to obtain the readings and frees up the physician to do other work during the acquisition of the measurements.

In accordance with this change, we are recommending a decrease in the IST used to determine physician work in the same amount (2 minutes) that we are recommending here for the technician to acquire the measurements.

RUC approved standard times are placed for minimal staff time for line 36 and 61 for this code, since the equipment for this code is not typically housed in the screening lane, and time is required to set up and take down that are additional to the E&M code time. This extra work is in excess of the typical PE set up and take down required for a typical E&M visit.

The technician brings the pachymeter in from its outside storage location, turns it on, checks to insure that memories are cleared, and cleans the instrument (line 36).

The technician applies a topical anesthetic, positions the patient, and after an appropriate wait time applies the instrument to the surface of the cornea to obtain measurements, which are recorded in the medical record (line 51).

Following the measurement, the technician cleans the instrument, clears the values, turns it off, and carries it back to its storage place so another technician can use it for another patient (line 61).

The test is done in the screening lane with equipment that is stored outside of the screening lane, in order to make it accessible to technicians who require it in other screening lanes when it is available. When this code is being performed, no other patient care may occur in that screening lane.

5. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

6. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Technician anesthetizes the cornea, then positions the patient in the exam chair. After awaiting corneal anesthesia, 5 to 25 measurements of each corneal thickness are taken from the right eye by applying the ultrasound tip to the cornea in axial fashion along the visual axis. If readings are erroneous, fixation is not held, or angle is off the visual axis, they are repeated until accurate results are obtained. The mean reading for the right eye is recorded in the chart, along with the date and time of the recordings. The machine is cleared, and the process is repeated for the left eye.

7. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

9. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

10. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A. Standard formula was used to calculate, since this is not highly technical equipment.**

13. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

14. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

	A	B	C	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***					**CPT Code #**		**76514**		**76514**	
3		***RUC Collaboration Website***					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	**Clinical Activity Code**	**Meeting Date: Tab: Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ -**	**$ -**	**$ 1.90**	**$ -**	**$ 1.52**	**$ -**
12		**PRE-SERVICE PERIOD**										
13		**Start: Following visit when decision for surgery or procedure made**										
14	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38						
15	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38						
16	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38						
17	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38			1			
18	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38						
19	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
20	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
22				L038A	COMT/COT/RN/CST	0.38						
23				L038A	COMT/COT/RN/CST	0.38						
24				L038A	COMT/COT/RN/CST	0.38						
25		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
26		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
27		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
28		**End: When patient enters office/facility for surgery/procedure**										

	A	B	C	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet						REFERENCE CODE		CURRENT		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.					CPT Code #		76514		76514	
3		RUC Collaboration Website					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	Clinical Activity Code	Meeting Date: Tab: Specialty:	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute						
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD										
7		TOTAL CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	5.0	0.0	4.0	0.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	1.0	0.0	0.0	0.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	4.0	0.0	4.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	0.0	0.0	0.0	0.0
29		SERVICE PERIOD										
30		Start: When patient enters office/facility for surgery/procedure:										
31		Pre-Service (of service period)										
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standard time for this activity is 3 minutes.	L038A	COMT/COT/RN/CST	0.38						
33	CA010	Obtain vital signs	Vital Sign StandardsLevel 0 (no vital signs taken) = 0 minutesLevel 1 (1-3 vitals) = 3 minutesLevel 2 (4-6 vitals) = 5 minutes	L038A	COMT/COT/RN/CST	0.38						
34	CA011	Provide education/obtain consent	Include only the additional education/consent activities not included in the pre-service period.	L038A	COMT/COT/RN/CST	0.38						
35	CA012	Review requisition, assess for special needs	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
36	CA013	Prepare room, equipment and supplies	2 minute standard	L038A	COMT/COT/RN/CST	0.38			2		1	
37	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
38	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the non facility setting only.	L038A	COMT/COT/RN/CST	0.38						
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L038A	COMT/COT/RN/CST	0.38						
40	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L038A	COMT/COT/RN/CST	0.38						
41				L038A	COMT/COT/RN/CST	0.38						
42				L038A	COMT/COT/RN/CST	0.38						
43				L038A	COMT/COT/RN/CST	0.38						
44		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
45		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
46		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
47		Intra-service (of service period)										
48	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	100% of physician or other qualified healthcare professional intra-service time.	L038A	COMT/COT/RN/CST	0.38						
49	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	67% of physician or other qualified healthcare professional intra-service time.	L038A	COMT/COT/RN/CST	0.38						
50	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	other% of physician or other qualified healthcare professional intra-service time. Percentage must be	L038A	COMT/COT/RN/CST	0.38						
51	CA021	Perform procedure/service---NOT directly related to physician work time	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38			2		2	
52				L038A	COMT/COT/RN/CST	0.38						
53				L038A	COMT/COT/RN/CST	0.38						

	A	B	C	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***					**CPT Code #**		**76514**		**76514**	
3		***RUC Collaboration Website***					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	**Clinical Activity Code**	**Meeting Date: Tab: Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
54				L038A	COMT/COT/RN/CST	0.38						
55		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
56		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
57		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						

	A	B	C	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***					**CPT Code #**		**76514**		**76514**	
3		***RUC Collaboration Website***					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	**Clinical Activity Code**	**Meeting Date: Tab: Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58		**Post-Service (of service period)**										
59	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the standard is 15 minutes of RN/LPN/MTA time per 1 hour of monitoring.	L038A	COMT/COT/RN/CST	0.38						
60	CA023	Monitor patient following procedure/service, no multitasking	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
61	CA024	Clean room/equipment by clinical staff	3 minute standard	L038A	COMT/COT/RN/CST	0.38					1	
62	CA025	Clean scope	Standards For Scope Cleaning--5 minutes for a disposable scope, --10 minutes for a rigid scope, and --30 minutes for a flexible scope	L038A	COMT/COT/RN/CST	0.38						
63	CA026	Clean surgical instrument package	Standard for cleaning instruments *Must have instrument package included in equipment (based on guidelines)Basic Surgical Instrument Package--10 minutesMedium Surgical Instrument Package--15 minutes	L038A	COMT/COT/RN/CST	0.38						
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
66	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.	L038A	COMT/COT/RN/CST	0.38						
67	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	No standard time. Baseline time for this activity is 2 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
68	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	Standard time for this activity is 1 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
70	CA033	Perform regulatory mandated quality assurance activity (service period)	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
72	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes. For non-facility (office) setting use this activity instead of discharge day management activities.	L038A	COMT/COT/RN/CST	0.38						
73	CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)Dischrg mgmt (1.0 x 99238) (enter 12 min)Dischrg mgmt (1.0 x 99239) (enter 15 min)	L038A	COMT/COT/RN/CST	0.38	**n/a**		**n/a**		**n/a**	
74				L038A	COMT/COT/RN/CST	0.38						
75				L038A	COMT/COT/RN/CST	0.38						
76				L038A	COMT/COT/RN/CST	0.38						
77		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
78		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
79		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						

	A	B	C	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ****Please do not modify formulas in gray shaded cells*** ****Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***					**CPT Code #**		**76514**		**76514**	
3		***RUC Collaboration Website***					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	**Clinical Activity Code**	**Meeting Date:** **Tab:** **Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
80		**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
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4	**Clinical Activity Code**	**Meeting Date: Tab: Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
81		**POST-SERVICE PERIOD**										
82		**Start: Patient leaves office/facility**										
83	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute incrementsPhone calls/emails/texts need to be fully justified, as the post op e/m codes already contain time for phone calls/emails/texts and adding any additional phone calls/emails/texts would be duplicative	L038A	COMT/COT/RN/CST	0.38						
84	CA038	Coordinate post-procedure services	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
85		***Office visits: List Number and Level of Office Visits***		**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes		16								
87		99212 27 minutes		27								
88		99213 36 minutes		36								
89		99214 53 minutes		53								
90		99215 63 minutes		63								
91	CA039	Post-operative visits (total time)		L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
92				L038A	COMT/COT/RN/CST	0.38						
93				L038A	COMT/COT/RN/CST	0.38						
94				L038A	COMT/COT/RN/CST	0.38						
95		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
96		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
97		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
98		**End: with last office visit before end of global period**										

	A	B	C	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***					**CPT Code #**		**76514**		**76514**	
3		***RUC Collaboration Website***					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	**Clinical Activity Code**	**Meeting Date:** **Tab:** **Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99	**Medical Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**							
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**					**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
101	SA050	pack, ophthalmology visit (no dilation)		1.185	pack							
102												
103												
104												
105												
106												
107		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
109	**Equipment Code**	**EQUIPMENT**	Please select the equipment formula you intend to use for each equipment item from the dropdown list in column E under equipment. If you select "Other formula" please explain in PE SoR. You must also include an excel formula adding the equipment minutes used in columns J and K (this will not be automatic). Please see key in equipment tab for clinical activities included in each equipment formula.	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ -**	**$ -**	**$ 0.08**	**$ -**	**$ 0.42**	**$ -**
111	EQ248	ultrasonic biometry, pachymeter		3945		0.015630864			5		4	
112	EL006	lane, screening (oph)		7		0.089395054					4	
113												
114												
115												
116												
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*										

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth Screen

October 2017

Coronary Flow Reserve Measurement

AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. The query resulted in the identification of 12 services, including CPT code 93571. In January 2017, the RUC recommended that these services and associated family codes be surveyed for October 2017.

93571 ***Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 65 physicians and recommend 15 minutes of intra-service time. The RUC reviewed the specialty society recommended current value and 25th percentile work RVU of 1.80 and determined that the 5 minutes reduction in intra-service time was not accounted for in a reduction in work RVU. Therefore, for the RUC recommends a crosswalk to CPT code 15136 *Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU= 1.50 and intra-service time of 15 minutes). The RUC noted that both services have identical intra-service times and require the same amount of physician work. The RUC noted the lack of ZZZ global period codes with similar work RVUs and intra-service times as the survey code and agreed that a crosswalk to code 15136 is appropriate. For additional support, the RUC also reviewed CPT code 58611 *Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)* (work RVU= 1.45 and intra-service time of 13.5 minutes) and noted that the survey code has more intra-service time, justifying the higher work RVU. The RUC notes that CMS did not accept the original RUC recommendation for work from May 1998, therefore the previous survey time does not directly correlate with the current valuation. The RUC agrees that the crosswalk is an appropriate estimation of the relativity of this code to other services with 15 minutes intra-time. **The RUC recommends a work RVU of 1.50 for CPT code 93571.**

93572 ***Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 65 physicians and recommend 11 minutes of intra-service time. The RUC noted that the survey intra-service time decreased by 4 minutes, thus the work RVU should decrease. The RUC recommends a crosswalk to CPT code 64484 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List*

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separately in addition to code for primary procedure) (work RVU= 1.00 and intra-service time of 10 minutes). Both services require the same physician work and similar time to perform. The RUC notes that CMS did not accept the original RUC recommendation for work from May 1998, therefore the previous survey time does not directly correlate with the current valuation. The RUC agrees that the crosswalk is an appropriate estimation of the relativity of this code to other services with 11 minutes intra-time. **The RUC recommends a work RVU of 1.00 for CPT code 93572.**

Practice Expense
There are no direct PE inputs because these services are only performed in the facility setting.

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.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	ZZZ	1.50
93572 (f)	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	ZZZ	1.00

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93571 Tracking Number Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: ZZZ Current Work RVU: **1.80** RUC Recommended RVU: **1.50**

CPT Descriptor: Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female presents with a three-week history of progressive chest discomfort at rest and with mild exertion. at cardiac catheterization, 60% stenosis exists in the midleft anterior descending artery. to determine the hemodynamic significance of the lesion, the cardiologist performs intra-coronary fractional flow reserve measurement (ffr) testing.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Exchange diagnostic catheter (usually 5 French) for a guide catheter (usually 6 French) and selectively cannulate the coronary artery. Prepare the FFR wire, calibrating the pressure sensor outside of the body. Pass the wire through the guide catheter and into the coronary artery. Normalize (equalize) the pressure tracings from the guide catheter and the FFR wire, readjusting the guide catheter as needed to avoid damping or other artifacts. Pass the FFR wire across the target lesion(s) until the tip of the wire is approximately 50 mm beyond the lesion(s). Mix a pharmacologic agent for either intra-coronary or intra-venous infusion. If the former, inject the drug as a bolus through the guide catheter and flush it into the artery. If the latter, administer the drug for 3 minutes. Then take FFR measurements. Repeat as needed if artifacts occur in tracings, if tracings are disrupted by asystole or complete heart block caused by the drug, or if FFR measurements are of uncertain clinical significance. If serial lesions are being assessed, pull the FFR wire back across the most distal lesion and repeat measurements. After measurements are complete, pull the wire proximal to all lesions and check FFR measurements to assess for electronic drift. If electronic drift has occurred, re-normalize the pressure tracings and repeat the above process. Remove the wire from the guide catheter. Perform coronary arteriography in 1 or 2 views to be sure that the FFR wire has not disrupted coronary plaques or damaged the coronary artery.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Richard Wright, MD; Clifford Kavinsky, MD; Thad Waites, MD					
Specialty(s):	ACC, SCAI					
CPT Code:	93571					
Sample Size:	600	**Resp N:** 65	**Response:** 10.8 %			
Description of Sample:	300 random SCAI members; 300 randiom interventional ACC members					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	20.00	**30.00**	60.00	350.00
Survey RVW:		1.00	1.80	**2.00**	2.95	9.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		5.00	10.00	**15.00**	22.00	45.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	93571	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37252	ZZZ	1.80	**RUC Time**

CPT Descriptor Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37239	ZZZ	2.97	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	10,906

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 50.7 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 23.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93571	Top Key Reference CPT Code: 37252	2nd Key Reference CPT Code: 37239
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	15.00	20.00	30.00
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**22.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	55%	30%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	55%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	70%	30%
Physical effort required	6%	82%	12%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	46%	45%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	27%	47%	13%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	47%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	67%	20%
Physical effort required	20%	67%	13%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	27%	40%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 93571 for coronary fractional flow reserve (FFR) measurement during angiography was identified by the RAW as a service with more >10,000 utilization and 100% increase from 2009 through 2014. Utilization appropriately grew during that time in response to a higher-level guideline recommendation for FFR, though it is still performed with less than 10% of angiography services. FFR is an invasive procedure used during coronary angiography to determine the functional significance of coronary stenoses. Overall, FFR is a useful adjunct to coronary angiography that allows precise quantification of the degree of myocardial ischemia. Its use is particularly helpful in intermediate or angiographically ambiguous lesions in the absence of noninvasive functional studies. Randomized clinical trials have demonstrated improved clinical outcomes with the use of FFR to guide coronary revascularization, including a reduction in cardiac death or myocardial infarction, as well as costs with an FFR-based strategy compared with a conventional angiography-based approach. Current societal guidelines provide a Class IIa recommendation to perform FFR in angiographically-intermediate stenoses in the absence of stress testing, or in the presence of discordant stress test and angiographic findings. The Appropriate Use Criteria for coronary revascularization also endorse the concept of "functional percutaneous coronary intervention," with revascularization decisions on the basis of hemodynamic significance, rather than anatomic lesion severity. Attention to detail is critical when performing the FFR test. In particular, FFR results should be interpreted with caution in patients with microvascular dysfunction and conditions that can lead to it, left ventricular hypertrophy, severe aortic stenosis, and severely elevated right atrial pressure, as FFR can be artificially elevated, leading to an underestimation of lesion severity. FFR is now considered to be a reference standard for the evaluation of the ischemic potential and the expected benefit from revascularization of coronary stenosis.

65 surveys were completed by a random pool of 600 ACC and SCAI members who are familiar with the service. A joint RVS panel of ACC and SCAI members reviewed the survey data to develop the recommendations.

33 survey respondents selected code 37252 for noncoronary intravascular ultrasound as a comparison code, making it the key reference service. Recently surveyed in 2015, that code has a longer intraservice time of 20 minutes and includes 1 minute preservice and 1 minute postservice time. A majority of those 33 respondents found 93571 to be of identical intensity/complexity to 37252, while roughly another third found it to be more intense/complex. Survey respondents who felt it was more intense probably did so because in comparison to IVUS of a peripheral vessel, coronary arteries are constantly moving, are much smaller, and are more likely to cause catastrophic complications if the FFR wire disrupts plaques or damages the artery as it is passed across the lesion. In addition, the drug used to cause vasodilatation often causes transient symptoms that are distressing to patients, and often cause transient asystole or complete heart block.

Consistent with the current work RVU and the survey 25th-percentile response, **we recommend a work RVU of 1.80 for this code with an intraservice time of 15 minutes**. While the time goes down for this service from 19 years ago, that stems from better workflows that allow introduction of the wire more quickly once the decision to obtain FFR is made, not from a change in FFR measurement itself. Finally, it makes sense for this service to be both shorter and more intense when it is performed in the heart than similar imaging like IVUS performed in a noncoronary vessel. In fact, we would suggest that valuing coronary FFR lower than the noncoronary IVUS KRS would create an anomalous relationship in the fee schedule. For reference, MPC codes with identical times of 15 minutes and values that bracket this recommendation are included on this SOR and in the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 93571 is an add-on code that may be used in conjunction with percutaneous coronary intervention, diagnostic catheterization, or EP ablation codes.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93571

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty interventional cardiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 126000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming an equal split between Medicare and non-Medicare patients, this number is double the FFS estimate below.

Specialty cardiology Frequency 80000 Percentage 63.49 %

Specialty interventional cardiology Frequency 46000 Percentage 36.50 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 63,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming another year of modest growth, around 63,000 services may be provided in 2017 in the FFS population compared to nearly 59,000 in 2016 data.

Specialty cardiology Frequency 40000 Percentage 63.49 %

Specialty interventional cardiology Frequency 23000 Percentage 36.50 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93571

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93572	Tracking Number	Original Specialty Recommended RVU: **1.44**
		Presented Recommended RVU: **1.44**
Global Period: ZZZ	Current Work RVU: **1.44**	RUC Recommended RVU: **1.00**

CPT Descriptor: Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female presents with a 3-week history of progressive chest discomfort at rest and with mild exertion. at cardiac catheterization, 60% stenosis of exists in two coronary arteries. after intra-coronary fractional flow reserve measurement (ffr) testing is performed to evaluate the first lesion (coded separately), ffr testing is performed to evaluate the second artery lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Exchange diagnostic catheter (usually 5 French) for a guide catheter (usually 6 French) and selectively cannulate the coronary artery. Prepare the FFR wire, calibrating the pressure sensor outside of the body. Pass the wire through the guide catheter and into the coronary artery. Normalize (equalize) the pressure tracings from the guide catheter and the FFR wire, readjusting the guide catheter as needed to avoid damping or other artifacts. Pass the FFR wire across the target lesion(s) until the tip of the wire is approximately 50 mm beyond the lesion(s). Mix a pharmacologic agent for either intra-coronary or intra-venous infusion. If the former, inject the drug as a bolus through the guide catheter and flush it into the artery. If the latter, administer the drug for 3 minutes. Then take FFR measurements. Repeat as needed if artifacts occur in tracings, if tracings are disrupted by asystole or complete heart block caused by the drug, or if FFR measurements are of uncertain clinical significance. If serial lesions are being assessed, pull the FFR wire back across the most distal lesion and repeat measurements. After measurements are complete, pull the wire proximal to all lesions and check FFR measurements to assess for electronic drift. If electronic drift has occurred, re-normalize the pressure tracings and repeat the above process. Remove the wire from the guide catheter. Perform coronary arteriography in 1 or 2 views to be sure that the FFR wire has not disrupted coronary plaques or damaged the coronary artery.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017					
Presenter(s):	Richard Wright, MD; Clifford Kavinsky, MD; Thad Waites, MD					
Specialty(s):	ACC, SCAI					
CPT Code:	93572					
Sample Size: 600	**Resp N:** 65		**Response:** 10.8 %			
Description of Sample:	300 random SCAI members; 300 random interventional ACC members					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**20.00**	50.00	150.00
Survey RVW:		1.00	1.45	**1.80**	2.10	10.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		3.00	8.00	**11.00**	17.00	40.00
Immediate Post Service-Time:	**0.00**					

Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	93572	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37253	ZZZ	1.44	**RUC Time**

CPT Descriptor Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37239	ZZZ	2.97	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	10,906

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
58611	ZZZ	1.45	**RUC Time**

CPT Descriptor Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 46.1 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93572	Top Key Reference CPT Code: 37253	2nd Key Reference CPT Code: 37239
Median Pre-Service Time	0.00	0.00	1.00
Median Intra-Service Time	11.00	20.00	30.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**12.00**	**21.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)
Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	53%	33%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	53%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	67%	33%
Physical effort required	3%	80%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	47%	46%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	31%	46%	15%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	23%	46%	31%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	23%	62%	15%
Physical effort required	23%	69%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	31%	46%	23%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 93572 for coronary fractional flow reserve (FFR) measurement during angiography in an additional vessel was surveyed as part of a family with 93571 after identification by the RAW. 65 surveys were completed by a random pool of 600 ACC and SCAI members who are familiar with the service. A joint RVS panel of ACC and SCAI members reviewed the survey data to develop the recommendations.

30 survey respondents selected code 37253 for noncoronary intravascular ultrasound in an additional vessel as a comparison code, making it the key reference service. Recently surveyed in 2015, that code has a longer intraservice time of 20 minutes and includes 1 minute postservice time. A majority of those 30 respondents found 93572 to be of identical intensity/complexity to 37252, while roughly another 40% found it to be more intense/complex. Survey respondents who felt it was more intense probably did so because in comparison to IVUS of a peripheral vessel, coronary arteries are constantly moving, are much smaller, and are more likely to cause catastrophic complications if the FFR wire disrupts plaques or damages the artery as it is passed across the lesion. In addition, the drug used to cause vasodilatation often causes transient symptoms that are distressing to patients, and often cause transient asystole or complete heart block.

Consistent with the current work RVU and just below the survey 25th-percentile response, **we recommend a work RVU of 1.44 for this code despite the reduced intraservice time of 11 minutes**. As with the prior code, while the times go down for this service from 19 years ago, it makes sense for this service to be both shorter and more intense when it is performed in the heart than similar imaging like IVUS performed in a noncoronary vessel. In fact, we would suggest that valuing coronary FFR lower than the noncoronary IVUS KRS would create an anomalous relationship in the fee schedule. Finally, MPC codes with values that bracket this recommendation are included on this SOR and in the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 93572 is an add-on code for additional vessels to 93571 that may be used in conjunction with percutaneous coronary intervention, diagnostic catheterization, or EP ablation codes.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93572

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty interventional cardiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming an equal split between Medicare and non-Medicare patients, this number is double the FFS estimate below.

Specialty cardiology Frequency 8200 Percentage 41.00 %

Specialty interventional cardiology Frequency 11800 Percentage 59.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming another year of modest growth, around 10,000 services may be provided in 2017 in the FFS population compared to a bit over 9,000 in 2016 data.

Specialty cardiology Frequency 4100 Percentage 41.00 %

Specialty interventional cardiology Frequency 5900 Percentage 59.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93572

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Coronary Flow Reserve Management

TAB: 13

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	37252	Intravascular ultrasound (noncoı	33	0.088			1.80			22	1					20			1					
2nd REF	37239	Transcatheter placement of an iı	15	0.098			2.97			32	1					30			1					
CURRENT	93571	Intravascular Doppler velocity aı		0.090			1.80			20						20								
SVY	93571	Intravascular Doppler velocity aı	65	0.133	1.00	1.80	2.00	2.95	9.00	15				5	10	15	22	45		0	20	30	60	350
REC	93571	Intravascular Doppler velocity aı		0.100			1.50			15						15								
MPC	36227	Selective catheter placement, ex		0.139			2.09			15						15								
MPC	64480	Injection(s), anesthetic agent and		0.080			1.20			15						15								

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	37253	Intravascular ultrasound (noncoı	30	0.071			1.44			21						20			1					
2nd REF	37239	Transcatheter placement of an iı	13	0.098			2.97			32	1					30			1					
CURRENT	93572	Intravascular Doppler velocity aı		0.096			1.44			15						15								
SVY	93572	Intravascular Doppler velocity aı	65	0.164	1.00	1.45	1.80	2.10	10.00	11				3	8	11	17	40		0	10	20	50	150
REC	93572	Intravascular Doppler velocity aı		0.091			1.00			11						11								
MPC	36227	Selective catheter placement, ex		0.139			2.09			15						15								
MPC	64480	Injection(s), anesthetic agent and		0.080			1.20			15						15								

AMA/Specialty Society RVS Update Committee
Practice Expense Subcommittee
Obtain Consent Workgroup
July 18, 2017
7:00pm-8:00pm CST

Conference Call Report

Members participating on call: *Doctors Gregory L. Barkley, MD (Chair); Karen Nakano, MD (CMS); Mary Newman, MD; Ezequiel Silva III, MD; Thomas J. Weida, MD*

At the April 2017 RUC meeting the PE Subcommittee reviewed data indicating that the following are the typical times allocated for the recently updated PE spreadsheet clinical activity, *provide education/obtain consent,* which was previously *Provide pre-service education/obtain consent* or *Provide pre-service education/obtain consent/ Interview patient for contraindications* for MR services performed without, with and without and with contrast.

without contrast	7 minutes
with contrast	9 minutes
without and with contrast	9 minutes

The Subcommittee discussed and agreed that although the data indicate that the CT time allocated for clinical activity *provide education/obtain consent* is less then for MR service, there is no standard that has developed for CT services in the same way it has for MR services. The Subcommittee decided that no standard was needed for CT services. The Subcommittee then engaged in a broad discussion about the work of obtaining consent and whether it is performed by the physician or the clinical staff. Some PE Subcommittee members added that the physician and the clinical staff both have a role to play in obtaining consent, and this is not duplicative work. When the physician *obtains consent* it is a discussion about the service, whereas the clinical staff conduct distinct work to educate the patient about the service and help the patient complete the paperwork required. A Workgroup was formed to examine the issue further.

The Obtain Consent Workgroup met via conference call on July 18th, 2017. Workgroup Chair Doctor Barkley began the call by reviewing the charge of the Workgroup which is to:

1. Determine the staff work involved in the clinical activity *provide education/obtain consent* and confirm that it is not duplicative of physician work.
2. Discuss what type of staff typically performs this task.
3. Discuss the general clinical staff time standards and confirm they are appropriate.

Prior to looking at the broader obtain consent issues, the Workgroup decided to first discuss obtain consent as it applies to MR services. The Workgroup members discussed that there is extensive pre-MRI safety screening done by the ordering physician and their clinical staff. There is also prescreening performed by the clerical staff in the radiology office over the phone and sometimes in the waiting room prior to arrival in the MRI suite. The safety checklist and/or questionnaire most often administered by clerical staff is usually done to prevent waste of valuable MRI time.

The Workgroup then discussed whether or not the informal time standard of 7/9/9 should be implemented as a formal time standard for clinical activity, *provide education/obtain consent* for MR services. A Workgroup member explained that for magnetic resonance (MR) procedures in the non-facility setting much of the staff time is devoted to the pre-service education which is captured within the same clinical activity, *provide education/obtain consent*. Extensive education is necessary because MR is a long test

that can have complicating factors. The Workgroup discussed that it is appropriate to have this on one line item of the spreadsheet because the two tasks occur together and complement each other; however it is important that enough time is allocated to complete both tasks. The Physician is also allocated time for obtain consent in the physician work and a member of the Workgroup stated that they did not believe that the physician had any role in obtain consent. The member continued that, although it might be different for interventional procedures, from personal experience when having an MRI, the Radiologist did not leave the reading room to obtain consent. AMA staff clarified that there is no physician work time allocated for obtain consent for imaging services and that there are two separate issues, the first to determine the appropriate time standard for MR and CT services and the other to discuss potential overlap between the physician and staff for general procedural services. One of the radiology RUC advisors further explained the extensive work that goes into the pre-service safety questionnaire and the detailed discussion of that questionnaire and any other safety issues on the day of the service. AMA staff clarified that the clinical activity where the potential standard that we are discussing today would be applied is the work that takes place within the service period when the patient is in the office for the study. The Advisor further explained that after the patient is checked in and taken into the center to change clothes, the Technologist will sit down with the patient and have a bi-directional conversation addressing the safety checks line by line; this is "provide education/obtain consent". The Advisor also explained that the extra 2 minutes included for MR services done with contrast is to explain the safety concerns around gadolinium contrast agents and if appropriate administer the screening forms to determine if the patient has mild kidney problems that have not been diagnosed. Another radiology advisor offered further information about the education for studies with contrast, included explaining to the patient not to be startled, and to remain still, when they experience warming sensations or a metallic taste during contrast injection, and to notify the Technologist of any pain in their arm during the study.

The Workgroup members discussed the time of 7/9/9 and determined that the increment of 2 minutes for "with contrast" codes are appropriate, but were uncomfortable with the 7 minutes for the base code. One Workgroup member suggested 4 minutes. The Workgroup compared the code to the recently reviewed colonoscopy code, CPT code 45378 *Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* with 3 minutes in the service period for the non-facility and 5 minutes in the pre-service period for the facility for the clinical staff to *provide education and obtain consent*. The Workgroup thought that 3 minutes was not enough time but using the colonoscopy code as a starting point determined that 5 minutes is appropriate. **The Workgroup recommends a standard time of 5 minutes, 7 minutes and 7 minutes for MR codes without, with and with and without contrast respectively, for the clinical activity, *provide education/obtain consent,* in the non-facility setting. The 51 MR services were this standard should be applied are provided as an attachment to this report.**

The Workgroup discussed the possibility of scheduling another call to discuss the broader issues apart from imaging services for this clinical activity. Ultimately it was determined that the original issue had been sufficiently addressed and that the Workgroup would present this standard to the RUC at the October meeting and refrain from any further recommendations at this time. If the PE Subcommittee determines that there is utility in reconvening the Workgroup at a later date to further examine this clinical activity for non-imaging codes the group will reconvene.

CPT Code	Long Desc	w/o w/ w/o and w/ w/ or w/o	Activity Description	Minutes (NF)
70336	Magnetic resonance (eg, proton) imaging, temporomandil	other	Provide pre-service education/obtain consent	7
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and	w/o	Provide pre-service education/obtain consent	7
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and	w/	Provide pre-service education/obtain consent	9
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and	w/o and w/	Provide pre-service education/obtain consent	9
70544	Magnetic resonance angiography, head; without contrast	w/o	Provide pre-service education/obtain consent	7
70545	Magnetic resonance angiography, head; with contrast ma	w/	Provide pre-service education/obtain consent	9
70546	Magnetic resonance angiography, head; without contrast	w/o and w/	Provide pre-service education/obtain consent	9
70547	Magnetic resonance angiography, neck; without contrast	w/o	Provide pre-service education/obtain consent	7
70548	Magnetic resonance angiography, neck; with contrast ma	w/	Provide pre-service education/obtain consent	9
70549	Magnetic resonance angiography, neck; without contrast	w/o and w/	Provide pre-service education/obtain consent	9
70551	Magnetic resonance (eg, proton) imaging, brain (including	w/o	Provide pre-service education/obtain consent	7
70552	Magnetic resonance (eg, proton) imaging, brain (including	w/	Provide pre-service education/obtain consent	7
70553	Magnetic resonance (eg, proton) imaging, brain (including	w/o and w/	Provide pre-service education/obtain consent	7
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for e	w/o	Provide pre-service education/obtain consent	7
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for e	w/	Provide pre-service education/obtain consent	7
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for e	w/o and w/	Provide pre-service education/obtain consent	9
71555	Magnetic resonance angiography, chest (excluding myoca	w/ or w/o	Provide pre-service education/obtain consent	9
72141	Magnetic resonance (eg, proton) imaging, spinal canal an	w/o	Provide pre-service education/obtain consent	7
72142	Magnetic resonance (eg, proton) imaging, spinal canal an	w/	Provide pre-service education/obtain consent	7
72146	Magnetic resonance (eg, proton) imaging, spinal canal an	w/o	Provide pre-service education/obtain consent	7
72147	Magnetic resonance (eg, proton) imaging, spinal canal an	w/	Provide pre-service education/obtain consent	7
72148	Magnetic resonance (eg, proton) imaging, spinal canal an	w/o	Provide pre-service education/obtain consent	7
72149	Magnetic resonance (eg, proton) imaging, spinal canal an	w/	Provide pre-service education/obtain consent	7
72156	Magnetic resonance (eg, proton) imaging, spinal canal an	w/o and w/	Provide pre-service education/obtain consent	7
72157	Magnetic resonance (eg, proton) imaging, spinal canal an	w/o and w/	Provide pre-service education/obtain consent	7
72158	Magnetic resonance (eg, proton) imaging, spinal canal an	w/o and w/	Provide pre-service education/obtain consent	7
72159	Magnetic resonance angiography, spinal canal and conte	w/ or w/o	Provide pre-service education/obtain consent	9
72195	Magnetic resonance (eg, proton) imaging, pelvis; without	w/o	Provide pre-service education/obtain consent	7
72196	Magnetic resonance (eg, proton) imaging, pelvis; with cor	w/	Provide pre-service education/obtain consent	9
72197	Magnetic resonance (eg, proton) imaging, pelvis; without	w/o and w/	Provide pre-service education/obtain consent	9
72198	Magnetic resonance angiography, pelvis, with or without c	w/ or w/o	Provide pre-service education/obtain consent	9
73218	Magnetic resonance (eg, proton) imaging, upper extremity	w/o	Provide pre-service education/obtain consent	7
73219	Magnetic resonance (eg, proton) imaging, upper extremity	w/	Provide pre-service education/obtain consent	9
73220	Magnetic resonance (eg, proton) imaging, upper extremity	w/o and w/	Provide pre-service education/obtain consent	9
73221	Magnetic resonance (eg, proton) imaging, any joint of upp	w/o	Provide pre-service education/obtain consent	7
73222	Magnetic resonance (eg, proton) imaging, any joint of upp	w/	Provide pre-service education/obtain consent	9
73223	Magnetic resonance (eg, proton) imaging, any joint of upp	w/o and w/	Provide pre-service education/obtain consent	9
73225	Magnetic resonance angiography, upper extremity, with o	w/ or w/o	Provide pre-service education/obtain consent	9
73718	Magnetic resonance (eg, proton) imaging, lower extremity	w/o	Provide pre-service education/obtain consent	7
73719	Magnetic resonance (eg, proton) imaging, lower extremity	w/	Provide pre-service education/obtain consent	9
73720	Magnetic resonance (eg, proton) imaging, lower extremity	w/o and w/	Provide pre-service education/obtain consent	9
73721	Magnetic resonance (eg, proton) imaging, any joint of low	w/o	Provide pre-service education/obtain consent	7
73722	Magnetic resonance (eg, proton) imaging, any joint of low	w/	Provide pre-service education/obtain consent	9
73723	Magnetic resonance (eg, proton) imaging, any joint of low	w/o and w/	Provide pre-service education/obtain consent	9
73725	Magnetic resonance angiography, lower extremity, with or	w/ or w/o	Provide pre-service education/obtain consent	9
74181	Magnetic resonance (eg, proton) imaging, abdomen; with	w/o	Provide pre-service education/obtain consent	7
74182	Magnetic resonance (eg, proton) imaging, abdomen; with	w/	Provide pre-service education/obtain consent	9
74183	Magnetic resonance (eg, proton) imaging, abdomen; with	w/o and w/	Provide pre-service education/obtain consent	9
74185	Magnetic resonance angiography, abdomen, with or witho	w/ or w/o	Provide pre-service education/obtain consent	9
74712	Magnetic resonance (eg, proton) imaging, fetal, including	other	Provide pre-service education/obtain consent	7
76390	Magnetic resonance spectroscopy	other	Provide pre-service education/obtain consent	7

AMA/Specialty Society RVS Update Committee
Practice Expense Subcommittee
Exam Light Workgroup
August 1, 2017
7:00pm-8:00pm CST

Conference Call Report

Members participating on call: *Doctors Thomas J. Weida, MD (Chair); Eileen Brewer, MD; William F. Gee, MD; Stephen Sentovich, MD; Lloyd S. Smith, DPM*

At the April 2017 RUC meeting the Practice Expense Subcommittee discussed the type of lights that are used in services and for what reason. For example the exam light (EQ168) is allocated equipment time in many services that are billed with an evaluation and management (E/M) service even though it is not standard equipment in the room for an E/M service. The standard equipment for an E/M service is an *exam table (EF023)* and an *otoscope-ophthalmoscope (wall unit) (EQ189).* PE Subcommittee members have consistently questioned the need for other lights, such as the xenon light source (EQ167). The PE Subcommittee discussed the need for further analysis of various light sources included as equipment. A Workgroup was formed to examine the data and determine if any standard equipment is needed and what guidelines are necessary. The Workgroup will also determine whether or not the problem is significant enough to revise retroactively.

The Exam Light Workgroup met via conference call on August 1st, 2017 to discuss the equipment items: exam light (EQ168), xenon light source (EQ167) and fiberoptic headlight w-source light (EQ170). The main issue is that at the last RUC meeting it became clear that the PE Subcommittee had fairly routinely been allocating the exam light (EQ168) to a service when it is billed on the same day as an E/M service because it was thought to be standard equipment. Many of these procedures may legitimately require the exam light to perform the service and/or it may be typical equipment in an exam room for the dominant specialty, however this determination should be based on these two factors and not an incorrect assumption that it is part of the E/M standard package. Taking these two factors into account it may be that none of the lights are included in services inappropriately, however it is important that the Subcommittee is evaluating the service based on the correct assumptions.

Part of the data that the Workgroup reviewed was an analysis of the cost to Medicare for the light sources. A Workgroup member brought up that if you look at the money aspect there are services that are not billed with an E/M that may not need an exam light. The Workgroup member suggested focusing on the high expense codes. The same Workgroup member also questioned the need for the exam light in every room, stating that his office has roughly three lights that are only utilized when needed. A different PE Subcommittee member gave the example that in dermatology offices it is typical to have the exam light (EQ168) in every exam/procedure room because there can be no shadowing and the physician will need a light source that they can grab onto and direct.

The Chair of the Workgroup brought up the issue of two surgical lights being allocated to many of these services. For example 10140 *Incision and drainage of hematoma, seroma or fluid collection* includes both an exam light (EQ168) and a surgical light (EF014). Many of the services that have two lights have not been surveyed since 2003 or not at all. The Chair suggested that although it may not be possible for the Workgroup to determine whether or not a light is needed, it might be appropriate to recommend a screen for code review, using the criteria of two or more surgical lights included in the direct PE inputs. Specialty society staff clarified that in those instances when two lights are in one code you can see by the amount of minutes allocated that one light is for the service itself and the other is for the post-operative visits included in the global. A Workgroup member expressed concern that they do not have a surgical

light in their office although it is allocated to services that they provide on a regular basis. Specialty society staff explained that the direct practice expense inputs are based on the dominant provider of the service so even if one specialty can provide the service without the light, it is important to keep in mind that the light may typically be used or in the room for the dominant provider of that service.

The Workgroup then discussed the inverse problem which is that when services requiring a light source are billed with an E/M service the cost of the light is not included for the time spent on the E/M even though the service and the E/M both take place in the same room. AMA staff clarified that although this is true, it is an issue that the Workgroup was not tasked with and the PE Subcommittee cannot address it because it would entail creating E/M codes specific to specialty type which is not feasible.

Ultimately the Workgroup determined that there does not seem to be a significant problem here other than the assumptions that the PE Subcommittee brings to reviewing the codes. **The Workgroup recommends:**

- **The PE Subcommittee reviews the E/M standard package (provided with this report).**
- **That as codes are reviewed the PE Subcommittee pays special attention to:**
    - **The resources necessary to provide the service apart from the E/M service, and**
    - **The makeup of the dominant specialty's exam rooms when considering the type of light(s) included in the direct practice expense inputs for the procedure.**
- **Specialties should not include the time of the E/M in the equipment time for lights.**
- **Specialties provide justification for the lights that they are recommending in their written PE summary of recommendation (SoR).**

Evaluation and Management Service have the following supplies, equipment and clinical staff time:

Supplies: E/M visit pack
Equipment: EQ189, otoscope-ophthalmoscope (wall unit) and EF023 exam table

	99201	99202	99203	99204	99205	99211	99212	99213	99214	99215	99241	99242	99243	99244	99245	Average
Pre-Service Period																
Start: When appointment for service is made																
Review/read X-ray, lab, pathology reports	-	1	2	4	4	-	1	2	3	4	1	2	3	4	4	2
Other Clinical Activity (please specify)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
End: Patient arrival at office for service																
Service Period																
Start: Patient arrival at office for service																
Greet patient/provide gowning	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Obtain vital signs	3	4	5	5	5	2	4	5	5	5	3	5	5	5	6	4
Prep and position patient	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2
Review history, systems, and medications	5	10	12	15	15	4	5	6	13	15	5	10	15	15	16	11
Prepare room, equipment, supplies	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Assist physician during exam	1	3	5	6	8	-	2	3	5	6	3	4	5	6	8	4
Education/instruction/counseling	4	5	9	11	12	3	3	5	9	9	4	6	9	12	13	7
Coordinate home or outpatient care	-	-	2	3	9	-	-	-	2	6	-	1	3	5	8	1
Clean room/equipment	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3
Other Clinical Activity (please specify)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
End: Patient leaves office																
Post-Service Period																
Start: Patient leaves office																
Phone calls between visits with patient, family, pharmacy	1	4	6	8	9	1	4	5	6	8	2	3	6	6	9	5
Other Activity (please specify)																
End: When appointment for next office visit																
Total Time	24	38	51	62	71	16	27	36	53	63	27	40	55	63	73	44