

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
RUC RECOMMENDATIONS FOR CPT 2025  
January 2024 Meeting**

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February 7, 2024

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Administrator Brooks-LaSure,

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 & Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2025* and 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 January 17-20, 2024, RUC meeting.

*CPT 2025 New and Revised Codes – January 2024 RUC Submission*

The enclosed submission contains RUC recommendations, including those for new and revised CPT codes. **The RUC submits work value and/or practice expense inputs for 30 new/revised/related family CPT codes from the January 2024 meeting.**

*CPT 2025 New and Revised Codes – Entire CPT 2025 Cycle*

The total number of coding changes for the entire *CPT 2025* cycle is 199 including 137 additions, 30 revisions, 21 deletions, and 11 codes that were identified as part of the family for review in relationship to the new/revised codes. Of the 178 new/revised/related family CPT codes, 12 services are not payable on the RBRVS or do not require physician work (eg, laboratory services and vaccines) and 67 are Category III codes, which the RUC does not submit any recommendations.

**The RUC submits recommendations for 99 new/revised/related family CPT codes for the 2025 Medicare Physician Payment Schedule.**

*Existing Services Identified by RUC and CMS for Review*

In addition to the new/revised CPT code submission, the RUC submits work value/or practice expense input recommendations for 4 services identified by the RUC or CMS as potentially misvalued and reviewed at the January 2024 RUC meeting. Additionally, the RUC HCPAC Review Board reviewed the practice expense inputs for 19 Category I codes and one G code for the physical medicine and rehabilitation services identified, as potentially misvalued in the Final Rule for 2024. These recommendations were submitted directly to CMS from the RUC HCPAC Review Board as part of its February 2024 submission.

**The RUC existing code recommendations are in addition to the 25 (15 Category I and 10 G-code) recommendations submitted to CMS following the RUC's April and September 2023 meetings, totaling 29 recommendations identified via the potentially misvalued services project for the 2025 Medicare Physician Payment Schedule.**

*Office and Hospital Visits Included in Codes with a Surgical Global Period*

The RUC strongly believes that the changes in valuation of the office and hospital E/M visits be incorporated to the visits in the surgical global periods. Since CMS did not apply the office E/M visit increases to the visits bundled into global surgery payment, it is disadvantaging specific specialties. An example of the shortcomings of this policy decision became apparent during discussion of CPT code 67141 *Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy* (RUC recommended work RVU = 2.53 and 2-99213 office visits) at the October 2020 RUC meeting. The RUC questioned whether the specialties had considered changing the global period to a 000-day global given that the intensity will be low and the office visits in 2021 will be of a different value. The specialties explained it is routine and typical that the two postoperative visits occur as part of the work within the 10 days after the procedure. The survey code is a good fit for the 010-day global and is in alignment with the other retinal laser codes and ophthalmic laser codes for other diseases. Relativity is therefore better maintained by keeping as a 010-day global even though the intensity is low. The RUC noted that these codes were being valued too low considering that office visits for the surgical global period were not going to be increased to the 2021 office E/M codes. Considering that the 99213 office visit is valued at 1.30 RVUs two 99213 office visits are valued higher than the 2.53 value of this code. Therefore, the CMS policy is disadvantageous to the eye surgeons and an example of shortcomings and rank order abnormalities the flawed policy creates. The Agency's position implies that the physician work for office visits is not the same when performed in a surgical global period, which is an inaccurate assumption.

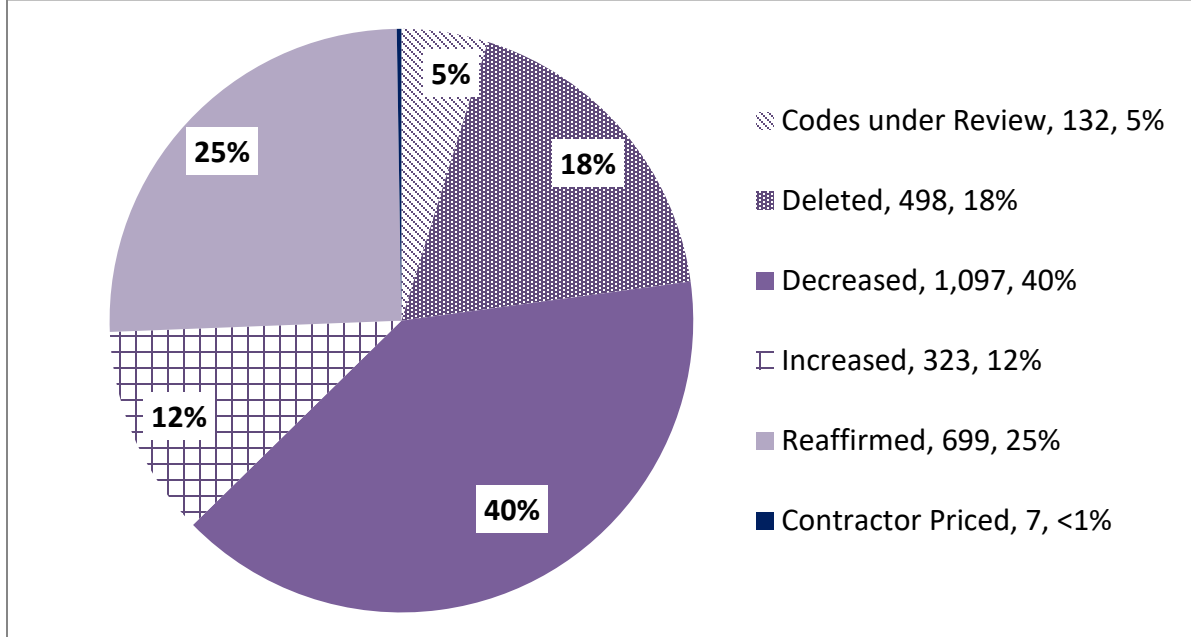
**The RUC recommends that CMS apply the office visit and hospital visit valuation changes uniformly across all services and specialties. CMS should not hold specific specialties to a different standard than others. The RUC urges CMS to apply the office visit and hospital visit changes to the office and hospital visits included in surgical global payment, as it has applied historically.**

*RUC Progress in Identifying and Reviewing Potentially Misvalued Codes*

Since 2006, the RUC has identified 2,760 potentially misvalued services through objective screening criteria and has completed review of 2,628 of these services. The RUC has recommended that 58% of the services reviewed be decreased or deleted (Figure 1). The RUC has worked vigorously to identify and address mis-valuations in the RBRVS through the 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.



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



Source: American Medical Association

#### Practice Expense Subcommittee

The attached materials include direct practice expense input (clinical staff, medical supplies and equipment) recommendations for each code reviewed. As a reminder, cost estimates for proposed new clinical staff types, medical supplies and medical equipment (not listed as part of the CMS labor, supply, and equipment lists) are based on provided source(s), such as paid invoices and may not reflect the wholesale prices, quantity, cash discounts, and prices for used equipment or any other factors that may alter the cost estimates. The RUC shares this information with CMS without making specific recommendations on the pricing.

#### High-Cost Disposable Supplies

The RUC considered Bladder Neck and Prostate Procedures at its January 2024 meeting and recommends a new supply input, *iTIND device*, which has a cost estimate of \$2695 for CPT code 5XX05. In addition, the RUC considered Percutaneous Radiofrequency Ablation of Thyroid and recommends a new supply input, *RF Electrodes 18 Gauge 70 mm Length*, which has a cost estimate of \$1995 for CPT code 6XX01. The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies (i.e., priced more than \$500). The RUC makes this recommendation to address the outsized impact that high-cost disposable supplies have within the current practice expense RVU methodology.

The 2024 Medicare Physician Payment Schedule includes 82 supply items with a purchase price of more than \$500. These high-cost supplies represent \$1.26 billion in direct costs for 2024 and 18 percent of all practice expense supply costs in the non-facility setting. The current system not only accounts for a large amount of direct practice expense for these supplies but also allocates a large amount of indirect practice expense into the PE RVU for the procedure codes that include these supplies. Because of specialty pools and how the PE formula derives the code-level indirect practice expense in part as a multiple of the code-level direct practice expense inputs, when CPT codes include a high-cost disposable supply, a larger portion of indirect practice expense is allocated to the subset of practices performing the service which is subsidized by the broader specialty and all other Medicare providers. If high-cost supplies were paid

separately with appropriate HCPCS codes, the indirect expense would no longer be associated with that service. The result would be that indirect PE RVUs would be redistributed throughout the specialty practice expense pool and the practice expense for all other services. **The RUC recommends that CMS separately identify and pay for high-cost disposable supplies priced more than \$500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated.**

*Please see the analysis of high-cost supplies over \$500 and over \$1000 located in folder 15 Other Practice Expense Related Recommendations.*

#### Supply Packs Pricing

The RUC considered Insertion of Cervical Dilator at its January 2024 meeting and recommends existing supply input SA051 *pack, pelvic exam* which is priced at \$20.16 for CPT code 59200. This pack was the impetus for the RUC to explore packs pricing last year as the sum of its four components total \$2.81. In the CY2024 Final Rule (CMS-1784-F), CMS responded to the RUC's recommendation that the Agency resolve these pricing discrepancies in the supply packs during CY2024 rulemaking:

*Response: We appreciate the additional information and RUC workgroup recommendations provided by the commenter regarding discrepancies in the aggregated cost of some supply packs. However, due to the projected significant cost revisions in the pricing of supply packs, and because we did not propose to address supply pack pricing in the CY 2024 proposed rule, we believe that this issue would be better addressed in future rulemaking. For example, the cleaning and disinfecting endoscope pack (SA042) is included as a supply input in more than 300 HCPCS codes which could have a sizable impact on the overall valuation of these services, and which was not incorporated into the proposed RVUs published for the CY 2024 proposed rule. We believe that interested parties will be better served if CMS addresses this topic in a comprehensive manner during a potential future rulemaking in which commenters could provide feedback in response to proposed pricing updates.*

The RUC continues to recommend that:

- **CMS revise packs SA042, SA045, SA046, SA049 and SA082 according to the attached spreadsheet.**
- **CMS immediately initiate correction of the packs pricing such that the sum of the individual components matches the price of the corresponding pack.**

The report of the Packs Workgroup is attached, as approved by the RUC, and provides detailed recommendations to complete the five incomplete packs. The Workgroup affirmed the contents of the complete packs for submission to CMS, based on the 2023 CMS Direct PE Inputs Medical Supplies Listing, with the RUC request to ensure accurate packs pricing.

*Please see the Packs Workgroup report and recommendations located in folder 15 Other Practice Expense Related Recommendations.*

#### Enclosed Recommendations and Supporting Materials:

- RUC Recommendation Status Report for New and Revised Codes for *CPT 2025*.
- RUC Recommendation Summary of Existing Codes Identified by CMS or the Relativity Assessment Workgroup.

- RUC Recommendation Progress and Status Reports for services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued.
- 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 January 2024 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.
- Professional Liability Insurance (PLI) Crosswalk Table – The RUC has committed to selecting appropriate PLI 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.
- Utilization Data Crosswalk – 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 2025 conversion factor increase.
- New Technology List and Timeline – 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 847 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.
- RUC Recommendations on Modifications to Visits in the Global Period – This includes changes in work RVUs and time by incorporating the increase of office visits and hospital visits in the surgical global periods.

The Honorable Chiquita Brooks-LaSure

February 7, 2024

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We appreciate your consideration of these RUC recommendations. If you have any questions regarding the attached materials, please contact Sherry Smith at [Sherry.Smith@ama-assn.org](mailto:Sherry.Smith@ama-assn.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Ezequiel Silva III". The signature is fluid and cursive, with the last name "Silva" being the most prominent part.

Ezequiel Silva III, MD

Chair, AMA/Specialty Society RVS Update Committee

Enclosures

cc: RUC Participants  
Perry Alexion, MD  
Larry Chan  
Arkaprava Deb, MD  
Mitali Dayal  
Edith Hambrick, MD  
Ryan Howe  
Michael Soracoe  
Gift Tee

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
RUC RECOMMENDATIONS FOR CPT 2025**

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# CPT 2025 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0352U	XXX	D	May 2024	21	MAAA-Bacterial Vaginosis-Vaginitis		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0398T	YYY	D	Sep 2023	23	Guided High Intensity Focused Ultrasound		Jan 2024	06					<input type="checkbox"/>		<input type="checkbox"/>
0500T	YYY	D	May 2024	27	HPV Combined Reporting Pooled and Individual Genotyping		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0537T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0538T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0539T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0540T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0553T	YYY	D	May 2024	59	Category III Sundown		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0564T	YYY	D	May 2024	59	Category III Sundown		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0615T	YYY	R	Feb 2024	44	Eye Movement Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0616T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					<input type="checkbox"/>		<input type="checkbox"/>
0617T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					<input type="checkbox"/>		<input type="checkbox"/>
0618T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					<input type="checkbox"/>		<input type="checkbox"/>
0714T	YYY	R	Sep 2023	47	Transperineal Laser Ablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0X00M	XXX	N	Feb 2024	18	MAAA-Brain Tumor Methylation Classifier		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
15819	090	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
15XX1	000	N	Sep 2023	25	Skin Cell Suspension Autograft	11	Jan 2024	04	ABA	3.00	3.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
15XX2	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	12	Jan 2024	04	ABA	2.00	2.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
15XX3	XXX	N	Sep 2023	25	Skin Cell Suspension Autograft	13	Jan 2024	04	ABA	2.51	2.51		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
15XX4	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	14	Jan 2024	04	ABA	2.00	2.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
15XX5	090	N	Sep 2023	25	Skin Cell Suspension Autograft	15	Jan 2024	04	ABA	12.75	10.97		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
15XX6	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	16	Jan 2024	04	ABA	8.88	2.50		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
15XX7	090	N	Sep 2023	25	Skin Cell Suspension Autograft	17	Jan 2024	04	ABA	15.00	12.50		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
15XX8	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	18	Jan 2024	04	ABA	9.50	3.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
21630	090	R	May 2024	60	Code Set Maintenance		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
21632	090	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
25310	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D1	Sep 2023	04	AAOS, ASPS, ASSH	9.50	9.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
25447	090	R	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D3	Sep 2023	04	AAOS, ASPS, ASSH	11.14	11.14	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
26480	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D5	Sep 2023	04	AAOS, ASPS, ASSH	9.50	9.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
27278	090	R	May 2024	EC-E	CPT Assistant Editorial Board Report		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
27279	090	R	May 2024	EC-E	CPT Assistant Editorial Board Report		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
2X005	090	N	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D4	Sep 2023	04	AAOS, ASPS, ASSH	13.90	13.90		<input checked="" type="checkbox"/>		<input type="checkbox"/>
33471	090	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
33737	090	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
33813	090	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
33814	090	R	May 2024	60	Code Set Maintenance		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
33894	000	R	Feb 2024	08	Angioplasty of the Aorta		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
33895	000	R	Feb 2024	08	Angioplasty of the Aorta		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
33897	000	R	Feb 2024	08	Angioplasty of the Aorta		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
3X018	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E1	Sep 2023	05	CAP	1.94	1.94		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X019	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E2	Sep 2023	05	CAP	0.79	0.79		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X020	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E3	Sep 2023	05	CAP	0.96	0.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X021	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E4	Sep 2023	05	ASCO, ASTCT, ASH	3.00	3.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
46275	090	R	Sep 2023	EC-C	Anal Fistula Vignette Correction		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>



CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
46280	090	R	Sep 2023	EC-C	Anal Fistula Vignette Correction		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
47802	090	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
49203	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49204	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49205	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X015	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F1	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	22.00	22.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X016	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F2	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	28.65	28.65		<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X017	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F3	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	34.00	34.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X018	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F4	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	45.00	45.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X019	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F5	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	55.00	55.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
50135	090	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
51020	090	R	May 2024	60	Code Set Maintenance		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
51030	090	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
54438	090	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
58957	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
58958	090	R	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
5X006	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G1	Sep 2023	07	ACR, AUA, SIR	5.68	4.05		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5X007	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G2	Sep 2023	07	ACR, AUA, SIR	9.80	9.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5X008	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G3	Sep 2023	07	ACR, AUA, SIR	11.50	11.50		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5XX05	000	N	Sep 2023	18	Bladder Neck and Prostate Procedures	J1	Jan 2024	05	AUA	3.36	3.10		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5XX06	000	N	Sep 2023	18	Bladder Neck and Prostate Procedures	J2	Jan 2024	05	AUA	1.88	1.48		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
64486	000	F	Sep 2023	17	Fascial Plane Blocks	M7	Jan 2024	08	ASA, ASRA	1.20	1.20		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64487	000	F	Sep 2023	17	Fascial Plane Blocks	M8	Jan 2024	08	ASA, ASRA	1.39	1.39		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64488	000	F	Sep 2023	17	Fascial Plane Blocks	M9	Jan 2024	08	ASA, ASRA	1.40	1.40		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64489	000	F	Sep 2023	17	Fascial Plane Blocks	M10	Jan 2024	08	ASA, ASRA	1.75	1.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
66680	090	F	Feb 2023	10	Iris Procedures	A1	Apr 2023	04	AAO	10.25	10.25		<input checked="" type="checkbox"/>		<input type="checkbox"/>
66682	090	F	Feb 2023	10	Iris Procedures	A2	Apr 2023	04	AAO	10.87	10.87		<input checked="" type="checkbox"/>		<input type="checkbox"/>
6X004	090	N	Feb 2023	10	Iris Procedures	A3	Apr 2023	04	AAO	12.80	12.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6XX00	000	N	Sep 2023	23	Guided High Intensity Focused Ultrasound	K1	Jan 2024	06	AANS, CNS	18.95	18.95		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6XX01	000	N	Sep 2023	09	Percutaneous Radiofrequency Ablation of Thyroid	L1	Jan 2024	07	AACE, AAO-HNS, ACR, ASNR, ES, OEIS, SIR	6.00	5.75		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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6XX02	ZZZ	N	Sep 2023	09	Percutaneous Radiofrequency Ablation of Thyroid	L2	Jan 2024	07	AACE, AAO-HNS, ACR, ASNR, ES, OEIS, SIR	4.92	4.25		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6XX07	000	N	Sep 2023	17	Fascial Plane Blocks	M1	Jan 2024	08	ASA, ASRA	1.50	1.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
6XX08	000	N	Sep 2023	17	Fascial Plane Blocks	M2	Jan 2024	08	ASA, ASRA	1.74	1.74		<input checked="" type="checkbox"/>		<input type="checkbox"/>
6XX09	000	N	Sep 2023	17	Fascial Plane Blocks	M3	Jan 2024	08	ASA, ASRA	1.67	1.67		<input checked="" type="checkbox"/>		<input type="checkbox"/>
6XX10	000	N	Sep 2023	17	Fascial Plane Blocks	M4	Jan 2024	08	ASA, ASRA	1.83	1.83		<input checked="" type="checkbox"/>		<input type="checkbox"/>
6XX11	000	N	Sep 2023	17	Fascial Plane Blocks	M5	Jan 2024	08	ASA, ASRA	1.34	1.34		<input checked="" type="checkbox"/>		<input type="checkbox"/>
6XX12	000	N	Sep 2023	17	Fascial Plane Blocks	M6	Jan 2024	08	ASA, ASRA	1.67	1.67		<input checked="" type="checkbox"/>		<input type="checkbox"/>
75774	ZZZ	R	Sep 2023	26	Vascular Procedures Guideline Revisions		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
7XX00	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N1	Jan 2024	09	ACR, ASNR				<input checked="" type="checkbox"/>	PE Only	<input checked="" type="checkbox"/>
7XX01	ZZZ	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N2	Jan 2024	09	ACR, ASNR				<input checked="" type="checkbox"/>	PE Only	<input checked="" type="checkbox"/>
7XX02	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N3	Jan 2024	09	ACR, ASNR	0.60	0.60		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7XX03	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N4	Jan 2024	09	ACR, ASNR	0.76	0.76		<input checked="" type="checkbox"/>	Modifier -51 Exempt	<input checked="" type="checkbox"/>
7XX04	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N5	Jan 2024	09	ACR, ASNR	0.75	0.75		<input checked="" type="checkbox"/>	Modifier -51 Exempt	<input checked="" type="checkbox"/>
7XX05	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N6	Jan 2024	09	ACR, ASNR	0.60	0.60		<input checked="" type="checkbox"/>	Modifier -51 Exempt	<input checked="" type="checkbox"/>

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81432	XXX	R	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81433	XXX	D	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
81435	XXX	R	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81436	XXX	D	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
81437	XXX	R	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81438	XXX	D	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
8156X	XXX	N	Feb 2024	24	MAAA-Kidney Transplant Immune Quiescence		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
82XX0	XXX	N	Feb 2024	16	Amyloid Protein		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
82XX1	XXX	N	Feb 2024	16	Amyloid Protein		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
83XX0	XXX	N	May 2024	20	Neurofilament Light Chain		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86327	XXX	D	May 2024	60	Code Set Maintenance		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
86490	XXX	D	May 2024	60	Code Set Maintenance		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
86XX1	XXX	N	May 2024	28	Streptococcus Pneumoniae Antibody		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87624	XXX	R	May 2024	27	HPV Combined Reporting Pooled and Individual Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>

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87XX0	XXX	N	May 2024	24	Pneumocystis Jirovecii Amp Probe Technique		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87XX1	XXX	R	May 2024	27	HPV Combined Reporting Pooled and Individual Genotyping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
88388	XXX	D	May 2024	60	Code Set Maintenance		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
88X00	XXX	N	May 2024	25	Optical Genome Mapping		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X050	XXX	N	Sep 2023	32	Primary Source Resistance Typing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X051	XXX	N	Sep 2023	32	Primary Source Resistance Typing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X3X0	XXX	N	Feb 2024	20	Tau Protein-Phosphorylated		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X3XX	XXX	N	Feb 2024	23	Tau Protein-Total		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8XX00	XXX	N	May 2024	21	MAAA-Bacterial Vaginosis-Vaginitis		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
90630	XXX	D	Feb 2024	34	Obsolete Vaccine Products		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
90654	XXX	D	Feb 2024	34	Obsolete Vaccine Products		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
90661	XXX	R	Feb 2024	28	Cell Culture Influenza Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
906XX	XXX	N	Feb 2024	32	Pneumococcal Conjugate 21 Valent Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
907X1	XXX	N	May 2024	35	Meningococcal ABCWY Vaccine		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
92132	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B1	Sep 2023	08	AAO, AOA(optometry), ASRS	0.29	0.29		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92133	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B2	Sep 2023	08	AAO, AOA(optometry), ASRS	0.31	0.31		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92134	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B3	Sep 2023	08	AAO, AOA(optometry), ASRS	0.32	0.32		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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93656	000	R	May 2024	36	Ablation of Atrial Fibrillation		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
93886	XXX	F	May 2023	35	Transcranial Doppler Studies	H1	Sep 2023	09	AAN, ACR, ASNR	0.91	0.90		<input checked="" type="checkbox"/>		<input type="checkbox"/>
93888	XXX	F	May 2023	35	Transcranial Doppler Studies	H2	Sep 2023	09	AAN, ACR, ASNR	0.73	0.73		<input checked="" type="checkbox"/>		<input type="checkbox"/>
93890	XXX	D	May 2023	35	Transcranial Doppler Studies		Sep 2023	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
93892	XXX	F	May 2023	35	Transcranial Doppler Studies	H3	Sep 2023	09	AAN, ACR, ASNR	1.15	1.15	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93893	XXX	R	May 2023	35	Transcranial Doppler Studies	H4	Sep 2023	09	AAN, ACR, ASNR	1.15	1.15	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93X94	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H5	Sep 2023	09	AAN, ACR, ASNR	0.81	0.81		<input checked="" type="checkbox"/>		<input type="checkbox"/>
93X95	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H6	Sep 2023	09	AAN, ACR, ASNR	0.73	0.73		<input checked="" type="checkbox"/>		<input type="checkbox"/>
93X96	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H7	Sep 2023	09	AAN, ACR, ASNR	0.85	0.85		<input checked="" type="checkbox"/>		<input type="checkbox"/>
96003	XXX	D	May 2024	60	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
96040	XXX	D	Sep 2023	41	Genetic Counseling Services		Jan 2024	10					<input checked="" type="checkbox"/>		<input type="checkbox"/>
97811	ZZZ	R	Sep 2023	48	Acupuncture Services		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
97814	ZZZ	R	Sep 2023	48	Acupuncture Services		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98960	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98961	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98962	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98966	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98967	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98968	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>

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98970	XXX	R	Feb 2024	46	QHP Terminology Standardization			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
98971	XXX	R	Feb 2024	46	QHP Terminology Standardization			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
98972	XXX	R	Feb 2024	46	QHP Terminology Standardization			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
98975	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
98976	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
98977	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
98978	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99202	XXX	R	May 2024	63	Modifier 95 Reporting Instructions			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99203	XXX	R	May 2024	63	Modifier 95 Reporting Instructions			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99204	XXX	R	May 2024	63	Modifier 95 Reporting Instructions			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99205	XXX	R	May 2024	63	Modifier 95 Reporting Instructions			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99211	XXX	R	May 2024	63	Modifier 95 Reporting Instructions			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99212	XXX	R	May 2024	63	Modifier 95 Reporting Instructions			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99213	XXX	R	May 2024	63	Modifier 95 Reporting Instructions			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99214	XXX	R	May 2024	63	Modifier 95 Reporting Instructions			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99215	XXX	R	May 2024	63	Modifier 95 Reporting Instructions			Editorial					<input checked="" type="checkbox"/>		<input type="checkbox"/>

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99441	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99442	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99443	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
9X059	XXX	N	Feb 2023	22	Optical Coherence Tomography (OCT)	B4	Sep 2023	08	AAO, AOA(optometry), ASRS	0.64	0.64		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X075	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C1	Sep 2023	11	AADA, AAFF, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.93	0.93		<input checked="" type="checkbox"/>		<input type="checkbox"/>



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9X076	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C2	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.60	1.60	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X077	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C3	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.60	2.60	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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9X078	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C4	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	3.50	3.50	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X079	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C5	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.70	0.70	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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9X080	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C6	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.30	1.30	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X081	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C7	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.92	1.92	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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9X082	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C8	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.80	2.60	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X083	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C9	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.93	0.90	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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9X084	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C10	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.60	1.55	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X085	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C11	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.42	2.42	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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9X086	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C12	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	3.20	3.20	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X087	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C13	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.70	0.65	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
9X088	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C14	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, Aaos, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.30	1.20	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X089	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C15	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, Aaos, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.75	1.75	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
9X090	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C16	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.60	2.60	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X091	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C17	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.30	0.30	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X100	XXX	N	Sep 2023	41	Genetic Counseling Services		Jan 2024	10	ACMG			<input checked="" type="checkbox"/>	PE Only	<input type="checkbox"/>	



CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
9X110	XXX	N	Sep 2023	40	mRNA Influenza Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9X111	XXX	N	Sep 2023	40	mRNA Influenza Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
G2012	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
G2252	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
X200T	YYY	N	Sep 2023	63	Intraoperative Stimulation of Peripheral Nerves		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X201T	YYY	N	Sep 2023	68	Histotripsy of Kidney		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X207T	YYY	N	Sep 2023	74	Noninvasive Arrhythmia Analysis Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X212T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X213T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X214T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X215T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X219T	YYY	N	Sep 2023	47	Transperineal Laser Ablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X220T	YYY	N	Sep 2023	49	Gastric Electrophysiology Mapping		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X221T	YYY	N	Sep 2023	59	Oral Mucositis Cooling		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X222T	YYY	N	Sep 2023	51	Bone Substitute Injection		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X223T	YYY	N	Sep 2023	72	Noninvasive Pulmonary Gas Exchange Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X228T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X229T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X230T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X231T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X232T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X233T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X234T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X235T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X236T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X237T	YYY	N	Sep 2023	76	AI Generated Prostate Cancer Mapping		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X238T	YYY	N	Sep 2023	56	Computer-Aided Duplex Scan of hemodialysis Fistula		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X239T	YYY	N	Sep 2023	67	End-tidal Control (EtC) Agent Monitoring		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X255T	YYY	N	Sep 2023	77	CMR Absolute Quantification of Myocardial Blood Flow		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X258T	YYY	N	Sep 2023	64	Endoscopic Drug Coated GI Balloon		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X259T	YYY	N	Sep 2023	64	Endoscopic Drug Coated GI Balloon		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X260T	YYY	N	Sep 2023	64	Endoscopic Drug Coated GI Balloon		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X261T	YYY	N	Sep 2023	73	Normothermic Liver Perfusion Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X262T	YYY	N	Sep 2023	73	Normothermic Liver Perfusion Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X263T	YYY	N	Sep 2023	73	Normothermic Liver Perfusion Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X270T	YYY	N	Sep 2023	63	Intraoperative Stimulation of Peripheral Nerves		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X271T	YYY	N	Sep 2023	77	CMR Absolute Quantification of Myocardial Blood Flow		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X277T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX01T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX02T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX03T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX04T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX05T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX06T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX07T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX08T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX09T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
XX10T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX11T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX12T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX13T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX14T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX15T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX16T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX17T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX18T	YYY	N	Feb 2024	38	Concurrent Optical and Magnetic Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX19T	YYY	N	Feb 2024	35	AI-based QT Interval Monitoring		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX20T	YYY	N	Feb 2024	36	Algorithm-based Electrocardiogram		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX21T	YYY	N	Feb 2024	36	Algorithm-based Electrocardiogram		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX22T	YYY	N	Feb 2024	36	Algorithm-based Electrocardiogram		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX23T	YYY	N	Feb 2024	42	Percutaneous Coronary Intervention (PCI) by Therapeutic Drug Delivery		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX29T	YYY	N	Feb 2024	37	Bone Marrow Biopsy Implant		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
XX32T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX33T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX34T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX35T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX36T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX37T	YYY	N	Feb 2024	38	Concurrent Optical and Magnetic Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX40T	YYY	N	Feb 2024	42	Percutaneous Coronary Intervention (PCI) by Therapeutic Drug Delivery		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX41T	YYY	N	May 2024	43	Cystourethroscopic Renal Nerve Denervation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX45T	YYY	N	May 2024	52	Cystoscopic Prostatic Urethral Scaffold		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX46T	YYY	N	May 2024	52	Cystoscopic Prostatic Urethral Scaffold		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX47T	YYY	N	May 2024	52	Cystoscopic Prostatic Urethral Scaffold		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX51T	YYY	N	May 2024	50	Continuous External Electrocardiographic Monitoring		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX52T	YYY	N	May 2024	50	Continuous External Electrocardiographic Monitoring		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
XX53T	YYY	N	May 2024	50	Continuous External Electrocardiographic Monitoring		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX54T	YYY	N	May 2024	50	Continuous External Electrocardiographic Monitoring		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX68T	YYY	N	May 2024	40	AI-Assisted Heart Failure Detection		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX69T	YYY	N	May 2024	46	Photobiomodulation Therapy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX70T	YYY	N	May 2024	54	Intraoperative Fluorescence Imaging Margin Assessment, Breast		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX71T	YYY	N	May 2024	42	Transcatheter Left Atrial Pressure Sensor Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX72T	YYY	N	May 2024	42	Transcatheter Left Atrial Pressure Sensor Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX73T	YYY	N	May 2024	53	Percutaneous Ablation Treatment Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX75T	YYY	N	May 2024	56	CT Guided Implant Movement Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
XX77T	YYY	N	May 2024	58	MRI Guided (MRgFUS) Blood Brain Barrier Disruption		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

**RUC Recommendations for CMS Requests & Relativity Assessment Identified Code - January 2024**

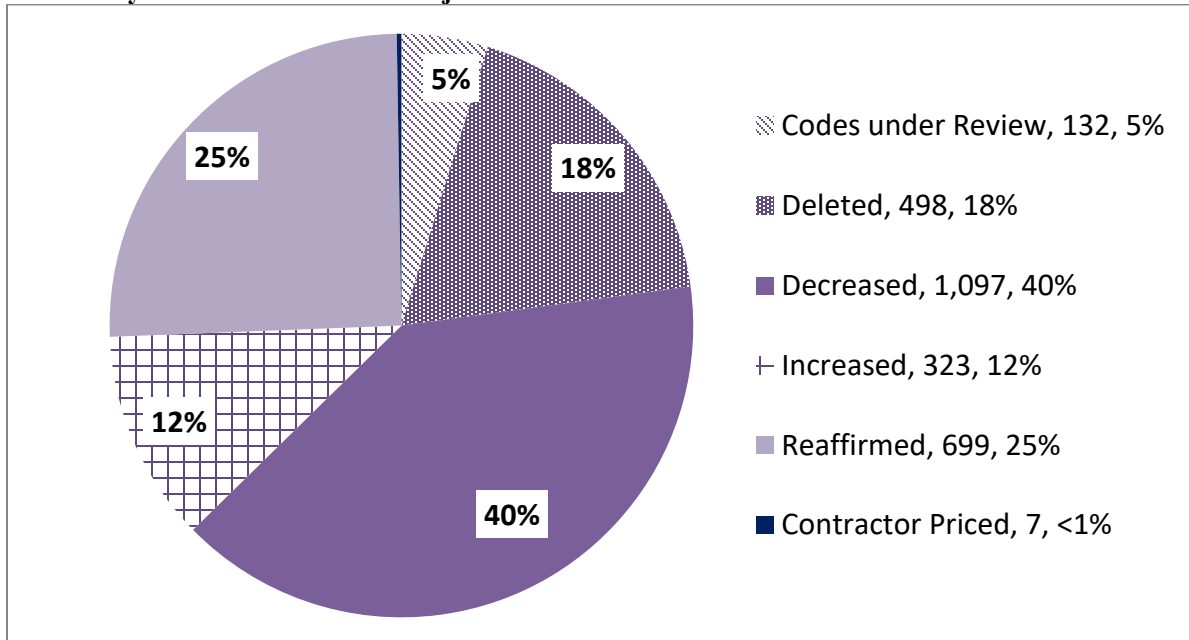
<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Issue</b>	<b>Tab</b>	<b>RUC Recommendation</b>	<b>CMS Request Final Rule</b>	<b>Site of Service Anomaly</b>
36514	Therapeutic apheresis; for plasma pheresis	Therapeutic Apheresis and Photopheresis (PE	11	PE Inputs	X	
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	Therapeutic Apheresis and Photopheresis (PE	11	PE Inputs	X	
36522	Photopheresis, extracorporeal	Therapeutic Apheresis and Photopheresis (PE	11	PE Inputs	X	
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	Insertion of Tunneled Centrally Inserted Central	12	Refer to CPT		X
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	Insertion of Tunneled Centrally Inserted Central	12	Refer to CPT		X
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	Insertion of Tunneled Centrally Inserted Central	12	Refer to CPT		X
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	Insertion of Tunneled Centrally Inserted Central	12	Refer to CPT		X
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	Insertion of Tunneled Centrally Inserted Central	12	Refer to CPT		X
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without	Insertion of Tunneled Centrally Inserted Central	12	Refer to CPT		X
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with	Insertion of Tunneled Centrally Inserted Central	12	Refer to CPT		X
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	Insertion of Cervical Dilator	13	1.20	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 over 2,700 services through over 20 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, has examined 2,760 potentially misvalued services. The RUC has reviewed approximately 95% of the Medicare Physician Payment Schedule allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC via its potentially misvalued services review has recommended reductions and deletions to approximately 1,600 services, redistributing \$5 billion annually. Below are the outcomes of the committee’s review.

### 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 847 services. In September 2010, the re-review cycle began and since then the RUC has recommended 59 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 284 services every April 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 which was revised at the CPT Editorial Panel and the RUC submitted recommendations for the 2020 Medicare Physician Payment Schedule.

In 2018, the RUC also performed a site-of-service anomaly screen based on the review of three years of data (2015, 2016 and 2017e) for services with utilization over 10,000 in which a service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. One service was identified via this screen and another identified for the outpatient site of service anomaly screen. The RUC submitted these recommendations for the 2021 and 2023 Medicare Physician Payment Schedules.

In 2019, the RUC lowered the threshold for site-of-service anomalies based on the review of three years of data (2016, 2017 and 2018e) for services with utilization over 5,000 in the outpatient setting more than 50% of the time but includes inpatient hospital Evaluation and Management services within the global period. The RUC identified nine services, expanding to 38 services to include the family of services. The CPT Editorial Panel deleted 13 services and the RUC submitted 24 recommendations for the 2021-2023 Medicare Physician Payment Schedule. The RUC will review one service to determine if educational coding guidance was effective.

In 2020, the RUC identified one code with Medicare data from 2017-2019e that was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period and 2019e Medicare utilization over 10,000. The RUC submitted this recommendation for the 2021 Medicare Physician Payment Schedule.

In 2023, the RUC identified one code with Medicare data from 2019-2021 indicating 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 and 2021 Medicare utilization over 10,000. This service was also identified as reported with another code 75% of the time or more, therefore, the RUC recommended that this service be surveyed after any code bundling solution occurs at CPT. The RUC also identified two services with Medicare data from 2019-2021 and utilization over 10,000 in which the service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. The RUC submitted one recommendation for the 2025 Medicare Physician Payment Schedule and will review it again in three years. The RUC will examine the remaining service for the 2026 Medicare Physician Payment Schedule.

### **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 and four recommendations for the CPT 2020 Medicare Physician Payment Schedule. The RUC completed review of services under this first iteration of the high growth screen.

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 62 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 referred one issue to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted ten codes and the RUC submitted recommendations for 48 services for the 2015-2019 and 2023 Medicare Physician Payment Schedules.

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 31 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 one service after additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 17 services for the 2017-2020 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen for its fourth iteration and the query resulted in the identification of 12 services, which was expanded to 53 services. The RUC recommended removing two services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted five services. The RUC submitted recommendations for 46 services for the 2019-2022 Medicare Physician Payment Schedules. The RUC completed review of services under this fourth iteration of the high volume growth screen.

In October 2018, the RUC ran this query for its fifth iteration for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. Eleven (11) codes were identified. The RUC recommended removing two services from the screen as the volume growth was appropriate. The CPT Editorial Panel deleted one code. The RUC referred one code to the CPT Editorial Panel for revision and submitted recommendations for seven services for the 2020-2021 Medicare Physician Payment Schedule.

In October 2019, the RUC completed its sixth iteration of this screen for services with 2018e Medicare utilization of over 10,000 that have increased by at least 100% from 2013 through 2018. The RUC identified 12 services. The RUC removed one service from the screen as the volume growth did not impact the resources required to provide this service. The RUC referred two services to the CPT Editorial Panel for revision. CPT deleted one service. The RUC submitted recommendations for eight services for the 2021-2023 Medicare Physician Payment Schedules.

In October 2020, the RUC completed its seventh iteration of this screen for services with 2019e Medicare utilization over 10,000 that have increased by at least 100% from 2014 through 2019. The RUC identified six services. The RUC removed four services as the growth was appropriate and submitted two recommendations for the 2023 and 2024 Medicare Physician Payment Schedules. The RUC completed review of services under this seventh iteration of the high volume growth screen.

In April 2022, the RUC completed its eighth iteration of this screen for services with 2020 Medicare utilization over 10,000 that have increased by at least 100% from 2015-2020. The RUC identified 10 services, which was expanded to 12 to include the appropriate family of services. The Relativity Assessment Workgroup will review six services after additional data is available. The RUC submitted recommendations for six services for the 2024-2025 Physician Payment Schedules.

In April 2023, the RUC initiated its ninth iteration of this high volume screen with 2021 Medicare utilization over 10,000 that has increased by at least 100% from 2016-2021. The RUC identified two services, one will be reviewed for the 2025 Medicare Physician Payment Schedule and the other service was referred to CPT Assistant for clarification.

### **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 41 recommendations to CMS for the 2012-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

### **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.

In October 2019, 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, one was deleted by CPT Editorial Panel and other was referred to develop a CPT Assistant article for education. The RUC completed review of services under this screen.

In April 2022, the RUC queried the top two dominant specialties performing services based on 2020 Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Six services were identified. The RUC will review two codes after additional utilization data is available. The RUC submitted recommendations for four services for the 2025 Medicare Physician Payment Schedule.

In April 2023, the RUC queried the top two dominant specialties performing services based on 2021 Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Four services were identified. The RUC recommended removing all four services from this screen. The RUC completed review of services under the fifth iteration of 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.

In October 2015, the RUC reran this screen on Harvard valued services with 2014e Medicare utilization over 30,000. Seven services were identified and expanded to nine codes to include the family of services. The CPT Editorial Panel deleted two codes. The RUC submitted recommendations for 7 services for the 2018-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2018, the RUC reran this screen on Harvard valued services with 2017e Medicare utilization over 30,000. One service was identified. The RUC submitted this recommendation for the 2021 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

In October 2019, the RUC reran this screen on Harvard valued services with 2018e Medicare utilization over 30,000. Three services were identified, which was expanded to five to include the family of services. The RUC submitted recommendations for these five services for the 2022-2023 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2020, the RUC ran this service on Harvard valued services with 2019e Medicare utilization over 30,000 and one service was identified. The RUC submitted a recommendation for this service for the 2023 Medicare Physician Payment Schedule. 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 RUC removed one service from the screen. The CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules and one service for the 2023 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

##### *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.

##### *Utilization over 30,000*

In October 2017, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 30,000 or more, which resulted in 34 services and was expanded to 55 services to include the family of services. The CPT Editorial Panel deleted 10 codes. The submitted recommendations for 45 services for the 2019-2020 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2018, the RUC reran this screen for CMS/Other source codes with 2017e Medicare utilization over 30,000, which resulted in seven services and expanded to 15 services. The CPT Editorial Panel deleted one code. The RUC submitted recommendations for 14 services for the 2020-2021 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

### *Utilization over 20,000*

In October 2019, the RUC lowered the threshold for this screen of CMS/Other source codes with 2018e Medicare utilization over 20,000, which resulted in nine services and expanded to 16 to include the family of services. The RUC removed one code from the screen. The CPT Editorial Panel deleted five codes. The RUC submitted recommendations for 10 services for the 2021-2024 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2020, the RUC ran a second iteration of this screen of CMS/Other source codes with 2019e Medicare utilization over 20,000, which resulted in 10 codes. This was expanded to 21 services to include services that are part of a family. Three services were removed from this screen, one requested for deletion by CMS, 15 were referred to the CPT Editorial Panel for revision and two will be reviewed after additional utilization data is available.

In April 2022, the RUC ran a third iteration of this screen of CMS/Other source codes with 2020 Medicare utilization over 20,000, which resulted in six codes. This was expanded to eight services to include services that are part of a family. The RUC recommended that one service be maintained and three services be reviewed after additional data is available. The RUC submitted recommendations for four services for the 2024 Medicare Physician Payment Schedule.

### **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 completed review of all services under this screen.

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its second 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 153 total codes under review, the CPT® Editorial Panel deleted 50 services. The RUC has submitted 103 code recommendations for the 2014-2019 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In January and April 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third 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 reviewed two services after additional data was obtained and determined that they be maintained. The RUC submitted 47 code recommendations for the 2017-2019 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In October 2017 the Relativity Assessment Workgroup performed the fourth 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 determined two groups totaling four codes require code bundling solutions. Of the 12 total codes under review, the CPT Editorial Panel deleted one service. The RUC submitted 11 code recommendations for the 2020 and 2021 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In April 2022, 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 19 code pairs were identified, which was expanded to 23 services to include families of services. The RUC removed five services from this screen, as these services are distinct separate services that do not warrant bundling. The RUC referred six services to CPT Assistant for correct coding guidance, and referred 11 services to the CPT Editorial Panel for code bundling solutions. The remaining service will be reviewed by the Relativity Assessment Workgroup when additional utilization data is available.

In April 2023, the Relativity Assessment Workgroup performed the sixth cycle analysis of code pairs reported together with 75% or greater frequency based on 2021 Medicare claims data and identified three code pairs. The RUC referred all three code pairs to CPT for code bundling solutions.

### **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 these 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 125 recommendations to CMS for the 2013-2019 Medicare Physician Payment Schedules. The RUC completed review of services under the first iteration of this screen.

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 30 codes. The RUC submitted 208 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

### **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 total in direct expense to the individual code 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.

At the April 2023, the Relativity Assessment Workgroup recommended lowering the Medicare allowed charges threshold from \$100,000 to \$50,000 for the Services with Stand-Alone PE Procedure Time screen, for codes that have 0.00 work RVUs, including direct equipment inputs that total in direct expense to the individual code to \$100 or more, and have PE procedure times (CA021) greater than five minutes. The RUC identified 16 services via this screen. The RUC removed 14 services as they appeared on the

first CMS iteration of this screen and were validated in April 2013 or are currently referred to the CPT Editorial Panel for revision. In April 2024, the Relativity Assessment Workgroup will review action plans for two services to determine how to best address them.

### **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.

In October 2019, the identified five 010-day global period services more than one office visit based on 2018e Medicare utilization over 1,000, which was expanded to eight services to include the family of services. The RUC submitted eight recommendations for the 2021-2022 Medicare Physician Payment Schedules. 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.

In October 2019, the identified three 090-day global period services more than six office visits based on 2018e Medicare utilization over 1,000. The RUC submitted recommendations for these three services for the 2021 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, which 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.

### **Negative IWPUP**

In October 2017, the RUC identified 22 services with a negative IWPUP and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC expanded the services identified in this screen to 56 services to include additional codes as part of the family. The CPT Editorial Panel deleted 15 services. The RUC submitted 41 recommendations for the 2019-2020 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

### **Contractor Priced with High Volume**

In April 2018, the RUC identified five contractor-priced Category I CPT codes that have 2017 estimated Medicare utilization over 10,000. The CPT Editorial Panel deleted one code. The RUC submitted four recommendations for the 2020-2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

In April 2022, the RUC identified five contractor-priced Category I CPT codes that have 2020 Medicare utilization over 10,000. The RUC expanded the services identified to six services to include additional codes as part of the family. The RUC removed one service, maintained one service, requested that CMS delete one service and will review two services after additional data is available. The RUC submitted one recommendation for the 2024 Medicare Physician Payment Schedule.

### **CPT Modifier -51 Exempt List**

In April 2018, the RUC identified seven services on the CPT Modifier -51 *Multiple Procedures* exempt list with 2017 estimated Medicare utilization over 10,000. The RUC examined the data provided on the percentage reported alone, physician pre and intra time and determined that this is an appropriate screen. The RUC recommended that four services be removed from the Modifier -51 exempt list and that three services remain on the list as they are separate and distinct services. The RUC notes that the CPT Editorial Panel will be reexamining this list in February 2019. The RUC has completed review of the services under this screen.

### **High Volume Category III Codes**

In October 2019, the RUC identified seven Category III codes with 2018 estimated Medicare utilization over 1,000. The RUC expanded the services identified in this screen to 10 to include additional codes as part of a family. The CPT Editorial Panel deleted two codes. The RUC recommended to maintain 3 codes as data collection was underway for obtaining Category I codes. The RUC submitted recommendations for three codes for the 2022 Medicare Physician Payment Schedule and will review two services in three years after additional utilization data is available.

In April 2022, the RUC identified five Category III codes with 2020 Medicare utilization over 1,000. The RUC referred one code to the CPT Editorial Panel for creation of a Category I code and will review the remaining four services after additional data is available.

In April 2023, the RUC identified five Category III codes with 2021 Medicare utilization over 1,000. The RUC recommends that two codes remain Category III codes, one code be referred to CPT to revise to a Category I code and two codes be reviewed after additional data is available.

### **PE Units Screen**

In April 2020, the RUC identified seven services with more than one median unit of service reported and a direct practice expense supply item unit cost greater than \$100 based on 2018 Medicare utilization. In October 2020, the Practice Expense Subcommittee reviewed the supplies and kits identified to determine if any duplication occurs when reported in multiple units. The RUC determined that three of the seven codes identified had duplicative supplies. The RUC submitted new direct practice expense inputs for the 2022 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 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 39 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 thorascopic procedures. The CPT Editorial Panel deleted two services. The RUC submitted recommendations for 29 services for the 2014-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

#### *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 90 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. The RUC has completed review of the services under this screen.

#### *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 53 services to include additional codes as part of this family. The CPT Editorial Panel deleted 16 services. The RUC submitted 37 recommendations for the 2016-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

#### *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 53 services to include an additional code as part of the family. The CPT Editorial Panel deleted eight services. The RUC submitted 45 recommendations for the 2017-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

#### *Final Rule for 2017*

In the Final Rule for 2017 there were no public nominations for services in which the RUC was not already addressing.

#### *Final Rule for 2018*

In the Final Rule for 2018 the public and CMS nominated six services as potentially misvalued, which the RUC expanded to nine services. The RUC submitted nine recommendations for the 2019-2020 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

#### *Final Rule for 2019*

In the Final Rule for 2019 the public and CMS nominated nine services as potentially misvalued, which was expanded to 12 services as part of the family. The CPT Editorial Panel deleted two services. The RUC submitted 10 recommendations for the 2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

#### *Final Rule for 2020*

In the Final Rule for 2020, the public and CMS nominated 10 services as potentially misvalued, which was expanded to 14 services as part of the family. The RUC submitted recommendations for 13 services for the 2021 and 2023 Medicare Physician Payment Schedules. The RUC could not submit a recommendation for one code as it was determined it was not adequately described to evaluate. The RUC has completed review of the services under this screen.

#### *Final Rule for 2021*

In the Final Rule for 2021, CMS received public nomination of two codes as potentially misvalued, which was expanded to 10 services to include the family. The RUC submitted 10 recommendations for the 2022-2023 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

### *Final Rule for 2022*

In the Final Rule for 2022, CMS received public nomination on one code as potentially misvalued. The RUC reviewed and submitted a recommendation for the 2023 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

### *Final Rule for 2023*

In the Final Rule for 2023, CMS received public nominations, however, did not nominate any codes for review as potentially misvalued.

### *Final Rule for 2024*

In the Final Rule for 2024, CMS received public nominations on three code sets, totaling 23 services. The RUC reviewed and submitted recommendations for these services for the 2025 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

## **Work Neutrality**

For every CPT code recommendation and family, the RUC submits utilization assumptions based on the specialty societies estimate for the next year of Medicare utilization. Starting with CPT 2009, the Relativity Assessment Workgroup began assessing all services for work neutrality. In 2012, the RUC confirmed that the RUC and specialty societies work neutrality calculation expectation is a zero change target. However, if actual work RVUs turn out to be 10% or greater than the former work RVUs for the family, the family should undergo review by the Relativity Assessment Workgroup. Three code families have been identified for re-examination, one from CPT 2009, CPT 2011 and CPT 2012. Two families were determined to have correct utilization assumptions after re-evaluating the coding structure and initial assumptions. The CPT 2012 family went through revisions at the CPT Editorial Panel as well as extensive educational efforts were engaged. However, after continued examination this family was resurveyed and the RUC submitted recommendations for four services for the 2022 Medicare Physician Payment Schedule.

Three additional code families were identified for re-examination from CPT 2018. One family, continuous glucose monitoring, was reviewed and the RUC determined the utilization is appropriate and the service valuation was appropriately decreased and no further changes are necessary. The second code family, psychiatric collaborative care management services, was removed from this screen because the assumptions used to calculate the work neutrality was based on the low utilized G codes and not on the specialty society estimated utilization. This family is work neutral when based on the correct specialty society estimates. Additionally, there was potential misreporting for these services and the RUC confirmed that these services are no longer being reported by one specific pediatric clinic in question. The remaining code family will be re-examined after additional utilization data are available in 2025.

The RUC identified two code families from CPT 2021 that have more than 10% increase in work RVUs from what was projected. In September 2023, the recommended that the growth was appropriate and these services be maintained and removed from this screen. The RUC has completed review of the services under this screen.

## **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**

<b>Total Number of Codes Identified*</b>	<b>2,760</b>
<b><i>Codes Completed</i></b>	<b>2,628</b>
Work and PE Maintained	699
Work Increased	323
Work Decreased	918
Direct Practice Expense Revised (beyond work changes)	179
Deleted from CPT®	498
Requested CMS delete G code	4
Contractor Priced	7
<b><i>Codes Under Review</i></b>	<b>132</b>
Referred to CPT® Editorial Panel or CPT Assistant	80
RUC to Review for <i>CPT 2026</i>	3
RUC to review future review after additional data obtained	49

*\*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 2009-2023 have resulted in more than \$5 billion in annual redistribution within the Medicare Physician Payment Schedule.

# Status Report: CMS Requests and Relativity Assessment Issues

**0042T** Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time **Global:** XXX **Issue:** Computed Tomographic Arteriography - Head and Neck **Screen:** High Volume Category III Codes 2022 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2022 **2022 Medicare Utilization:** 35,935 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst**  **Published in CPT Asst:**

**00534** Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator **Global:** XXX **Issue:** RAW **Screen:** High Volume **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2022 Medicare Utilization:** 28,037 **2024 Work RVU:** 7.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:** Remove from Screen

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

**00537** Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation **Global:** XXX **Issue:** Anesthesia for Cardiac Electrophysiologic Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 13 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2022 Medicare Utilization:** 104,177 **2024 Work RVU:** 10.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:** Increase

**RUC Recommendation:** 12 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**0054T** Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** RAW **Screen:** High Volume Category III **Complete?** No  
Codes 2022

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 5,589

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:**

**RUC Recommendation:** Review action plan

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

**0055T** Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** RAW **Screen:** High Volume Category III **Complete?** No  
Codes 2022

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 14,262

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:**

**RUC Recommendation:** Review action plan

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

**00560** Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2022 Medicare Utilization:** 59,712

**2024 Work RVU:** 15.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**00731** Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified      **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:** September 2016      **2022 Medicare Utilization:** 1,036,505      **2024 Work RVU:** 5.00      **2024 NF PE RVU:** 0      **2024 Fac PE RVU:** 0.00      **Result:** Maintain

**RUC Recommendation:** 5 base units      **Referred to CPT:** September 2016      **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:** 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:** September 2016      **2022 Medicare Utilization:** 90,797      **2024 Work RVU:** 6.00      **2024 NF PE RVU:** 0      **2024 Fac PE RVU:** 0.00      **Result:** Increase

**RUC Recommendation:** 6 base units      **Referred to CPT:** September 2016      **Referred to CPT Asst:**       **Published in CPT Asst:**

**00740** Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to 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:** July 2015      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT:** September 2016      **Referred to CPT Asst:**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**00810** Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to 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:** July 2015

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

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

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

**2022 Medicare Utilization:** 1,059,888

**2024 Work RVU:** 4.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** 0.00

**Result:** Decrease

**RUC Recommendation:** 4 base units

**Referred to CPT** September 2016

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

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

**2022 Medicare Utilization:** 545,332

**2024 Work RVU:** 3.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** 0.00

**Result:** Decrease

**RUC Recommendation:** 3 base units

**Referred to CPT** September 2016

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

**00813** Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the 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:** September 2016

**2022 Medicare Utilization:** 492,238

**2024 Work RVU:** 5.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** 0.00

**Result:** Maintain

**RUC Recommendation:** 5 base units

**Referred to CPT** September 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

**00918** Anesthesia for transurethral procedures (including urethrocytostopy); with fragmentation, manipulation and/or removal of ureteral calculus      **Global:** XXX      **Issue:** Anesthesia for transurethral procedures      **Screen:** High Volume Growth7      **Complete?** Yes

**Most Recent RUC Meeting:** January 2021      **Tab:** 29      **Specialty Developing Recommendation:**

**First Identified:** October 2020      **2022 Medicare Utilization:** 100,926

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Remove from Screen

**RUC Recommendation:** Maintain

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

**0101T** Extracorporeal shock wave involving musculoskeletal system, not otherwise specified      **Global:** XXX      **Issue:** RAW      **Screen:** High Volume Category III Codes 2023      **Complete?** Yes

**Most Recent RUC Meeting:** September 2023      **Tab:** 22      **Specialty Developing Recommendation:**

**First Identified:** April 2023      **2022 Medicare Utilization:** 7,034

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Maintain

**RUC Recommendation:** Maintain

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

**01916** Anesthesia for diagnostic arteriography/venography      **Global:** XXX      **Issue:** RAW      **Screen:** High Volume Growth6      **Complete?** Yes

**Most Recent RUC Meeting:** September 2023      **Tab:** 22      **Specialty Developing Recommendation:**

**First Identified:** October 2019      **2022 Medicare Utilization:** 38,495

**2024 Work RVU:** 5.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Maintain

**RUC Recommendation:** Maintain

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

**0191T** Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion      **Global:** XXX      **Issue:** Cataract Removal with Drainage Device Insertion      **Screen:** High Volume Category III Codes 2019      **Complete?** Yes

**Most Recent RUC Meeting:** January 2021      **Tab:** 16      **Specialty Developing Recommendation:** AAO

**First Identified:** October 2019      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 13,368

**2024 Work RVU:** 5.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**01935** Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA

**First Identified:** January 2021 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

**01936** Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA

**First Identified:** October 2016 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**01937** Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 04 **Specialty Developing Recommendation:** ASA

**First Identified:** January 2021

**2022 Medicare Utilization:** 25,946

**2024 Work RVU:** 4.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 4

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

**01938** Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 04 **Specialty Developing Recommendation:** ASA

**First Identified:** January 2021

**2022 Medicare Utilization:** 100,419

**2024 Work RVU:** 4.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 4

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

**01939** Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 04 **Specialty Developing Recommendation:** ASA

**First Identified:** January 2021

**2022 Medicare Utilization:** 17,119

**2024 Work RVU:** 4.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 4

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**01940** Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 04 **Specialty Developing Recommendation:** ASA

**First Identified:** January 2021

**2022 Medicare Utilization:** 56,429

**2024 Work RVU:** 4.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 4

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

**01941** Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 04 **Specialty Developing Recommendation:** ASA

**First Identified:** January 2021

**2022 Medicare Utilization:** 20,152

**2024 Work RVU:** 5.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Increase

**RUC Recommendation:** 6

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

**01942** Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 04 **Specialty Developing Recommendation:** ASA

**First Identified:** January 2021

**2022 Medicare Utilization:** 36,859

**2024 Work RVU:** 5.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Increase

**RUC Recommendation:** 6

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**0232T** Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed **Global:** XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2022 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AAPM&R, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 703 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:**

**RUC Recommendation:** Review action plan **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**0275T** Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar **Global:** YYY **Issue:** **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2019 **2022 Medicare Utilization:** 10,052 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:** Maintain

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

**0330T** Tear film imaging, unilateral or bilateral, with interpretation and report **Global:** YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2023 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 1,693 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:**

**RUC Recommendation:** Review in 3 years (Sept 2026) **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**0358T** Bioelectrical impedance analysis whole body composition assessment, with interpretation and report **Global:** YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2023 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACP **First Identified:** April 2023 **2022 Medicare Utilization:** 2,512

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:**

**RUC Recommendation:** Action Plan **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**0376T** Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

**0379T** Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional **Global:** XXX **Issue:** **Screen:** High Volume Category III Codes 2019 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2019 **2022 Medicare Utilization:** 46,645

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:**

**RUC Recommendation:** Review in 3 years (Sept 2026) **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**0394T** High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed      **Global:** XXX      **Issue:**      **Screen:** High Volume Category III Codes 2019      **Complete?** No

**Most Recent RUC Meeting:** September 2023      **Tab:** 22      **Specialty Developing Recommendation:** ASTRO      **First Identified:** October 2019      **2022 Medicare Utilization:** 32,936      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 0      **2024 Fac PE RVU:** 0.00      **Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT:** May 2024      **Referred to CPT Asst:**       **Published in CPT Asst:**

**0421T** Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)      **Global:** XXX      **Issue:** RAW      **Screen:** High Volume Category III Codes 2023      **Complete?** No

**Most Recent RUC Meeting:** September 2023      **Tab:** 22      **Specialty Developing Recommendation:** AUA      **First Identified:** April 2023      **2022 Medicare Utilization:** 2,818      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 0      **2024 Fac PE RVU:** 0.00      **Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT:** May 2024      **Referred to CPT Asst:**       **Published in CPT Asst:**

**0446T** Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training      **Global:** 000      **Issue:** Insertion/ Removal of Implantable Interstitial Glucose Sensor System      **Screen:** CMS Request - Final Rule for 2020      **Complete?** Yes

**Most Recent RUC Meeting:** January 2020      **Tab:** 33      **Specialty Developing Recommendation:** AACE, ES      **First Identified:** November 2019      **2022 Medicare Utilization:** 69      **2024 Work RVU:** 1.14      **2024 NF PE RVU:** 91.71      **2024 Fac PE RVU:** 0.47      **Result:** Contractor Price

**RUC Recommendation:** Contractor Price      **Referred to CPT:** February 2021      **Referred to CPT Asst:**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**0447T** Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision **Global:** 000 **Issue:** Insertion/ Removal of Implantable Interstitial Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2022 Medicare Utilization:** 30 **2024 Work RVU:** 1.34 **2024 NF PE RVU:** 1.57 **2024 Fac PE RVU:** 0.55 **Result:** Contractor Price

**RUC Recommendation:** Contractor Price **Referred to CPT** February 2021 **Referred to CPT Asst**  **Published in CPT Asst:**

**0448T** Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation **Global:** 000 **Issue:** Insertion/ Removal of Implantable Interstitial Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2022 Medicare Utilization:** 55 **2024 Work RVU:** 1.91 **2024 NF PE RVU:** 90.49 **2024 Fac PE RVU:** 0.78 **Result:** Contractor Price

**RUC Recommendation:** Contractor Price **Referred to CPT** February 2021 **Referred to CPT Asst**  **Published in CPT Asst:**

**0449T** Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device **Global:** YYY **Issue:** **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 2,391 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**0474T** Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space      **Global:** XXX    **Issue:**      **Screen:** High Volume Category III Codes 2019    **Complete?** Yes

**Most Recent RUC Meeting:** January 2020    **Tab:** 37    **Specialty Developing Recommendation:**      **First Identified:** October 2019      **2022 Medicare Utilization:**      **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Maintain

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

**0507T** Near infrared dual imaging (ie, simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report      **Global:** XXX    **Issue:** RAW      **Screen:** High Volume Category III Codes 2022    **Complete?** No

**Most Recent RUC Meeting:** September 2022    **Tab:** 13    **Specialty Developing Recommendation:** AAO, AOA      **First Identified:** April 2022      **2022 Medicare Utilization:** 5,705      **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Review action plan      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**0509T** Electrorretinography (ERG) with interpretation and report, pattern (PERG)      **Global:** XXX    **Issue:** Electrorretinography      **Screen:** Work Neutrality 2019    **Complete?** No

**Most Recent RUC Meeting:** January 2024    **Tab:** 16    **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS      **First Identified:** October 2020      **2022 Medicare Utilization:** 14,137      **2024 Work RVU:** 0.40  
**2024 NF PE RVU:** 1.86  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Refer to CPT Assistant      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**0598T** Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)      **Global:** YYY    **Issue:** RAW      **Screen:** High Volume Category III Codes 2023    **Complete?** Yes

**Most Recent RUC Meeting:** September 2023    **Tab:** 22    **Specialty Developing Recommendation:**      **First Identified:** April 2023      **2022 Medicare Utilization:** 16,516      **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**0671T** Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more **Global:** YYY **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

**First Identified:** January 2021 **2022 Medicare Utilization:** 23

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Contractor Price

**RUC Recommendation:** Contractor Price

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

**10004** Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **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 **2022 Medicare Utilization:** 258

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 0.64  
**2024 Fac PE RVU:** 0.36  
**Result:** Decrease

**RUC Recommendation:** 0.80

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

**10005** Fine needle aspiration biopsy, including ultrasound guidance; first lesion **Global:** XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 21 **Specialty Developing Recommendation:**

**First Identified:** June 2017 **2022 Medicare Utilization:** 127,911

**2024 Work RVU:** 1.46  
**2024 NF PE RVU:** 2.41  
**2024 Fac PE RVU:** 0.54  
**Result:** Decrease

**RUC Recommendation:** 1.63

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

# Status Report: CMS Requests and Relativity Assessment Issues

**10006** Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **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

**2022 Medicare Utilization:** 30,128

**2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 0.7  
**2024 Fac PE RVU:** 0.38  
**Result:** Decrease

**RUC Recommendation:** 1.00

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

**10007** Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **Global:** XXX **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

**2022 Medicare Utilization:** 660

**2024 Work RVU:** 1.81  
**2024 NF PE RVU:** 7.08  
**2024 Fac PE RVU:** 0.62  
**Result:** Decrease

**RUC Recommendation:** 1.81

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

**10008** Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **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

**2022 Medicare Utilization:** 20

**2024 Work RVU:** 1.18  
**2024 NF PE RVU:** 2.9  
**2024 Fac PE RVU:** 0.19  
**Result:** Decrease

**RUC Recommendation:** 1.18

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

# Status Report: CMS Requests and Relativity Assessment Issues

**10009** Fine needle aspiration biopsy, including CT guidance; first lesion **Global:** XXX **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 **2022 Medicare Utilization:** 2,223 **2024 Work RVU:** 2.26  
**2024 NF PE RVU:** 10.31  
**2024 Fac PE RVU:** 0.72  
**Result:** Decrease

**RUC Recommendation:** 2.43 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**10010** Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **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 **2022 Medicare Utilization:** 29 **2024 Work RVU:** 1.65  
**2024 NF PE RVU:** 5.19  
**2024 Fac PE RVU:** 0.27  
**Result:** Decrease

**RUC Recommendation:** 1.65 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**10011** Fine needle aspiration biopsy, including MR guidance; first lesion **Global:** XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2022 Medicare Utilization:** 72 **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Contractor Price

**RUC Recommendation:** Contractor Price **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**10012** Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)      **Global:** ZZZ      **Issue:** Fine Needle Aspiration      **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016      **Complete?** Yes

**Most Recent RUC Meeting:** January 2018      **Tab:** 04      **Specialty Developing Recommendation:**      **First Identified:** June 2017      **2022 Medicare Utilization:** 49      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 0      **2024 Fac PE RVU:** 0.00      **Result:** Contractor Price

**RUC Recommendation:** Contractor Price      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

**10021** Fine needle aspiration biopsy, without imaging guidance; first lesion      **Global:** XXX      **Issue:** Fine Needle Aspiration      **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020      **Complete?** Yes

**Most Recent RUC Meeting:** January 2020      **Tab:** 21      **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS      **First Identified:** July 2015      **2022 Medicare Utilization:** 11,339      **2024 Work RVU:** 1.03      **2024 NF PE RVU:** 1.87      **2024 Fac PE RVU:** 0.46      **Result:** Decrease

**RUC Recommendation:** 1.20      **Referred to CPT** June 2017      **Referred to CPT Asst**       **Published in CPT Asst:**

**10022** Fine needle aspiration; with imaging guidance      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** June 2017      **Referred to CPT Asst**       **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 7,543

**2024 Work RVU:** 2.75  
**2024 NF PE RVU:** 15.93  
**2024 Fac PE RVU:** 0.91  
**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 42,535

**2024 Work RVU:** 0.91  
**2024 NF PE RVU:** 2.49  
**2024 Fac PE RVU:** 0.54  
**Result:** Decrease

**RUC Recommendation:** 0.91

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 282,306

**2024 Work RVU:** 1.22  
**2024 NF PE RVU:** 2.48  
**2024 Fac PE RVU:** 1.87  
**Result:** Increase

**RUC Recommendation:** 1.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2022 Medicare Utilization:** 96,529 **2024 Work RVU:** 2.45 **2024 NF PE RVU:** 3.7 **2024 Fac PE RVU:** 2.79 **Result:** Maintain

**RUC Recommendation:** Maintain. 2.45 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 36,731 **2024 Work RVU:** 1.22 **2024 NF PE RVU:** 3.22 **2024 Fac PE RVU:** 1.82 **Result:** Maintain

**RUC Recommendation:** 1.25 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 7,202 **2024 Work RVU:** 2.30 **2024 NF PE RVU:** 5.11 **2024 Fac PE RVU:** 2.58 **Result:** Maintain

**RUC Recommendation:** Remove from re-review **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**11040 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:**

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

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**11041 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:**

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

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**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 **2022 Medicare Utilization:** 1,945,330

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

**2024 Work RVU:** 1.01  
**2024 NF PE RVU:** 2.76  
**2024 Fac PE RVU:** 0.67  
**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 **2022 Medicare Utilization:** 520,996

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

**2024 Work RVU:** 2.70  
**2024 NF PE RVU:** 3.89  
**2024 Fac PE RVU:** 1.48  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 105,688      **2024 Work RVU:** 4.10      **2024 NF PE RVU:** 4.59      **2024 Fac PE RVU:** 1.96      **Result:** Increase

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

**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:** February 2010      **2022 Medicare Utilization:** 601,310      **2024 Work RVU:** 0.50      **2024 NF PE RVU:** 0.62      **2024 Fac PE RVU:** 0.17      **Result:** Increase

**RUC Recommendation:** 0.69      **Referred to CPT**      **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 / High Volume Growth8      **Complete?** No

**Most Recent RUC Meeting:** September 2022      **Tab:** 13      **Specialty Developing Recommendation:** ACS, APMA, APTA      **First Identified:** February 2010      **2022 Medicare Utilization:** 308,551      **2024 Work RVU:** 1.03      **2024 NF PE RVU:** 0.97      **2024 Fac PE RVU:** 0.41      **Result:** Decrease

**RUC Recommendation:** Review action plan. 1.29      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / High Volume Growth6 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 37 **Specialty Developing Recommendation:** ACS, APMA, APTA

**First Identified:** February 2010

**2022 Medicare Utilization:** 92,829

**2024 Work RVU:** 1.80  
**2024 NF PE RVU:** 1.47  
**2024 Fac PE RVU:** 0.73  
**Result:** Increase

**RUC Recommendation:** 2.00

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 765,096

**2024 Work RVU:** 0.35  
**2024 NF PE RVU:** 1.76  
**2024 Fac PE RVU:** 0.08  
**Result:** Maintain

**RUC Recommendation:** Maintain

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

**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

**2022 Medicare Utilization:** 1,778,472

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 1.94  
**2024 Fac PE RVU:** 0.11  
**Result:** Decrease

**RUC Recommendation:** 0.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 305,871 **2024 Work RVU:** 0.65 **2024 NF PE RVU:** 2.01 **2024 Fac PE RVU:** 0.15 **Result:** Maintain

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

**11100** Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2017 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**11102** Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion    **Global:** 000    **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    **2022 Medicare Utilization:** 3,231,520

**RUC Recommendation:** 0.66    **Referred to CPT:** February 2017    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 0.66  
**2024 NF PE RVU:** 2.29  
**2024 Fac PE RVU:** 0.39  
**Result:** Decrease

**11103** Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)    **Global:** ZZZ    **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    **2022 Medicare Utilization:** 1,390,281

**RUC Recommendation:** 0.38    **Referred to CPT:** February 2017    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 0.38  
**2024 NF PE RVU:** 1.09  
**2024 Fac PE RVU:** 0.23  
**Result:** Decrease

**11104** Punch biopsy of skin (including simple closure, when performed); single lesion    **Global:** 000    **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    **2022 Medicare Utilization:** 306,899

**RUC Recommendation:** 0.83    **Referred to CPT:** February 2017    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 0.83  
**2024 NF PE RVU:** 2.83  
**2024 Fac PE RVU:** 0.46  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**11105** Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **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

**2022 Medicare Utilization:** 80,118

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 1.28  
**2024 Fac PE RVU:** 0.25  
**Result:** Decrease

**RUC Recommendation:** 0.45

**Referred to CPT** February 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

**11106** Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion **Global:** 000 **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

**2022 Medicare Utilization:** 32,275

**2024 Work RVU:** 1.01  
**2024 NF PE RVU:** 3.53  
**2024 Fac PE RVU:** 0.54  
**Result:** Decrease

**RUC Recommendation:** 1.01

**Referred to CPT** February 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

**11107** Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **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

**2022 Medicare Utilization:** 6,753

**2024 Work RVU:** 0.54  
**2024 NF PE RVU:** 1.53  
**2024 Fac PE RVU:** 0.30  
**Result:** Decrease

**RUC Recommendation:** 0.54

**Referred to CPT** February 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 92,233

**2024 Work RVU:** 0.60  
**2024 NF PE RVU:** 2.35  
**2024 Fac PE RVU:** 0.34  
**Result:** Increase

**RUC Recommendation:** 0.60

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

**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

**2022 Medicare Utilization:** 189,090

**2024 Work RVU:** 0.90  
**2024 NF PE RVU:** 2.65  
**2024 Fac PE RVU:** 0.52  
**Result:** Increase

**RUC Recommendation:** 0.90

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 99,618

**2024 Work RVU:** 1.05  
**2024 NF PE RVU:** 2.96  
**2024 Fac PE RVU:** 0.61  
**Result:** Increase

**RUC Recommendation:** 1.16

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 15,459

**2024 Work RVU:** 1.25  
**2024 NF PE RVU:** 3.17  
**2024 Fac PE RVU:** 0.72  
**Result:** Increase

**RUC Recommendation:** 1.25

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 86,244

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 2.29  
**2024 Fac PE RVU:** 0.24  
**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 95,542

**2024 Work RVU:** 0.96  
**2024 NF PE RVU:** 2.63  
**2024 Fac PE RVU:** 0.40  
**Result:** Increase

**RUC Recommendation:** 1.18

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 53,622

**2024 Work RVU:** 1.20  
**2024 NF PE RVU:** 2.84  
**2024 Fac PE RVU:** 0.53  
**Result:** Increase

**RUC Recommendation:** 1.20

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 20,159

**2024 Work RVU:** 1.46  
**2024 NF PE RVU:** 2.79  
**2024 Fac PE RVU:** 0.48  
**Result:** Increase

**RUC Recommendation:** 1.46

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 58,885

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 2.59  
**2024 Fac PE RVU:** 0.46  
**Result:** Increase

**RUC Recommendation:** 1.19

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

**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

**2022 Medicare Utilization:** 84,959

**2024 Work RVU:** 1.10  
**2024 NF PE RVU:** 2.89  
**2024 Fac PE RVU:** 0.64  
**Result:** Increase

**RUC Recommendation:** 1.43

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 38,038

**2024 Work RVU:** 1.30  
**2024 NF PE RVU:** 3.23  
**2024 Fac PE RVU:** 0.76  
**Result:** Increase

**RUC Recommendation:** 1.80

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 6,503

**2024 Work RVU:** 1.68  
**2024 NF PE RVU:** 3.57  
**2024 Fac PE RVU:** 0.98  
**Result:** Increase

**RUC Recommendation:** 2.00

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 601,670 2024 Work RVU: 0.17  
2024 NF PE RVU: 0.25  
2024 Fac PE RVU: 0.04  
Result: Maintain

RUC Recommendation: 0.17 Referred to CPT  
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: Septemer 2011 2022 Medicare Utilization: 1,890,207 2024 Work RVU: 0.32  
2024 NF PE RVU: 0.64  
2024 Fac PE RVU: 0.07  
Result: Maintain

RUC Recommendation: 0.32 (Interim) Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 5,480,251 2024 Work RVU: 0.54  
2024 NF PE RVU: 0.76  
2024 Fac PE RVU: 0.12  
Result: Maintain

RUC Recommendation: 0.54 (Interim) Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 257,294 2024 Work RVU: 1.05  
2024 NF PE RVU: 2.32  
2024 Fac PE RVU: 0.46  
Result: Maintain

RUC Recommendation: 1.10 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 152,931

**2024 Work RVU:** 1.58  
**2024 NF PE RVU:** 3.13  
**2024 Fac PE RVU:** 1.35  
**Result:** Decrease

**RUC Recommendation:** 1.99 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015  
**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 **2022 Medicare Utilization:** 50,457

**2024 Work RVU:** 1.25  
**2024 NF PE RVU:** 2.32  
**2024 Fac PE RVU:** 0.45  
**Result:** Decrease

**RUC Recommendation:** 1.25 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 252,141 **2024 Work RVU:** 0.52  
**2024 NF PE RVU:** 1.15  
**2024 Fac PE RVU:** 0.31  
**Result:** Maintain

**RUC Recommendation:** 0.52 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 67,849 **2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 1.23  
**2024 Fac PE RVU:** 0.47  
**Result:** Maintain

**RUC Recommendation:** 0.80 **Referred to CPT**  
**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:** Drug Delivery Implant Procedures **Screen:** High Volume Growth2 / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** April 2013 **2022 Medicare Utilization:** 26,294 **2024 Work RVU:** 1.10  
**2024 NF PE RVU:** 1.58  
**2024 Fac PE RVU:** 0.40  
**Result:** Decrease

**RUC Recommendation:** 1.10 **Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**11981** Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable) **Global:** 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008

**2022 Medicare Utilization:** 7,837

**2024 Work RVU:** 1.14  
**2024 NF PE RVU:** 1.68  
**2024 Fac PE RVU:** 0.52  
**Result:** Decrease

**RUC Recommendation:** 1.30

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**11982** Removal, non-biodegradable drug delivery implant **Global:** 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** February 2008

**2022 Medicare Utilization:** 2,137

**2024 Work RVU:** 1.34  
**2024 NF PE RVU:** 1.76  
**2024 Fac PE RVU:** 0.60  
**Result:** Decrease

**RUC Recommendation:** 1.70

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**11983** Removal with reinsertion, non-biodegradable drug delivery implant **Global:** 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008

**2022 Medicare Utilization:** 1,131

**2024 Work RVU:** 1.91  
**2024 NF PE RVU:** 2.02  
**2024 Fac PE RVU:** 0.83  
**Result:** Decrease

**RUC Recommendation:** 2.10

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 150,428      **2024 Work RVU:** 0.84  
**2024 NF PE RVU:** 1.84  
**2024 Fac PE RVU:** 0.34  
**Result:** Decrease

**RUC Recommendation:** 0.84      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 126,288      **2024 Work RVU:** 1.14  
**2024 NF PE RVU:** 2.08  
**2024 Fac PE RVU:** 0.40  
**Result:** Decrease

**RUC Recommendation:** 1.14      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 19,855      **2024 Work RVU:** 1.44  
**2024 NF PE RVU:** 2.28  
**2024 Fac PE RVU:** 0.47  
**Result:** Decrease

**RUC Recommendation:** 1.44      **Referred to CPT**  
**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:** April 2010      **2022 Medicare Utilization:** 5,529      **2024 Work RVU:** 1.97  
**2024 NF PE RVU:** 2.97  
**2024 Fac PE RVU:** 0.46  
**Result:** Decrease

**RUC Recommendation:** 1.97      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 1,007      **2024 Work RVU:** 2.39  
**2024 NF PE RVU:** 3.3  
**2024 Fac PE RVU:** 0.60  
**Result:** Decrease

**RUC Recommendation:** 2.39      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 353      **2024 Work RVU:** 2.90  
**2024 NF PE RVU:** 3.51  
**2024 Fac PE RVU:** 0.82  
**Result:** Decrease

**RUC Recommendation:** 2.90      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 81,964      **2024 Work RVU:** 1.07  
**2024 NF PE RVU:** 2.1  
**2024 Fac PE RVU:** 0.38  
**Result:** Decrease

**RUC Recommendation:** 1.07      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 48,807      **2024 Work RVU:** 1.22  
**2024 NF PE RVU:** 2.06  
**2024 Fac PE RVU:** 0.27  
**Result:** Decrease

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** April 2010      **2022 Medicare Utilization:** 6,453      **2024 Work RVU:** 1.57  
**2024 NF PE RVU:** 2.41  
**2024 Fac PE RVU:** 0.35  
**Result:** Decrease

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

**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:** April 2010      **2022 Medicare Utilization:** 3,215      **2024 Work RVU:** 1.98  
**2024 NF PE RVU:** 2.81  
**2024 Fac PE RVU:** 0.43  
**Result:** Decrease

**RUC Recommendation:** 1.98      **Referred to CPT**  
**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:** April 2010      **2022 Medicare Utilization:** 460      **2024 Work RVU:** 2.68  
**2024 NF PE RVU:** 3.36  
**2024 Fac PE RVU:** 0.59  
**Result:** Decrease

**RUC Recommendation:** 2.68      **Referred to CPT**  
**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:** April 2010      **2022 Medicare Utilization:** 66      **2024 Work RVU:** 3.18  
**2024 NF PE RVU:** 0.73  
**2024 Fac PE RVU:** 0.73  
**Result:** Decrease

**RUC Recommendation:** 3.18      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** April 2010      **2022 Medicare Utilization:** 25      **2024 Work RVU:** 3.61  
**2024 NF PE RVU:** 0.80  
**2024 Fac PE RVU:** 0.80  
**Result:** Decrease

**RUC Recommendation:** 3.61      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 60,749      **2024 Work RVU:** 2.00  
**2024 NF PE RVU:** 5.66  
**2024 Fac PE RVU:** 2.29  
**Result:** Decrease

**RUC Recommendation:** 2.00      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 322,923      **2024 Work RVU:** 2.52  
**2024 NF PE RVU:** 6.33  
**2024 Fac PE RVU:** 2.89  
**Result:** Maintain

**RUC Recommendation:** 2.52      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 33,005

**2024 Work RVU:** 2.97  
**2024 NF PE RVU:** 6.7  
**2024 Fac PE RVU:** 2.78

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

**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      **2022 Medicare Utilization:** 5,345

**2024 Work RVU:** 3.50  
**2024 NF PE RVU:** 7.58  
**2024 Fac PE RVU:** 3.11

**RUC Recommendation:** 3.60      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**      **Result:** Increase

**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      **2022 Medicare Utilization:** 995

**2024 Work RVU:** 4.23  
**2024 NF PE RVU:** 7.94  
**2024 Fac PE RVU:** 3.36

**RUC Recommendation:** 4.50      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**      **Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 499

**2024 Work RVU:** 5.00  
**2024 NF PE RVU:** 8.6  
**2024 Fac PE RVU:** 3.78

**RUC Recommendation:** 5.25

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

**Result:** Increase

**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

**2022 Medicare Utilization:** 20,155

**2024 Work RVU:** 2.10  
**2024 NF PE RVU:** 5.57  
**2024 Fac PE RVU:** 1.99

**RUC Recommendation:** 2.10

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

**Result:** Decrease

**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

**2022 Medicare Utilization:** 64,267

**2024 Work RVU:** 2.79  
**2024 NF PE RVU:** 6.21  
**2024 Fac PE RVU:** 2.74

**RUC Recommendation:** 2.79

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 3,138

**2024 Work RVU:** 3.19  
**2024 NF PE RVU:** 7.88  
**2024 Fac PE RVU:** 2.78

**RUC Recommendation:** 3.19

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

**Result:** Maintain

**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

**2022 Medicare Utilization:** 352

**2024 Work RVU:** 3.75  
**2024 NF PE RVU:** 8  
**2024 Fac PE RVU:** 3.78

**RUC Recommendation:** 3.90

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

**Result:** Increase

**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

**2022 Medicare Utilization:** 97

**2024 Work RVU:** 4.30  
**2024 NF PE RVU:** 9.65  
**2024 Fac PE RVU:** 4.16

**RUC Recommendation:** 4.60

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

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 37

**2024 Work RVU:** 4.95  
**2024 NF PE RVU:** 10.28  
**2024 Fac PE RVU:** 4.40

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

**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 **2022 Medicare Utilization:** 52,399

**2024 Work RVU:** 2.33  
**2024 NF PE RVU:** 5.89  
**2024 Fac PE RVU:** 2.44

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

**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 **2022 Medicare Utilization:** 98,255

**2024 Work RVU:** 2.87  
**2024 NF PE RVU:** 6.27  
**2024 Fac PE RVU:** 2.75

**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

**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

**2022 Medicare Utilization:** 15,838

**2024 Work RVU:** 3.17  
**2024 NF PE RVU:** 7.36  
**2024 Fac PE RVU:** 2.87

**RUC Recommendation:** 3.17

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

**Result:** Maintain

**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

**2022 Medicare Utilization:** 3,948

**2024 Work RVU:** 3.50  
**2024 NF PE RVU:** 7.49  
**2024 Fac PE RVU:** 2.57

**RUC Recommendation:** 3.50

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

**Result:** Maintain

**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

**2022 Medicare Utilization:** 368

**2024 Work RVU:** 4.50  
**2024 NF PE RVU:** 9.82  
**2024 Fac PE RVU:** 3.74

**RUC Recommendation:** 4.65

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

**Result:** Increase



# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 38

**2024 Work RVU:** 5.30  
**2024 NF PE RVU:** 11.14  
**2024 Fac PE RVU:** 5.24

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

**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      **2022 Medicare Utilization:** 15

**2024 Work RVU:** 6.00  
**2024 NF PE RVU:** 11.11  
**2024 Fac PE RVU:** 5.45

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

**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:** July 2011      **2022 Medicare Utilization:** 4,763

**2024 Work RVU:** 3.00  
**2024 NF PE RVU:** 6.85  
**2024 Fac PE RVU:** 2.60

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

**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:** July 2011      **2022 Medicare Utilization:** 85,376

**2024 Work RVU:** 3.50  
**2024 NF PE RVU:** 7.99  
**2024 Fac PE RVU:** 3.44

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** July 2011

**2022 Medicare Utilization:** 20,982

**2024 Work RVU:** 1.24  
**2024 NF PE RVU:** 2.05  
**2024 Fac PE RVU:** 0.69  
**Result:** Maintain

**RUC Recommendation:** 1.24

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

**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

**2022 Medicare Utilization:** 10,565

**2024 Work RVU:** 3.23  
**2024 NF PE RVU:** 7.03  
**2024 Fac PE RVU:** 3.28  
**Result:** Decrease

**RUC Recommendation:** 3.23

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

**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

**2022 Medicare Utilization:** 186,578

**2024 Work RVU:** 4.00  
**2024 NF PE RVU:** 8.29  
**2024 Fac PE RVU:** 3.21  
**Result:** Decrease

**RUC Recommendation:** 4.00

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 26,304 **2024 Work RVU:** 1.44 **2024 NF PE RVU:** 2.14 **2024 Fac PE RVU:** 0.79 **Result:** Maintain

**RUC Recommendation:** 1.44 **Referred to CPT** September 2018 **Referred to CPT Asst**  **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

**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 **2022 Medicare Utilization:** 32,882 **2024 Work RVU:** 3.73 **2024 NF PE RVU:** 7.46 **2024 Fac PE RVU:** 3.02 **Result:** Decrease

**RUC Recommendation:** 3.73 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 253,613 **2024 Work RVU:** 4.78 **2024 NF PE RVU:** 8.79 **2024 Fac PE RVU:** 3.67 **Result:** Decrease

**RUC Recommendation:** 4.78 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 13,119

**2024 Work RVU:** 2.19  
**2024 NF PE RVU:** 2.56  
**2024 Fac PE RVU:** 1.24  
**Result:** Maintain

**RUC Recommendation:** 2.19

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

**13150** Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012  
**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

**2022 Medicare Utilization:** 28,089

**2024 Work RVU:** 4.34  
**2024 NF PE RVU:** 7.81  
**2024 Fac PE RVU:** 3.40  
**Result:** Decrease

**RUC Recommendation:** 4.34

**Referred to CPT**  
**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    **2022 Medicare Utilization:** 47,532    **2024 Work RVU:** 5.34    **2024 NF PE RVU:** 8.9    **2024 Fac PE RVU:** 3.98    **Result:** Decrease

**RUC Recommendation:** 5.34    **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** July 2011    **2022 Medicare Utilization:** 767    **2024 Work RVU:** 2.38    **2024 NF PE RVU:** 2.79    **2024 Fac PE RVU:** 1.30    **Result:** Maintain

**RUC Recommendation:** 2.38    **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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    **2022 Medicare Utilization:** 5,425    **2024 Work RVU:** 6.37    **2024 NF PE RVU:** 11.72    **2024 Fac PE RVU:** 7.69    **Result:** Decrease

**RUC Recommendation:** 6.19    **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# 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

<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab:</b> 9	<b>Specialty Developing Recommendation:</b> ACS, AAD, ASPS	<b>First Identified:</b> September 2007	<b>2022 Medicare Utilization:</b> 8,093	<b>2024 Work RVU:</b> 8.78
<b>RUC Recommendation:</b> 8.58			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2024 NF PE RVU:</b> 14.05
					<b>2024 Fac PE RVU:</b> 9.23
					<b>Result:</b> Decrease

**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

<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab:</b> 9	<b>Specialty Developing Recommendation:</b> AAD, ASPS	<b>First Identified:</b> April 2008	<b>2022 Medicare Utilization:</b> 15,142	<b>2024 Work RVU:</b> 7.22
<b>RUC Recommendation:</b> 7.02			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2024 NF PE RVU:</b> 12.97
					<b>2024 Fac PE RVU:</b> 8.79
					<b>Result:</b> Decrease

**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

<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab:</b> 9	<b>Specialty Developing Recommendation:</b> AAD, ASPS	<b>First Identified:</b> September 2007	<b>2022 Medicare Utilization:</b> 18,276	<b>2024 Work RVU:</b> 9.72
<b>RUC Recommendation:</b> 9.52			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2024 NF PE RVU:</b> 15.07
					<b>2024 Fac PE RVU:</b> 10.19
					<b>Result:</b> Decrease

**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

<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab:</b> 9	<b>Specialty Developing Recommendation:</b> AAD, ASPS, AAO-HNS	<b>First Identified:</b> April 2008	<b>2022 Medicare Utilization:</b> 56,431	<b>2024 Work RVU:</b> 8.60
<b>RUC Recommendation:</b> 8.44			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2024 NF PE RVU:</b> 13.2
					<b>2024 Fac PE RVU:</b> 9.01
					<b>Result:</b> Maintain

# 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

**2022 Medicare Utilization:** 42,433

**2024 Work RVU:** 10.83

**2024 NF PE RVU:** 15.65

**2024 Fac PE RVU:** 10.67

**Result:** Decrease

**RUC Recommendation:** 10.63

**Referred to CPT**

**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

**2022 Medicare Utilization:** 79,674

**2024 Work RVU:** 9.23

**2024 NF PE RVU:** 12.79

**2024 Fac PE RVU:** 9.58

**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**

**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

**2022 Medicare Utilization:** 29,527

**2024 Work RVU:** 11.48

**2024 NF PE RVU:** 17.11

**2024 Fac PE RVU:** 11.61

**Result:** Decrease

**RUC Recommendation:** 11.25

**Referred to CPT**

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

**14300** Deleted from CPT **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 40,699

**2024 Work RVU:** 12.65  
**2024 NF PE RVU:** 17.89  
**2024 Fac PE RVU:** 11.35  
**Result:** Decrease

**RUC Recommendation:** 12.47

**Referred to CPT** February 2009  
**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 **2022 Medicare Utilization:** 49,270

**2024 Work RVU:** 3.73  
**2024 NF PE RVU:** 1.99  
**2024 Fac PE RVU:** 1.99  
**Result:** Decrease

**RUC Recommendation:** 3.73

**Referred to CPT** February 2009  
**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 **2022 Medicare Utilization:** 23,539

**2024 Work RVU:** 3.65  
**2024 NF PE RVU:** 5.99  
**2024 Fac PE RVU:** 2.22  
**Result:** Maintain

**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:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 33,520

**2024 Work RVU:** 4.58  
**2024 NF PE RVU:** 6.56  
**2024 Fac PE RVU:** 2.51  
**Result:** Maintain

**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:**

**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

**2022 Medicare Utilization:** 10,266

**2024 Work RVU:** 9.90  
**2024 NF PE RVU:** 14.3  
**2024 Fac PE RVU:** 9.68  
**Result:** Maintain

**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:**

**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

**2022 Medicare Utilization:** 6,986

**2024 Work RVU:** 10.15  
**2024 NF PE RVU:** 13.64  
**2024 Fac PE RVU:** 8.91  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to 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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to 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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to 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 **2022 Medicare Utilization:** 8,806 **2024 Work RVU:** 8.09 **2024 NF PE RVU:** 13.93 **2024 Fac PE RVU:** 9.06 **Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **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 **2022 Medicare Utilization:** 11,884 **2024 Work RVU:** 10.41 **2024 NF PE RVU:** 16.16 **2024 Fac PE RVU:** 12.07 **Result:** Maintain

**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:**

# 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

**2022 Medicare Utilization:** 165,476

**2024 Work RVU:** 1.50  
**2024 NF PE RVU:** 2.91  
**2024 Fac PE RVU:** 0.78  
**Result:** Decrease

**RUC Recommendation:** 1.50

**Referred to CPT** February 2011  
**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

**2022 Medicare Utilization:** 24,110

**2024 Work RVU:** 0.33  
**2024 NF PE RVU:** 0.36  
**2024 Fac PE RVU:** 0.12  
**Result:** Decrease

**RUC Recommendation:** 0.59

**Referred to CPT** February 2011  
**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

**2022 Medicare Utilization:** 6,796

**2024 Work RVU:** 3.50  
**2024 NF PE RVU:** 5.12  
**2024 Fac PE RVU:** 1.66  
**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT** February 2011  
**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 **2022 Medicare Utilization:** 28,204 **2024 Work RVU:** 0.80 **2024 NF PE RVU:** 1.46 **2024 Fac PE RVU:** 0.35 **Result:** Decrease

**RUC Recommendation:** 0.80 **Referred to CPT:** February 2011 **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 **2022 Medicare Utilization:** 166,871 **2024 Work RVU:** 1.83 **2024 NF PE RVU:** 2.75 **2024 Fac PE RVU:** 0.75 **Result:** Decrease

**RUC Recommendation:** 1.83 **Referred to CPT:** February 2011 **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 **2022 Medicare Utilization:** 7,968 **2024 Work RVU:** 0.50 **2024 NF PE RVU:** 0.4 **2024 Fac PE RVU:** 0.17 **Result:** Decrease

**RUC Recommendation:** 0.59 **Referred to CPT:** February 2011 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 1,592 **2024 Work RVU:** 4.00 **2024 NF PE RVU:** 5.5 **2024 Fac PE RVU:** 1.89 **Result:** Decrease

**RUC Recommendation:** 4.00 **Referred to CPT:** February 2011 **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 **2022 Medicare Utilization:** 2,667 **2024 Work RVU:** 1.00 **2024 NF PE RVU:** 1.64 **2024 Fac PE RVU:** 0.45 **Result:** Decrease

**RUC Recommendation:** 1.00 **Referred to CPT:** February 2011 **Referred to CPT Asst:**  **Published in CPT Asst:**

**15320** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** October 2010 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**15321 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

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**15330 Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children** **Global:** **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab:** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

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**15331 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

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**15335 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

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**15336 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**15360 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**15361 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**15365 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

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**15366 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst**  **Published in CPT Asst:**

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**15400 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

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**15401 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

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**15420 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**15421 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**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 **2022 Medicare Utilization:** 226

**RUC Recommendation:** 10.00 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 10.21  
**2024 NF PE RVU:** 15.08  
**2024 Fac PE RVU:** 9.70  
**Result:** Maintain

**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 **2022 Medicare Utilization:** 472

**RUC Recommendation:** 9.94 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 10.12  
**2024 NF PE RVU:** 14.66  
**2024 Fac PE RVU:** 10.24  
**Result:** Maintain

**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 **2022 Medicare Utilization:** 1,210

**RUC Recommendation:** 10.52 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 10.70  
**2024 NF PE RVU:** 14.3  
**2024 Fac PE RVU:** 9.86  
**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

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**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      **2022 Medicare Utilization:** 4,553      **2024 Work RVU:** 9.37      **2024 NF PE RVU:** 12.97      **2024 Fac PE RVU:** 8.90      **Result:** Maintain

**RUC Recommendation:** 9.24      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

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**15730** Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)      **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:** AAO      **First Identified:** January 2017      **2022 Medicare Utilization:** 1,593      **2024 Work RVU:** 13.50      **2024 NF PE RVU:** 27.61      **2024 Fac PE RVU:** 12.33      **Result:** Decrease

**RUC Recommendation:** 13.50      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

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**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      **2022 Medicare Utilization:** 2,253      **2024 Work RVU:** 14.38      **2024 NF PE RVU:** 17.21      **2024 Fac PE RVU:** 13.36      **Result:** Not Part of RAW

**RUC Recommendation:** Not part of family      **Referred to CPT** September 2016      **Referred to CPT Asst**       **Published in CPT Asst:**

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# 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:** **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

**Most Recent** **Tab:** 05 **Specialty Developing** ASPS  
**RUC Meeting:** January 2017 **Recommendation:**

**First** **2022**  
**Identified:** September 2007 **Medicare**  
**Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

**15733** Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

**Most Recent** **Tab:** 05 **Specialty Developing** ASPS  
**RUC Meeting:** January 2017 **Recommendation:**

**First** **2022**  
**Identified:** January 2017 **Medicare**  
**Utilization:** 4,649

**2024 Work RVU:** 15.68  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 12.61  
**Result:** Decrease

**RUC Recommendation:** 15.68

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

**15734** Muscle, myocutaneous, or fasciocutaneous flap; trunk **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

**Most Recent** **Tab:** 14 **Specialty Developing**  
**RUC Meeting:** April 2016 **Recommendation:**

**First** **2022**  
**Identified:** October 2015 **Medicare**  
**Utilization:** 22,071

**2024 Work RVU:** 23.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 17.03  
**Result:** Increase

**RUC Recommendation:** 23.00

**Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

# 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 **2022 Medicare Utilization:** 1,425 **2024 Work RVU:** 17.04 **2024 NF PE RVU:** **2024 Fac PE RVU:** 16.19 **Result:** Maintain

**RUC Recommendation:** 17.04 **Referred to CPT** September 2016 **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 **2022 Medicare Utilization:** 5,108 **2024 Work RVU:** 19.04 **2024 NF PE RVU:** **2024 Fac PE RVU:** 15.27 **Result:** Maintain

**RUC Recommendation:** 19.04 **Referred to CPT** September 2016 **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 **2022 Medicare Utilization:** 1,836 **2024 Work RVU:** 11.80 **2024 NF PE RVU:** 16.92 **2024 Fac PE RVU:** 11.68 **Result:** Maintain

**RUC Recommendation:** 11.57 **Referred to CPT** February 2009 & February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**15769** Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, ASPS

**First Identified:** May 2018

**2022 Medicare Utilization:** 5,880

**2024 Work RVU:** 6.68

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 6.54

**Result:** Increase

**RUC Recommendation:** 6.68

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** July 2023

**15771** Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 04 **Specialty Developing Recommendation:** ASPS

**First Identified:** May 2018

**2022 Medicare Utilization:** 3,442

**2024 Work RVU:** 6.73

**2024 NF PE RVU:** 10.45

**2024 Fac PE RVU:** 7.46

**Result:** Increase

**RUC Recommendation:** 6.73

**Referred to CPT**

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

**15772** Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 04 **Specialty Developing Recommendation:** ASPS

**First Identified:** May 2018

**2022 Medicare Utilization:** 7,785

**2024 Work RVU:** 2.50

**2024 NF PE RVU:** 2.79

**2024 Fac PE RVU:** 1.45

**Result:** Increase

**RUC Recommendation:** 2.50

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**15773** Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 04 **Specialty Developing Recommendation:** ASPS

**First Identified:** May 2018

**2022 Medicare Utilization:** 438

**2024 Work RVU:** 6.83  
**2024 NF PE RVU:** 9.98  
**2024 Fac PE RVU:** 7.11  
**Result:** Increase

**RUC Recommendation:** 6.83

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

**15774** Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 04 **Specialty Developing Recommendation:** ASPS

**First Identified:** May 2018

**2022 Medicare Utilization:** 67

**2024 Work RVU:** 2.41  
**2024 NF PE RVU:** 2.74  
**2024 Fac PE RVU:** 1.41  
**Result:** Increase

**RUC Recommendation:** 2.41

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 6,994

**2024 Work RVU:** 3.65  
**2024 NF PE RVU:** 2.01  
**2024 Fac PE RVU:** 2.01  
**Result:** Decrease

**RUC Recommendation:** 3.65

**Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**15778** Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma      **Global:** 000      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 7.05  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.82  
**Result:** Decrease

**RUC Recommendation:** 8.00

**Referred to CPT** February 2021  
**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

**2022 Medicare Utilization:** 87,515

**2024 Work RVU:** 6.81  
**2024 NF PE RVU:** 11.3  
**2024 Fac PE RVU:** 9.12  
**Result:** Decrease

**RUC Recommendation:** 6.81

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 11,334

**2024 Work RVU:** 0.71  
**2024 NF PE RVU:** 1.76  
**2024 Fac PE RVU:** 0.85  
**Result:** Maintain

**RUC Recommendation:** 0.80

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,629

**2024 Work RVU:** 1.74  
**2024 NF PE RVU:** 2.71  
**2024 Fac PE RVU:** 1.31  
**Result:** Maintain

**RUC Recommendation:** 1.85

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,142

**2024 Work RVU:** 2.08  
**2024 NF PE RVU:** 3.44  
**2024 Fac PE RVU:** 1.45  
**Result:** Maintain

**RUC Recommendation:** CPT Assistant article published.

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 5,821,046

**2024 Work RVU:** 0.61  
**2024 NF PE RVU:** 1.37  
**2024 Fac PE RVU:** 0.99  
**Result:** Decrease

**RUC Recommendation:** 0.61

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 18,598,830

**2024 Work RVU:** 0.04  
**2024 NF PE RVU:** 0.16  
**2024 Fac PE RVU:** 0.02  
**Result:** Decrease

**RUC Recommendation:** 0.04

**Referred to CPT**  
**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 / Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 17 **Specialty Developing Recommendation:** AAD

**First Identified:** September 2011

**2022 Medicare Utilization:** 831,242

**2024 Work RVU:** 1.37  
**2024 NF PE RVU:** 3.52  
**2024 Fac PE RVU:** 1.43  
**Result:** Decrease

**RUC Recommendation:** Remove from Modifier -51 Exempt List. 1.37

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 3,523

**2024 Work RVU:** 3.69  
**2024 NF PE RVU:** 6.28  
**2024 Fac PE RVU:** 4.19  
**Result:** Decrease

**RUC Recommendation:** 3.61

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 2,070

**2024 Work RVU:** 4.79  
**2024 NF PE RVU:** 8.17  
**2024 Fac PE RVU:** 5.49  
**Result:** Decrease

**RUC Recommendation:** 4.68

**Referred to CPT**  
**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      **2022 Medicare Utilization:** 5,317

**2024 Work RVU:** 7.49  
**2024 NF PE RVU:** 10.65  
**2024 Fac PE RVU:** 7.34  
**Result:** Decrease

**RUC Recommendation:** 6.37

**Referred to CPT**  
**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      **2022 Medicare Utilization:** 2,817,292

**2024 Work RVU:** 0.70  
**2024 NF PE RVU:** 2.66  
**2024 Fac PE RVU:** 1.30  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 142,026

**2024 Work RVU:** 0.97  
**2024 NF PE RVU:** 2.94  
**2024 Fac PE RVU:** 1.44  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**17250** Chemical cauterization of granulation tissue (ie, proud flesh) **Global:** 000 **Issue:** Chemical Cauterization of Granulation Tissue **Screen:** High Volume Growth3 **Complete?** No

**Most Recent RUC Meeting:** January 2022 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACS, APMA

**First Identified:** October 2015

**2022 Medicare Utilization:** 241,862

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 2.04  
**2024 Fac PE RVU:** 0.55  
**Result:**

**RUC Recommendation:** Review in 3 years (Jan 2025).

**Referred to CPT** September 2016  
**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

**2022 Medicare Utilization:** 129,075

**2024 Work RVU:** 1.22  
**2024 NF PE RVU:** 3.13  
**2024 Fac PE RVU:** 1.27  
**Result:** Maintain

**RUC Recommendation:** 1.22

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 288,353

**2024 Work RVU:** 1.63  
**2024 NF PE RVU:** 3.58  
**2024 Fac PE RVU:** 1.51  
**Result:** Maintain

**RUC Recommendation:** 1.63

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 44,856

**2024 Work RVU:** 1.54  
**2024 NF PE RVU:** 3.32  
**2024 Fac PE RVU:** 1.45  
**Result:** Maintain

**RUC Recommendation:** 1.54

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 75,113

**2024 Work RVU:** 1.82  
**2024 NF PE RVU:** 3.68  
**2024 Fac PE RVU:** 1.62  
**Result:** Maintain

**RUC Recommendation:** 1.82

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 65,491

**2024 Work RVU:** 1.77  
**2024 NF PE RVU:** 3.47  
**2024 Fac PE RVU:** 1.58  
**Result:** Maintain

**RUC Recommendation:** 1.77

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 66,033

**2024 Work RVU:** 2.09  
**2024 NF PE RVU:** 3.89  
**2024 Fac PE RVU:** 1.77  
**Result:** Maintain

**RUC Recommendation:** 2.09

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 850,608

**2024 Work RVU:** 6.20  
**2024 NF PE RVU:** 13.61  
**2024 Fac PE RVU:** 3.68  
**Result:** Maintain

**RUC Recommendation:** 6.20

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 488,511

**2024 Work RVU:** 3.30

**2024 NF PE RVU:** 8.76

**2024 Fac PE RVU:** 1.95

**Result:** Maintain

**RUC Recommendation:** 3.30

**Referred to CPT**

**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

**2022 Medicare Utilization:** 169,318

**2024 Work RVU:** 5.56

**2024 NF PE RVU:** 13.08

**2024 Fac PE RVU:** 3.30

**Result:** Maintain

**RUC Recommendation:** 5.56

**Referred to CPT**

**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

**2022 Medicare Utilization:** 61,476

**2024 Work RVU:** 3.06

**2024 NF PE RVU:** 8.51

**2024 Fac PE RVU:** 1.81

**Result:** Maintain

**RUC Recommendation:** 3.06

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 17,917

**2024 Work RVU:** 0.87  
**2024 NF PE RVU:** 1.44  
**2024 Fac PE RVU:** 0.52  
**Result:** Maintain

**RUC Recommendation:** 0.87

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 1,057

**2024 Work RVU:** 3.83  
**2024 NF PE RVU:** 9.42  
**2024 Fac PE RVU:** 4.76  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5, remove hospital visits

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 56,458

**2024 Work RVU:** 3.29  
**2024 NF PE RVU:** 11.23  
**2024 Fac PE RVU:** 1.17  
**Result:** Decrease

**RUC Recommendation:** 3.29

**Referred to CPT** October 2012  
**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 **2022 Medicare Utilization:** 4,257 **2024 Work RVU:** 1.65 **2024 NF PE RVU:** 9.59 **2024 Fac PE RVU:** 0.58 **Result:** Decrease

**RUC Recommendation:** 1.65 **Referred to CPT:** October 2012 **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 **2022 Medicare Utilization:** 110,638 **2024 Work RVU:** 3.10 **2024 NF PE RVU:** 11.37 **2024 Fac PE RVU:** 1.10 **Result:** Decrease

**RUC Recommendation:** 3.10 **Referred to CPT:** October 2012 **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 **2022 Medicare Utilization:** 14,741 **2024 Work RVU:** 1.55 **2024 NF PE RVU:** 9.52 **2024 Fac PE RVU:** 0.55 **Result:** Decrease

**RUC Recommendation:** 1.55 **Referred to CPT:** October 2012 **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

**2022 Medicare Utilization:** 6,881

**2024 Work RVU:** 3.64

**2024 NF PE RVU:** 18.7

**2024 Fac PE RVU:** 1.29

**Result:** Decrease

**RUC Recommendation:** 3.64

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 1,450

**2024 Work RVU:** 1.82

**2024 NF PE RVU:** 15.55

**2024 Fac PE RVU:** 0.64

**Result:** Decrease

**RUC Recommendation:** 1.82

**Referred to CPT** October 2012

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

**19102** Biopsy of breast; percutaneous, needle core, using imaging guidance **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**19103** Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 24,273

**2024 Work RVU:** 2.00

**2024 NF PE RVU:** 5.03

**2024 Fac PE RVU:** 0.71

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 3,457

**2024 Work RVU:** 1.00

**2024 NF PE RVU:** 4.01

**2024 Fac PE RVU:** 0.36

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 3,735

**2024 Work RVU:** 2.00

**2024 NF PE RVU:** 5.52

**2024 Fac PE RVU:** 0.71

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 463

**2024 Work RVU:** 1.00

**2024 NF PE RVU:** 4.54

**2024 Fac PE RVU:** 0.35

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 27,979

**2024 Work RVU:** 1.70

**2024 NF PE RVU:** 9.04

**2024 Fac PE RVU:** 0.60

**Result:** Decrease

**RUC Recommendation:** 1.70

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 2,441

**2024 Work RVU:** 0.85  
**2024 NF PE RVU:** 7.97  
**2024 Fac PE RVU:** 0.30  
**Result:** Decrease

**RUC Recommendation:** 0.85

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 288

**2024 Work RVU:** 2.55  
**2024 NF PE RVU:** 16.04  
**2024 Fac PE RVU:** 0.91  
**Result:** Decrease

**RUC Recommendation:** 3.02

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 93

**2024 Work RVU:** 1.28  
**2024 NF PE RVU:** 13.1  
**2024 Fac PE RVU:** 0.45  
**Result:** Decrease

**RUC Recommendation:** 1.51

**Referred to CPT** October 2012

**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:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

**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:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

**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:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 23,502

**2024 Work RVU:** 15.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 10.11

**Result:** Decrease

**RUC Recommendation:** 15.00

**Referred to CPT**

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

**19307 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle**

**Global:** 090 **Issue:** Modified Radical Mastectomy

**Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 22 **Specialty Developing Recommendation:**

**First Identified:** October 2019

**2022 Medicare Utilization:** 4,078

**2024 Work RVU:** 17.99

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 13.01

**Result:** Decrease

**RUC Recommendation:** 17.99

**Referred to CPT**

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

**19318 Breast reduction**

**Global:** 090 **Issue:** Mammoplasty

**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

**2022 Medicare Utilization:** 6,930

**2024 Work RVU:** 16.03

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 13.80

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**19340** Insertion of breast implant on same day of mastectomy (ie, immediate)      **Global:** 090      **Issue:** Breast Implant/Expander Placement      **Screen:** CMS Request / Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** January 2020      **Tab:** 05      **Specialty Developing Recommendation:** ASPS      **First Identified:** October 2009      **2022 Medicare Utilization:** 2,632      **2024 Work RVU:** 10.48  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 10.33  
**RUC Recommendation:** 11.00      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**      **Result:** Decrease

**19357** Tissue expander placement in breast reconstruction, including subsequent expansion(s)      **Global:** 090      **Issue:** Breast Implant/Expander Placement      **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** January 2020      **Tab:** 05      **Specialty Developing Recommendation:** ASPS      **First Identified:** September 2007      **2022 Medicare Utilization:** 5,664      **2024 Work RVU:** 14.84  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 17.28  
**RUC Recommendation:** 15.36      **Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**      **Result:** Decrease

**20000** Deleted from CPT      **Global:**      **Issue:** Incision of Abscess      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**RUC Recommendation:** Deleted from CPT      **Referred to CPT** June 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**      **Result:** Deleted from CPT



# Status Report: CMS Requests and Relativity Assessment Issues

**20005** Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia) **Global:** **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2018 **Referred to CPT Asst**  **Published in CPT Asst:**

**20220** Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs) **Global:** 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2018 **2022 Medicare Utilization:** 11,653 **2024 Work RVU:** 1.65 **2024 NF PE RVU:** 5.12 **2024 Fac PE RVU:** 0.76 **Result:** Increase

**RUC Recommendation:** 1.93 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**20225** Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) **Global:** 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2022 Medicare Utilization:** 12,086 **2024 Work RVU:** 2.45 **2024 NF PE RVU:** 8.62 **2024 Fac PE RVU:** 1.11 **Result:** Increase

**RUC Recommendation:** 3.00 **Referred to CPT** **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 **2022 Medicare Utilization:** 6,678 **2024 Work RVU:** 2.61 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.27 **Result:** Increase

**RUC Recommendation:** 3.73 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**20245** Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)      **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      **First Identified:** January 2014      **2022 Medicare Utilization:** 4,064      **2024 Work RVU:** 6.00  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 3.20  
**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      **2022 Medicare Utilization:** 1,295      **2024 Work RVU:** 3.54  
**2024 NF PE RVU:** 9.75      **2024 Fac PE RVU:** 3.25  
**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      **2022 Medicare Utilization:** 93,718      **2024 Work RVU:** 0.94  
**2024 NF PE RVU:** 1.37      **2024 Fac PE RVU:** 0.59  
**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

**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

**2022 Medicare Utilization:** 789,921

**2024 Work RVU:** 0.75

**2024 NF PE RVU:** 0.89

**2024 Fac PE RVU:** 0.31

**Result:** Maintain

**RUC Recommendation:** 0.75

**Referred to CPT**

**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

**2022 Medicare Utilization:** 127,434

**2024 Work RVU:** 0.75

**2024 NF PE RVU:** 0.89

**2024 Fac PE RVU:** 0.31

**Result:** Maintain

**RUC Recommendation:** 0.75

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 276,901

**2024 Work RVU:** 0.66

**2024 NF PE RVU:** 0.84

**2024 Fac PE RVU:** 0.36

**Result:** Maintain

**RUC Recommendation:** 0.66

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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
2022 Medicare Utilization: 352,125
2024 Work RVU: 0.75
2024 NF PE RVU: 0.98
2024 Fac PE RVU: 0.41
Result: Maintain

RUC Recommendation: 0.75 Referred to CPT

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
2022 Medicare Utilization: 437,116
2024 Work RVU: 0.66
2024 NF PE RVU: 0.87
2024 Fac PE RVU: 0.32
Result: Maintain

RUC Recommendation: 0.66 and new PE inputs Referred to CPT October 2013

Referred to CPT Asst  Published in CPT Asst:

**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
2022 Medicare Utilization: 54,114
2024 Work RVU: 0.89
2024 NF PE RVU: 1.5
2024 Fac PE RVU: 0.37
Result: Decrease

RUC Recommendation: 0.89 Referred to CPT October 2013

Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 388,653

**2024 Work RVU:** 0.68  
**2024 NF PE RVU:** 0.89  
**2024 Fac PE RVU:** 0.33  
**Result:** Maintain

**RUC Recommendation:** 0.68 and new PE inputs

**Referred to CPT** October 2013  
**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

**2022 Medicare Utilization:** 58,020

**2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 1.58  
**2024 Fac PE RVU:** 0.42  
**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 5,936,856

**2024 Work RVU:** 0.79  
**2024 NF PE RVU:** 1.04  
**2024 Fac PE RVU:** 0.44  
**Result:** Maintain

**RUC Recommendation:** 0.79 and new PE inputs

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1,133,173

**2024 Work RVU:** 1.10  
**2024 NF PE RVU:** 1.74  
**2024 Fac PE RVU:** 0.51  
**Result:** Decrease

**RUC Recommendation:** 1.10

**Referred to CPT** October 2013  
**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

**2022 Medicare Utilization:** 25,159

**2024 Work RVU:** 0.70  
**2024 NF PE RVU:** 1.16  
**2024 Fac PE RVU:** 0.43  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 46,982

**2024 Work RVU:** 5.96  
**2024 NF PE RVU:** 11.09  
**2024 Fac PE RVU:** 5.69  
**Result:** Maintain

**RUC Recommendation:** 5.96 and adjustments to pre-service time package 3.

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 2,937

**2024 Work RVU:** 16.27

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 14.94

**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**

**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

**2022 Medicare Utilization:** 5,259

**2024 Work RVU:** 4.28

**2024 NF PE RVU:** 8.04

**2024 Fac PE RVU:** 5.36

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**20700** Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05

**Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2022 Medicare Utilization:** 1,170

**2024 Work RVU:** 1.50

**2024 NF PE RVU:** 0.73

**2024 Fac PE RVU:** 0.73

**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT**

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

**20701** Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05

**Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2022 Medicare Utilization:** 225

**2024 Work RVU:** 1.13

**2024 NF PE RVU:** 0.56

**2024 Fac PE RVU:** 0.56

**Result:** Increase

**RUC Recommendation:** 1.13

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**20702** Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2022 Medicare Utilization:** 500

**2024 Work RVU:** 2.50  
**2024 NF PE RVU:** 1.25  
**2024 Fac PE RVU:** 1.25  
**Result:** Increase

**RUC Recommendation:** 2.50

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

**20703** Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2022 Medicare Utilization:** 69

**2024 Work RVU:** 1.80  
**2024 NF PE RVU:** 0.93  
**2024 Fac PE RVU:** 0.93  
**Result:** Increase

**RUC Recommendation:** 1.80

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

**20704** Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2022 Medicare Utilization:** 479

**2024 Work RVU:** 2.60  
**2024 NF PE RVU:** 1.34  
**2024 Fac PE RVU:** 1.34  
**Result:** Increase

**RUC Recommendation:** 2.60

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

**20705** Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2022 Medicare Utilization:** 111

**2024 Work RVU:** 2.15  
**2024 NF PE RVU:** 1.11  
**2024 Fac PE RVU:** 1.11  
**Result:** Increase

**RUC Recommendation:** 2.15

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 4,965      **2024 Work RVU:** 3.00  
**2024 NF PE RVU:** 8.06  
**2024 Fac PE RVU:** 1.89  
**Result:** Decrease

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

**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      **2022 Medicare Utilization:** 4,287      **2024 Work RVU:** 4.58  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.79  
**Result:** Decrease

**RUC Recommendation:** 4.58      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**20926 Tissue grafts, other (eg, paratenon, fat, dermis)**      **Global:**      **Issue:** Tissue Grafting Procedures      **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2017      **Complete?** Yes

**Most Recent RUC Meeting:** October 2018      **Tab:** 04      **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS      **First Identified:** October 2008      **2022 Medicare Utilization:**  
**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:** Deleted for 2020

**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      **2022 Medicare Utilization:** 313      **2024 Work RVU:** 9.89  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.50  
**Result:** Increase

**RUC Recommendation:** 9.71      **Referred to CPT** June 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 3,883 **2024 Work RVU:** 10.03 **2024 NF PE RVU:** 12.73 **2024 Fac PE RVU:** 8.77 **Result:** Decrease

**RUC Recommendation:** 10.03 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**21495** Open treatment of hyoid fracture **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to 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 **2022 Medicare Utilization:** 338 **2024 Work RVU:** 14.75 **2024 NF PE RVU:** **2024 Fac PE RVU:** 10.96 **Result:** Decrease

**RUC Recommendation:** 14.57 **Referred to CPT** June 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

**21800** Closed treatment of rib fracture, uncomplicated, each **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**21805** Open treatment of rib fracture without fixation, each **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**21810** Treatment of rib fracture requiring external fixation (flail chest) **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2013 **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 **2022 Medicare Utilization:** 448 **2024 Work RVU:** 10.79 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.29 **Result:** Decrease

**RUC Recommendation:** 19.55 **Referred to CPT** October 2013 **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 **2022 Medicare Utilization:** 527 **2024 Work RVU:** 13.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 5.22 **Result:** Decrease

**RUC Recommendation:** 25.00 **Referred to CPT** October 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 78 **2024 Work RVU:** 17.61 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.07 **Result:** Decrease

**RUC Recommendation:** 35.00 **Referred to CPT** October 2013 **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 **2022 Medicare Utilization:** 124 **2024 Work RVU:** 1.36 **2024 NF PE RVU:** 3.02 **2024 Fac PE RVU:** 2.96 **Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** October 2013 **Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 473 **2024 Work RVU:** 7.76 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.10 **Result:** Remove from Screen

**RUC Recommendation:** Unrelated to the family **Referred to CPT** October 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 189 **2024 Work RVU:** 15.72 **2024 NF PE RVU:** **2024 Fac PE RVU:** 11.34 **Result:** Decrease

**RUC Recommendation:** 15.54 **Referred to CPT** June 2008 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 6,758 **2024 Work RVU:** 21.02 **2024 NF PE RVU:** **2024 Fac PE RVU:** 18.65 **Result:** Maintain

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

**22305** Closed treatment of vertebral process fracture(s) **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2016 **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:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2017 **2022 Medicare Utilization:** 5,440 **2024 Work RVU:** 3.45 **2024 NF PE RVU:** 5.31 **2024 Fac PE RVU:** 4.88 **Result:** Decrease

**RUC Recommendation:** Refer to CPT Assistant. 3.45. **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:** Apr 2024

# 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 Augmentation      **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:** April 2014      **2022 Medicare Utilization:** 2,205      **2024 Work RVU:** 7.90      **2024 NF PE RVU:** 44.36      **2024 Fac PE RVU:** 3.78      **Result:** Decrease

**RUC Recommendation:** 8.15      **Referred to CPT** February 2014      **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 Augmentation      **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:** April 2014      **2022 Medicare Utilization:** 2,659      **2024 Work RVU:** 7.33      **2024 NF PE RVU:** 44.95      **2024 Fac PE RVU:** 3.68      **Result:** Decrease

**RUC Recommendation:** 8.05      **Referred to CPT** February 2014      **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 Augmentation      **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:** April 2014      **2022 Medicare Utilization:** 1,641      **2024 Work RVU:** 4.00      **2024 NF PE RVU:** 16.94      **2024 Fac PE RVU:** 1.41      **Result:** Decrease

**RUC Recommendation:** 4.00      **Referred to CPT** February 2014      **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 Augmentation **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:** April 2014 **2022 Medicare Utilization:** 18,975 **2024 Work RVU:** 8.65 **2024 NF PE RVU:** 158.03 **2024 Fac PE RVU:** 4.93 **Result:** Decrease

**RUC Recommendation:** 8.90 **Referred to CPT** February 2014 **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 Augmentation **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:** April 2014 **2022 Medicare Utilization:** 21,168 **2024 Work RVU:** 7.99 **2024 NF PE RVU:** 158.08 **2024 Fac PE RVU:** 4.69 **Result:** Decrease

**RUC Recommendation:** 8.24 **Referred to CPT** February 2014 **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 Augmentation **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:** April 2014 **2022 Medicare Utilization:** 12,476 **2024 Work RVU:** 4.00 **2024 NF PE RVU:** 81.4 **2024 Fac PE RVU:** 1.65 **Result:** Decrease

**RUC Recommendation:** 4.00 **Referred to CPT** February 2014 **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:** **Issue:** Percutaneous Vertebroplasty and Augmentation **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **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:** **Issue:** Percutaneous Vertebroplasty and Augmentation **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **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:** **Issue:** Percutaneous Vertebroplasty and Augmentation **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:** April 2014 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **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:** **Issue:** Percutaneous Vertebroplasty and Augmentation **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**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:** **Issue:** Percutaneous Vertebroplasty and Augmentation **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**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:** **Issue:** Percutaneous Vertebroplasty and Augmentation **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# 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

**2022 Medicare Utilization:** 632

**2024 Work RVU:** 24.79

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 18.88

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen. CPT Assistant article published.

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Oct 2009

**22551** Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy 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:** February 2010

**2022 Medicare Utilization:** 31,110

**2024 Work RVU:** 25.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 18.17

**Result:** Decrease

**RUC Recommendation:** 24.50

**Referred to CPT** October 2009

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

**22552** Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, 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, AAOS

**First Identified:** February 2010

**2022 Medicare Utilization:** 28,816

**2024 Work RVU:** 6.50

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 3.22

**Result:** Maintain

**RUC Recommendation:** 6.50

**Referred to CPT** October 2009

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

# 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 / Codes Reported Together 75% or More-Part5      **Complete?** No

**Most Recent RUC Meeting:** September 2022      **Tab:** 13      **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS      **First Identified:** February 2008      **2022 Medicare Utilization:** 3,237      **2024 Work RVU:** 17.69  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 14.79  
**Result:** Maintain

**RUC Recommendation:** Refer to CPT Assistant. 17.69      **Referred to CPT:** October 2009  
**Referred to CPT Asst:**  **Published in CPT Asst:** Aug 2023

**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?** Yes

**Most Recent RUC Meeting:** September 2022      **Tab:** 13      **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS      **First Identified:** April 2013      **2022 Medicare Utilization:** 19,795      **2024 Work RVU:** 23.53  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 16.00  
**Result:** Maintain

**RUC Recommendation:** Maintain      **Referred to CPT:** September 2016  
**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:** February 2010      **2022 Medicare Utilization:** 15,268      **2024 Work RVU:** 5.52  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.55  
**Result:** Maintain

**RUC Recommendation:** Remove from screen      **Referred to CPT:** October 2009  
**Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**22612** Arthrodesis, posterior or posterolateral technique, single interspace; 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      **2022 Medicare Utilization:** 41,911      **2024 Work RVU:** 23.53  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 17.52  
**Result:** Maintain

**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

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

**22614** Arthrodesis, posterior or posterolateral technique, 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      **2022 Medicare Utilization:** 141,461      **2024 Work RVU:** 6.43  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.19  
**Result:** Decrease

**RUC Recommendation:** 6.43      **Referred to CPT**

**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      **2022 Medicare Utilization:** 4,665      **2024 Work RVU:** 22.09  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 17.39  
**Result:** Maintain

**RUC Recommendation:** 22.09      **Referred to CPT**      October 2010

**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, lumbar; 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 **2022 Medicare Utilization:** 1,576 **2024 Work RVU:** 5.22 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.56 **Result:** Decrease

**RUC Recommendation:** 5.22 **Referred to CPT** **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, 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 **2022 Medicare Utilization:** 34,486 **2024 Work RVU:** 26.80 **2024 NF PE RVU:** **2024 Fac PE RVU:** 19.44 **Result:** Decrease

**RUC Recommendation:** 27.75 **Referred to CPT** October 2010 **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, lumbar; 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 **2022 Medicare Utilization:** 13,296 **2024 Work RVU:** 7.96 **2024 NF PE RVU:** **2024 Fac PE RVU:** 3.95 **Result:** Decrease

**RUC Recommendation:** 8.16 **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 9,067

**2024 Work RVU:** 13.44

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 6.68

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 3,442

**2024 Work RVU:** 19.17

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 14.58

**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT** June 2010

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

**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:** **Issue:** Biomechanical 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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** Biomechanical 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

**2022 Medicare Utilization:** 826

**2024 Work RVU:** 5.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.72  
**Result:** Decrease

**RUC Recommendation:** 6.00

**Referred to CPT**  
**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:** Insertion of Interlaminar/Interspinous Device **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 26 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS

**First Identified:** October 2015

**2022 Medicare Utilization:** 1,065

**2024 Work RVU:** 15.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 12.76  
**Result:** Increase

**RUC Recommendation:** 15.00

**Referred to CPT**  
**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:** Biomechanical 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

**2022 Medicare Utilization:** 200

**2024 Work RVU:** 4.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.96  
**Result:** Decrease

**RUC Recommendation:** 5.50

**Referred to CPT**  
**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      **2022 Medicare Utilization:** 420      **2024 Work RVU:** 8.32      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 6.88      **Result:** Increase

**RUC Recommendation:** 8.21      **Referred to CPT** June 2008      **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      **2022 Medicare Utilization:** 549      **2024 Work RVU:** 7.41      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 7.46      **Result:** Decrease

**RUC Recommendation:** 7.28      **Referred to CPT** June 2008      **Referred to CPT Asst**       **Published in CPT Asst:**

**23120** Claviclectomy; partial      **Global:** 090      **Issue:** Claviclectomy      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent RUC Meeting:** April 2008      **Tab:** 30      **Specialty Developing Recommendation:** AAOS      **First Identified:** September 2007      **2022 Medicare Utilization:** 3,929      **2024 Work RVU:** 7.39      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 9.10      **Result:** Maintain

**RUC Recommendation:** 7.23      **Referred to CPT**      **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      **2022 Medicare Utilization:** 930      **2024 Work RVU:** 7.77      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 9.53      **Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 25,269

**2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 3.75  
**2024 Fac PE RVU:** 0.37  
**Result:** Maintain

**RUC Recommendation:** 1.00

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 2,124

**2024 Work RVU:** 8.54  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.62  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 2,133

**2024 Work RVU:** 11.39  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 11.19  
**Result:** Decrease

**RUC Recommendation:** 11.23

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 7,034

**2024 Work RVU:** 11.93  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 11.51  
**Result:** Decrease

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 4. 11.77

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 245 **2024 Work RVU:** 9.23

**RUC Recommendation:** 9.23 **Referred to CPT** **2024 NF PE RVU:** **2024 Fac PE RVU:** 10.16

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

**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 **2022 Medicare Utilization:** 1,011 **2024 Work RVU:** 13.54

**RUC Recommendation:** 13.35 **Referred to CPT** **2024 NF PE RVU:** **2024 Fac PE RVU:** 13.23

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

**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 **2022 Medicare Utilization:** 19,960 **2024 Work RVU:** 10.17

**RUC Recommendation:** 10.17 **Referred to CPT** **2024 NF PE RVU:** **2024 Fac PE RVU:** 10.45

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Maintain

**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 **2022 Medicare Utilization:** 1,074 **2024 Work RVU:** 10.64

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **2024 NF PE RVU:** **2024 Fac PE RVU:** 10.19

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 69,296

**2024 Work RVU:** 22.13  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 16.92  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**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 **2022 Medicare Utilization:** 307

**2024 Work RVU:** 2.36  
**2024 NF PE RVU:** 4.66  
**2024 Fac PE RVU:** 4.60  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 27,520

**2024 Work RVU:** 3.00  
**2024 NF PE RVU:** 6.86  
**2024 Fac PE RVU:** 6.32  
**Result:** Decrease

**RUC Recommendation:** 3.00

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

**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 **2022 Medicare Utilization:** 114

**2024 Work RVU:** 4.10  
**2024 NF PE RVU:** 7.11  
**2024 Fac PE RVU:** 6.06  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

# 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 **2022 Medicare Utilization:** 12,678

**2024 Work RVU:** 3.53  
**2024 NF PE RVU:** 6.16  
**2024 Fac PE RVU:** 5.14  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 2,466

**2024 Work RVU:** 4.76  
**2024 NF PE RVU:** 6.87  
**2024 Fac PE RVU:** 6.87  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 357

**2024 Work RVU:** 4.66  
**2024 NF PE RVU:** 7.94  
**2024 Fac PE RVU:** 6.83  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 658

**2024 Work RVU:** 5.39  
**2024 NF PE RVU:** 9.18  
**2024 Fac PE RVU:** 7.51  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

# Status Report: CMS Requests and Relativity Assessment Issues

**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    **2022 Medicare Utilization:** 1,109

**RUC Recommendation:** PE Clinical staff pre-time revised    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:** Jan 2018

**2024 Work RVU:** 4.37  
**2024 NF PE RVU:** 6.5  
**2024 Fac PE RVU:** 5.38  
**Result:** PE Only

**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    **2022 Medicare Utilization:** 341

**RUC Recommendation:** PE Clinical staff pre-time revised    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:** Jan 2018

**2024 Work RVU:** 5.64  
**2024 NF PE RVU:**     
**2024 Fac PE RVU:** 7.94  
**Result:** PE Only

**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    **2022 Medicare Utilization:** 876

**RUC Recommendation:** 7.56    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

**2024 Work RVU:** 7.56  
**2024 NF PE RVU:**     
**2024 Fac PE RVU:** 9.52  
**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    **2022 Medicare Utilization:** 3,245

**RUC Recommendation:** Reduce 99238 to 0.5    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

**2024 Work RVU:** 6.12  
**2024 NF PE RVU:**     
**2024 Fac PE RVU:** 7.85  
**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 897      **2024 Work RVU:** 8.04  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.82  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 1,512      **2024 Work RVU:** 7.39  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.53  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5      **Referred to CPT**  
**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:** Hand, Wrist & Forearm Repair/Reconstruction      **Screen:** Site of Service Anomaly / Codes Reported Together 75% or More-Part6      **Complete?** Yes

**Most Recent RUC Meeting:** September 2023      **Tab:** 04      **Specialty Developing Recommendation:** AAOS, ASPS, ASSH      **First Identified:** September 2007      **2022 Medicare Utilization:** 6,178      **2024 Work RVU:** 8.08  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.39  
**Result:** Decrease

**RUC Recommendation:** 9.50      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**25312** Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon **Global:** 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** September 2023 **2022 Medicare Utilization:** 355

**2024 Work RVU:** 9.82  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 10.15  
**Result:**

**RUC Recommendation:** Review action plan

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

**25447** Arthroplasty, interposition, intercarpal or carpometacarpal joints **Global:** 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** April 2022 **2022 Medicare Utilization:** 19,593

**2024 Work RVU:** 11.14  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 12.07  
**Result:** Decrease

**RUC Recommendation:** 11.14

**Referred to CPT** May 2023  
**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 **2022 Medicare Utilization:** 510

**2024 Work RVU:** 5.85  
**2024 NF PE RVU:** 9.08  
**2024 Fac PE RVU:** 7.35  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 18,140

**2024 Work RVU:** 6.25

**2024 NF PE RVU:** 9.24

**2024 Fac PE RVU:** 8.29

**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst**

**Published in CPT Asst:** Jan 2018

**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

**2022 Medicare Utilization:** 1,035

**2024 Work RVU:** 8.31

**2024 NF PE RVU:** 10.49

**2024 Fac PE RVU:** 10.49

**Result:** Maintain

**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:**

**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

**2022 Medicare Utilization:** 7,719

**2024 Work RVU:** 9.56

**2024 NF PE RVU:** 11.17

**2024 Fac PE RVU:** 11.17

**Result:** Maintain

**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:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 6,257      **2024 Work RVU:** 11.07      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 11.98      **Result:** Maintain

**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:**

**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      **2022 Medicare Utilization:** 18,154      **2024 Work RVU:** 14.38      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 14.79      **Result:** Maintain

**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:**

**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      **2022 Medicare Utilization:** 506      **2024 Work RVU:** 4.89      **2024 NF PE RVU:** 8.33      **2024 Fac PE RVU:** 6.93      **Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**26020** Drainage of tendon sheath, digit and/or palm, each      **Global:** 090      **Issue:** Tendon Sheath Procedures      **Screen:** Negative IWPUT      **Complete?** Yes

**Most Recent RUC Meeting:** April 2018      **Tab:** 07      **Specialty Developing Recommendation:** AAOS, ASPS, ASSH      **First Identified:** April 2017      **2022 Medicare Utilization:** 1,946      **2024 Work RVU:** 6.84      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 8.86      **Result:** Increase

**RUC Recommendation:** 7.79      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**26055** Tendon sheath incision (eg, for trigger finger) **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2022 Medicare Utilization:** 98,992 **2024 Work RVU:** 3.11  
**2024 NF PE RVU:** 14.11  
**2024 Fac PE RVU:** 5.28  
**Result:** Increase

**RUC Recommendation:** 3.75 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 1,699 **2024 Work RVU:** 4.47  
**2024 NF PE RVU:** 6.97  
**2024 Fac PE RVU:** 6.97  
**Result:** Maintain

**RUC Recommendation:** Action plan for RAW Oct 2015. Maintain **Referred to CPT**  
**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:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2022 Medicare Utilization:** 16,546 **2024 Work RVU:** 3.57  
**2024 NF PE RVU:** 14.35  
**2024 Fac PE RVU:** 5.49  
**Result:** Maintain

**RUC Recommendation:** 3.57 **Referred to CPT**  
**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

**2022 Medicare Utilization:** 976

**2024 Work RVU:** 9.56

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 12.90

**Result:** Decrease

**RUC Recommendation:** 10.03

**Referred to CPT**

**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

**2022 Medicare Utilization:** 80

**2024 Work RVU:** 11.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 13.89

**Result:** Increase

**RUC Recommendation:** 11.50

**Referred to CPT**

**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

**2022 Medicare Utilization:** 37

**2024 Work RVU:** 12.60

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 14.72

**Result:** Increase

**RUC Recommendation:** 13.10

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**26480** Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon      **Global:** 090      **Issue:** Hand, Wrist & Forearm Repair/Reconstruction      **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5      **Complete?** Yes

**Most Recent RUC Meeting:** September 2023

**Tab:** 04

**Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** October 2008

**2022 Medicare Utilization:** 10,408

**2024 Work RVU:** 6.90

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 15.68

**Result:** Decrease

**RUC Recommendation:** 9.50

**Referred to CPT** May 2023

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

**26483** Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon      **Global:** 090      **Issue:** Hand, Wrist & Forearm Repair/Reconstruction      **Screen:** RUC Flag      **Complete?** No

**Most Recent RUC Meeting:** September 2023

**Tab:** 04

**Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** September 2023

**2022 Medicare Utilization:** 459

**2024 Work RVU:** 8.48

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 16.37

**Result:**

**RUC Recommendation:** Review action plan

**Referred to CPT**

**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

**2022 Medicare Utilization:** 465

**2024 Work RVU:** 3.83

**2024 NF PE RVU:** 6.05

**2024 Fac PE RVU:** 5.21

**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 5,335 **2024 Work RVU:** 1.80 **2024 NF PE RVU:** 3.78 **2024 Fac PE RVU:** 3.85 **Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 429 **2024 Work RVU:** 3.23 **2024 NF PE RVU:** 6.14 **2024 Fac PE RVU:** 4.70 **Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 5,335 **2024 Work RVU:** 3.15 **2024 NF PE RVU:** 5.31 **2024 Fac PE RVU:** 4.48 **Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 275 **2024 Work RVU:** 8.85 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.72 **Result:** Increase

**RUC Recommendation:** 8.74 **Referred to CPT** June 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 1,846 **2024 Work RVU:** 5.75 **2024 NF PE RVU:** **2024 Fac PE RVU:** 6.99 **Result:** Maintain

**RUC Recommendation:** 5.66 **Referred to CPT** **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 **2022 Medicare Utilization:** 445,760 **2024 Work RVU:** 1.48 **2024 NF PE RVU:** 3.31 **2024 Fac PE RVU:** 0.85 **Result:** Decrease

**RUC Recommendation:** 1.48 **Referred to CPT** February 2011 **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:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2022 Medicare Utilization:** 170,673 **2024 Work RVU:** 19.60 **2024 NF PE RVU:** **2024 Fac PE RVU:** 15.00 **Result:** Decrease

**RUC Recommendation:** 19.60 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 9,668

**2024 Work RVU:** 30.28  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 20.52  
**Result:** Maintain

**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:**

**27193** Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**27194** Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

# 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 **2022 Medicare Utilization:** 7,980 **2024 Work RVU:** 1.53 **2024 NF PE RVU:** 2.20 **2024 Fac PE RVU:** 2.20 **Result:** Decrease  
**RUC Recommendation:** 5.50 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 164 **2024 Work RVU:** 4.75 **2024 NF PE RVU:** 3.87 **2024 Fac PE RVU:** 3.87 **Result:** Decrease  
**RUC Recommendation:** 9.00 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**27220** Closed treatment of acetabulum (hip socket) fracture(s); without manipulation **Global:** 090 **Issue:** Closed Treatment Fracture - Hip **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 08 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2017 **2022 Medicare Utilization:** 2,310 **2024 Work RVU:** 5.50 **2024 NF PE RVU:** 6.16 **2024 Fac PE RVU:** 5.99 **Result:** Decrease  
**RUC Recommendation:** 6.00 **Referred to CPT**  
**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    **2022 Medicare Utilization:** 1,313

**2024 Work RVU:** 5.81  
**2024 NF PE RVU:** 7.99  
**2024 Fac PE RVU:** 7.71  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised    **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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    **2022 Medicare Utilization:** 133

**2024 Work RVU:** 11.72  
**2024 NF PE RVU:** 7.85  
**2024 Fac PE RVU:** 7.85  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised    **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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    **2022 Medicare Utilization:** 54,473

**2024 Work RVU:** 17.61  
**2024 NF PE RVU:** 14.78  
**2024 Fac PE RVU:** 14.78  
**Result:** Maintain

**RUC Recommendation:** 17.61    **Referred to CPT**  
**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    **2022 Medicare Utilization:** 206

**2024 Work RVU:** 13.81  
**2024 NF PE RVU:** 12.20  
**2024 Fac PE RVU:** 12.20  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised    **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 3,677

**2024 Work RVU:** 18.18

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 15.10

**Result:** Increase

**RUC Recommendation:** 18.00

**Referred to CPT**

**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

**2022 Medicare Utilization:** 75,667

**2024 Work RVU:** 18.18

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 15.07

**Result:** Decrease

**RUC Recommendation:** 18.00

**Referred to CPT**

**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

**2022 Medicare Utilization:** 2,917

**2024 Work RVU:** 3.82

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 0.76

**Result:** Decrease

**RUC Recommendation:** 3.82

**Referred to CPT**

**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

**2022 Medicare Utilization:** 1,020

**2024 Work RVU:** 11.03

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 9.41

**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 6,338

**2024 Work RVU:** 5.24  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.55  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 4,675

**2024 Work RVU:** 7.78  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.42  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**27279** Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device **Global:** 090 **Issue:** Arthrodesis - Sacroiliac Joint **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2022 Medicare Utilization:** 7,567

**2024 Work RVU:** 12.13  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.60  
**Result:** Maintain

**RUC Recommendation:** 9.03 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 634

**2024 Work RVU:** 5.04  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.35  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**27369** Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography **Global:** 000 **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AAPM&R

**First Identified:** June 2017 **2022 Medicare Utilization:** 20,020

**2024 Work RVU:** 0.77  
**2024 NF PE RVU:** 4.63  
**2024 Fac PE RVU:** 0.33  
**Result:** Maintain

**RUC Recommendation:** Review action plan. 0.96

**Referred to CPT** February 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**27370** Injection of contrast for knee arthrography **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017  
**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:** Knee Arthroplasty      **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than \$10 million / Site of Service Anomaly - 2020      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 18      **Specialty Developing Recommendation:** AAOS, AAHKS      **First Identified:** September 2011      **2022 Medicare Utilization:** 12,428      **2024 Work RVU:** 17.13  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 13.95  
**Result:** Decrease

**RUC Recommendation:** 17.13      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**27447** Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)      **Global:** 090      **Issue:** Hip/Knee Arthroplasty      **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 18      **Specialty Developing Recommendation:** AAOS, AAHKS      **First Identified:** September 2011      **2022 Medicare Utilization:** 297,732      **2024 Work RVU:** 19.60  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 14.96  
**Result:** Decrease

**RUC Recommendation:** 19.60      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 381      **2024 Work RVU:** 11.36  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.15  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

# 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      **2022 Medicare Utilization:** 288      **2024 Work RVU:** 9.80  
**2024 NF PE RVU:** 8.61  
**2024 Fac PE RVU:** 8.94  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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      **2022 Medicare Utilization:** 241      **2024 Work RVU:** 5.98  
**2024 NF PE RVU:** 8.61  
**2024 Fac PE RVU:** 7.30  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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      **2022 Medicare Utilization:** 231      **2024 Work RVU:** 8.18  
**2024 NF PE RVU:** 9.56  
**2024 Fac PE RVU:** 9.56  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**27615** Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm      **Global:** 090      **Issue:** Radical Resection 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      **2022 Medicare Utilization:** 230      **2024 Work RVU:** 15.72  
**2024 NF PE RVU:** 11.44  
**2024 Fac PE RVU:** 11.44  
**Result:** Increase

**RUC Recommendation:** 15.54      **Referred to CPT** June 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 439

**2024 Work RVU:** 6.91

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 6.19

**Result:** Decrease

**RUC Recommendation:** 6.80

**Referred to CPT** June 2008

**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

**2022 Medicare Utilization:** 1,463

**2024 Work RVU:** 12.24

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 10.70

**Result:** Maintain

**RUC Recommendation:** 12.10

**Referred to CPT** June 2008

**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

**2022 Medicare Utilization:** 775

**2024 Work RVU:** 9.84

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 8.33

**Result:** Decrease

**RUC Recommendation:** 9.72

**Referred to CPT** June 2008

**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

**2022 Medicare Utilization:** 2,176

**2024 Work RVU:** 9.21

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 9.30

**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 2,928 **2024 Work RVU:** 10.53  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.59  
**Result:** Maintain

**RUC Recommendation:** 10.32 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 3,704 **2024 Work RVU:** 6.69  
**2024 NF PE RVU:** 12.21  
**2024 Fac PE RVU:** 6.55  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 6,168 **2024 Work RVU:** 6.41  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.45  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 1,096 **2024 Work RVU:** 9.17  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.85  
**Result:** Maintain

**RUC Recommendation:** 8.96 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 3,958

**2024 Work RVU:** 10.49

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 10.28

**Result:** Maintain

**RUC Recommendation:** 10.28

**Referred to CPT**

**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

**2022 Medicare Utilization:** 954

**2024 Work RVU:** 6.27

**2024 NF PE RVU:** 8.99

**2024 Fac PE RVU:** 7.54

**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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

**2022 Medicare Utilization:** 313

**2024 Work RVU:** 5.47

**2024 NF PE RVU:** 8.57

**2024 Fac PE RVU:** 7.06

**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 6,199

**2024 Work RVU:** 8.75

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 9.25

**Result:** Maintain

**RUC Recommendation:** 9.71

**Referred to CPT**

**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

**2022 Medicare Utilization:** 2,510

**2024 Work RVU:** 5.32

**2024 NF PE RVU:** 8.34

**2024 Fac PE RVU:** 6.85

**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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

**2022 Medicare Utilization:** 8,512

**2024 Work RVU:** 10.62

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 10.53

**Result:** Maintain

**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 3,355 **2024 Work RVU:** 5.69 **2024 NF PE RVU:** 8.45 **2024 Fac PE RVU:** 6.77 **Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 577 **2024 Work RVU:** 6.69 **2024 NF PE RVU:** 8.81 **2024 Fac PE RVU:** 7.12 **Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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 **2022 Medicare Utilization:** 1,719 **2024 Work RVU:** 4.77 **2024 NF PE RVU:** **2024 Fac PE RVU:** 6.26 **Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

# Status Report: CMS Requests and Relativity Assessment Issues

**28001** Incision and drainage, bursa, foot Global: 000 Issue: Treatment of Foot Infection Screen: 010-Day Global Post-Operative Visits2 Complete? Yes

Most Recent RUC Meeting: October 2020 Tab: 14 Specialty Developing Recommendation: AAOS, AOFAS, APMA First Identified: April 2020 2022 Medicare Utilization: 2,308 2024 Work RVU: 2.00 2024 NF PE RVU: 2.96 2024 Fac PE RVU: 0.69 Result: Decrease

RUC Recommendation: 2.00 Referred to CPT 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: 000 Issue: Treatment of Foot Infection Screen: 010-Day Global Post-Operative Visits2 Complete? Yes

Most Recent RUC Meeting: October 2020 Tab: 14 Specialty Developing Recommendation: AAOS, AOFAS, APMA First Identified: January 2014 2022 Medicare Utilization: 5,285 2024 Work RVU: 2.79 2024 NF PE RVU: 4.32 2024 Fac PE RVU: 1.15 Result: Decrease

RUC Recommendation: 3.50 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

**28003** Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas Global: 000 Issue: Treatment of Foot Infection Screen: 010-Day Global Post-Operative Visits2 Complete? Yes

Most Recent RUC Meeting: October 2020 Tab: 14 Specialty Developing Recommendation: AAOS, AOFAS, APMA First Identified: April 2020 2022 Medicare Utilization: 4,650 2024 Work RVU: 5.28 2024 NF PE RVU: 5.46 2024 Fac PE RVU: 1.86 Result: Decrease

RUC Recommendation: 5.28 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 847 2024 Work RVU: 5.15 2024 NF PE RVU: 8.58 2024 Fac PE RVU: 3.97 Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 4,510 **2024 Work RVU:** 7.31 **2024 NF PE RVU:** 11.88 **2024 Fac PE RVU:** 6.74 **Result:** Increase

**RUC Recommendation:** 8.27 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 12,802 **2024 Work RVU:** 6.76 **2024 NF PE RVU:** 10.31 **2024 Fac PE RVU:** 5.81 **Result:** Maintain

**RUC Recommendation:** 7.72 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 8,456 **2024 Work RVU:** 5.00 **2024 NF PE RVU:** 8.89 **2024 Fac PE RVU:** 4.69 **Result:** PE Only

**RUC Recommendation:** Remove 99238 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 56,245 **2024 Work RVU:** 5.62 **2024 NF PE RVU:** 10.02 **2024 Fac PE RVU:** 5.52 **Result:** Increase

**RUC Recommendation:** 5.62 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 4,177

**RUC Recommendation:** 6.90 **Referred to CPT:** October 2015 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 6.90  
**2024 NF PE RVU:** 12.98  
**2024 Fac PE RVU:** 6.28  
**Result:** Decrease

**28290** Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure) **Global:** **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 **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** October 2015 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**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 **2022 Medicare Utilization:** 2,134

**RUC Recommendation:** 8.01 **Referred to CPT:** October 2015 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 8.01  
**2024 NF PE RVU:** 11.92  
**2024 Fac PE RVU:** 5.77  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**28292** Correction, hallux valgus with 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

**2022 Medicare Utilization:** 4,670

**2024 Work RVU:** 7.44  
**2024 NF PE RVU:** 12.84  
**2024 Fac PE RVU:** 6.54  
**Result:** Decrease

**RUC Recommendation:** 7.44

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**28293** Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**28295** Correction, hallux valgus with 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 **2022 Medicare Utilization:** 368

**RUC Recommendation:** 8.57 **Referred to CPT:** October 2015 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 8.57  
**2024 NF PE RVU:** 21.64  
**2024 Fac PE RVU:** 8.43  
**Result:** Decrease

**28296** Correction, hallux valgus with 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 **2022 Medicare Utilization:** 6,059

**RUC Recommendation:** 8.25 **Referred to CPT:** October 2015 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 8.25  
**2024 NF PE RVU:** 17.5  
**2024 Fac PE RVU:** 6.51  
**Result:** Decrease

**28297** Correction, hallux valgus with 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 **2022 Medicare Utilization:** 3,336

**RUC Recommendation:** 9.29 **Referred to CPT:** October 2015 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 9.29  
**2024 NF PE RVU:** 20.25  
**2024 Fac PE RVU:** 7.77  
**Result:** Decrease

**28298** Correction, hallux valgus with 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 **2022 Medicare Utilization:** 2,809

**RUC Recommendation:** 7.75 **Referred to CPT:** October 2015 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 7.75  
**2024 NF PE RVU:** 16.39  
**2024 Fac PE RVU:** 6.69  
**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

**28299** Correction, hallux valgus with 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 **2022 Medicare Utilization:** 4,278

**2024 Work RVU:** 9.29  
**2024 NF PE RVU:** 20  
**2024 Fac PE RVU:** 7.64  
**Result:** Decrease

**RUC Recommendation:** 9.29 **Referred to CPT** October 2015  
**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 **2022 Medicare Utilization:** 2,236

**2024 Work RVU:** 9.73  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.41  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 1,632

**2024 Work RVU:** 5.57  
**2024 NF PE RVU:** 10.23  
**2024 Fac PE RVU:** 4.83  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 21,974

**2024 Work RVU:** 2.03  
**2024 NF PE RVU:** 4.45  
**2024 Fac PE RVU:** 4.06  
**Result:** Maintain

**RUC Recommendation:** 2.03 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 525      **2024 Work RVU:** 1.28  
**2024 NF PE RVU:** 2.34  
**2024 Fac PE RVU:** 1.36  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2018

**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      **2022 Medicare Utilization:** 4,163      **2024 Work RVU:** 11.22  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 10.50  
**Result:** Maintain

**RUC Recommendation:** 12.18      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 3,939      **2024 Work RVU:** 10.70  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 9.63  
**Result:** Maintain

**RUC Recommendation:** 12.42      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 3,837      **2024 Work RVU:** 9.29  
**2024 NF PE RVU:** 14.28  
**2024 Fac PE RVU:** 8.09  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**28820** Amputation, toe; metatarsophalangeal joint Global: 000 Issue: Toe Amputation Screen: Site of Service Anomaly - 2018 Complete? Yes

Most Recent RUC Meeting: April 2019 Tab: 11 Specialty Developing Recommendation: AAOS, ACS, AOFAS, APMA, SVS First Identified: October 2018 2022 Medicare Utilization: 25,047 2024 Work RVU: 3.51  
2024 NF PE RVU: 4.97  
2024 Fac PE RVU: 1.38  
Result: Decrease

RUC Recommendation: 4.10 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**28825** Amputation, toe; interphalangeal joint Global: 000 Issue: Toe Amputation Screen: Site of Service Anomaly Complete? Yes

Most Recent RUC Meeting: April 2019 Tab: 11 Specialty Developing Recommendation: AAOS, ACS, AOFAS, APMA, SVS First Identified: September 2007 2022 Medicare Utilization: 12,537 2024 Work RVU: 3.41  
2024 NF PE RVU: 4.94  
2024 Fac PE RVU: 1.36  
Result: Decrease

RUC Recommendation: 4.00 Referred to CPT  
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 2022 Medicare Utilization: 55,034 2024 Work RVU: 0.77  
2024 NF PE RVU: 1.77  
2024 Fac PE RVU: 0.97  
Result: Maintain

RUC Recommendation: 0.77 Referred to CPT  
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 2022 Medicare Utilization: 21,813 2024 Work RVU: 0.80  
2024 NF PE RVU: 1.58  
2024 Fac PE RVU: 0.29  
Result: Decrease

RUC Recommendation: 0.80 Referred to CPT  
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 **2022 Medicare Utilization:** 11,021 **2024 Work RVU:** 0.39

**RUC Recommendation:** 0.39 **Referred to CPT** **2024 NF PE RVU:** 0.55 **2024 Fac PE RVU:** 0.13

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

**29220 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2008 **2024 NF PE RVU:** **2024 Fac PE RVU:**

**Referred to CPT Asst**  **Published in CPT Asst:** Deleted from CPT, no further action necessary **Result:** Deleted from CPT

**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 **2022 Medicare Utilization:** 17,397 **2024 Work RVU:** 0.39

**RUC Recommendation:** 0.39 **Referred to CPT** **2024 NF PE RVU:** 0.48 **2024 Fac PE RVU:** 0.12

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

**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 **2022 Medicare Utilization:** 4,449 **2024 Work RVU:** 0.39

**RUC Recommendation:** 0.39 **Referred to CPT** **2024 NF PE RVU:** 0.45 **2024 Fac PE RVU:** 0.14

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 4,221 **2024 Work RVU:** 0.39  
**2024 NF PE RVU:** 0.46  
**2024 Fac PE RVU:** 0.16  
**Result:** Decrease

**RUC Recommendation:** 0.39 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 22,583 **2024 Work RVU:** 1.78  
**2024 NF PE RVU:** 1.9  
**2024 Fac PE RVU:** 0.97  
**Result:** Maintain

**RUC Recommendation:** 1.78 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 15,436 **2024 Work RVU:** 0.39  
**2024 NF PE RVU:** 0.63  
**2024 Fac PE RVU:** 0.13  
**Result:** Decrease

**RUC Recommendation:** 0.39 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 23,217 **2024 Work RVU:** 0.39  
**2024 NF PE RVU:** 0.47  
**2024 Fac PE RVU:** 0.12  
**Result:** Decrease

**RUC Recommendation:** 0.39 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 157,789 **2024 Work RVU:** 0.39  
**2024 NF PE RVU:** 0.42  
**2024 Fac PE RVU:** 0.09  
**Result:** Decrease

**RUC Recommendation:** 0.39 **Referred to CPT** **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 **2022 Medicare Utilization:** 41,976 **2024 Work RVU:** 0.25  
**2024 NF PE RVU:** 0.31  
**2024 Fac PE RVU:** 0.06  
**Result:** Decrease

**RUC Recommendation:** 0.25 **Referred to CPT** **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 **2022 Medicare Utilization:** 202,398 **2024 Work RVU:** 0.55  
**2024 NF PE RVU:** 1.3  
**2024 Fac PE RVU:** 0.16  
**Result:** Maintain

**RUC Recommendation:** 0.55 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 205,717 **2024 Work RVU:** 0.60 **2024 NF PE RVU:** 2.03 **2024 Fac PE RVU:** 0.18 **Result:** Maintain

**RUC Recommendation:** 0.60 **Referred to CPT**  
**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:** Aug 2016

**29583** Application of multi-layer compression system; upper arm and forearm **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:** Aug 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**29584** Application of multi-layer compression system; upper arm, forearm, hand, and fingers **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing Recommendation:** APTA  
**RUC Meeting:** January 2022

**First Identified:** October 2015 **2022 Medicare Utilization:** 3,946

**2024 Work RVU:** 0.35  
**2024 NF PE RVU:** 2.04  
**2024 Fac PE RVU:** 0.10  
**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Aug 2016

**29590** Denis-Browne splint strapping **Global:** **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent** **Tab:** 07 **Specialty Developing Recommendation:** APMA  
**RUC Meeting:** April 2012

**First Identified:** February 2010 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012  
**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** **Tab:** 51 **Specialty Developing Recommendation:** AAOS  
**RUC Meeting:** April 2008

**First Identified:** NA **2022 Medicare Utilization:** 332

**2024 Work RVU:** 6.03  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 7.05  
**Result:** PE Only

**RUC Recommendation:** No NF PE inputs

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



# Status Report: CMS Requests and Relativity Assessment Issues

**29822** Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) **Global:** 090 **Issue:** Shoulder Debridement **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** October 2008

**2022 Medicare Utilization:** 6,743

**2024 Work RVU:** 7.03

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 8.07

**Result:** Decrease

**RUC Recommendation:** 7.03

**Referred to CPT** September 2019

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

**29823** Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) **Global:** 090 **Issue:** Shoulder Debridement **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization over 30,000-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** October 2012

**2022 Medicare Utilization:** 35,593

**2024 Work RVU:** 7.98

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 8.49

**Result:** Decrease

**RUC Recommendation:** 7.98

**Referred to CPT** September 2019

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

**29824** Arthroscopy, shoulder, surgical; distal claviclectomy 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

**2022 Medicare Utilization:** 28,094

**2024 Work RVU:** 8.98

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 9.84

**Result:** Maintain

**RUC Recommendation:** 8.82

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 60,904 **2024 Work RVU:** 3.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.52 **Result:** Decrease

**RUC Recommendation:** 3.00 **Referred to CPT**  
**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 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2022 Medicare Utilization:** 60,858 **2024 Work RVU:** 15.59 **2024 NF PE RVU:** **2024 Fac PE RVU:** 13.60 **Result:** Maintain

**RUC Recommendation:** 15.59. Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**29828** Arthroscopy, shoulder, surgical; biceps tenodesis **Global:** 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2022 Medicare Utilization:** 19,448 **2024 Work RVU:** 13.16 **2024 NF PE RVU:** **2024 Fac PE RVU:** 11.96 **Result:** Maintain

**RUC Recommendation:** 13.16 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 86

**2024 Work RVU:** 5.88  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.97  
**Result:** PE Only

**RUC Recommendation:** No NF PE inputs **Referred to CPT**  
**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 **2022 Medicare Utilization:** 68

**2024 Work RVU:** 5.68  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 7.04  
**Result:** PE Only

**RUC Recommendation:** No NF PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 339

**2024 Work RVU:** 5.19  
**2024 NF PE RVU:** 10.58  
**2024 Fac PE RVU:** 6.32  
**Result:** PE Only

**RUC Recommendation:** New PE non-facility inputs **Referred to CPT**  
**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 **2022 Medicare Utilization:** 961

**2024 Work RVU:** 14.30  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 12.35  
**Result:** Maintain

**RUC Recommendation:** 14.14 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:**      **2024 Work RVU:** 5.88  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 8.37  
**Result:** PE Only

**RUC Recommendation:** No NF PE inputs      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2X005**      **Global:**      **Issue:** Hand, Wrist & Forearm Repair/Reconstruction      **Screen:** Codes Reported Together 75% or More-Part5      **Complete?** Yes

**Most Recent RUC Meeting:** September 2023      **Tab:** 04      **Specialty Developing Recommendation:** AAOS, ASPS, ASSH      **First Identified:** April 2022      **2022 Medicare Utilization:**      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 13.90      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**30117** Excision or destruction (eg, laser), intranasal lesion; internal approach      **Global:** 090      **Issue:** Posterior Nasal Nerve Ablation      **Screen:** RUC recommendation process, not part of RAW      **Complete?** Yes

**Most Recent RUC Meeting:** January 2023      **Tab:** 07      **Specialty Developing Recommendation:** AAO-HNS      **First Identified:** N/A      **2022 Medicare Utilization:** 19,880      **2024 Work RVU:** 3.91  
**2024 NF PE RVU:** 25.26  
**2024 Fac PE RVU:** 8.03  
**Result:** Not Part of RAW

**RUC Recommendation:** CPT Assistant previously published addressed issue      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Nov 2019

# 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      **2022 Medicare Utilization:** 43,131

**2024 Work RVU:** 3.00  
**2024 NF PE RVU:** 5.48  
**2024 Fac PE RVU:** 1.90  
**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT**  
**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      **2022 Medicare Utilization:** 3,083

**2024 Work RVU:** 12.36  
**2024 NF PE RVU:** 5.48  
**2024 Fac PE RVU:** 16.82  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**  
**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      **2022 Medicare Utilization:** 65,527

**2024 Work RVU:** 1.10  
**2024 NF PE RVU:** 3.41  
**2024 Fac PE RVU:** 0.40  
**Result:** Maintain

**RUC Recommendation:** 1.10

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 35,148

**2024 Work RVU:** 1.54  
**2024 NF PE RVU:** 5.52  
**2024 Fac PE RVU:** 0.50  
**Result:** Maintain

**RUC Recommendation:** 1.54

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 3,814

**2024 Work RVU:** 1.97  
**2024 NF PE RVU:** 8.19  
**2024 Fac PE RVU:** 0.84  
**Result:** Maintain

**RUC Recommendation:** 1.97

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 738

**2024 Work RVU:** 2.45  
**2024 NF PE RVU:** 8.43  
**2024 Fac PE RVU:** 1.11  
**Result:** Maintain

**RUC Recommendation:** 2.45

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 623,935

**2024 Work RVU:** 1.10  
**2024 NF PE RVU:** 4.37  
**2024 Fac PE RVU:** 0.67  
**Result:** Maintain

**RUC Recommendation:** 1.10

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 122,300

**2024 Work RVU:** 2.60  
**2024 NF PE RVU:** 4.76  
**2024 Fac PE RVU:** 1.81  
**Result:** Decrease

**RUC Recommendation:** 2.60

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 24,805

**2024 Work RVU:** 2.74  
**2024 NF PE RVU:** 4.4  
**2024 Fac PE RVU:** 1.87  
**Result:** Decrease

**RUC Recommendation:** 2.74

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,208

**2024 Work RVU:** 9.04  
**2024 NF PE RVU:** 8.13  
**2024 Fac PE RVU:** 8.13  
**Result:** Decrease

**RUC Recommendation:** 9.04

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 4,009

**2024 Work RVU:** 2.61  
**2024 NF PE RVU:** 1.77  
**2024 Fac PE RVU:** 1.77  
**Result:** Maintain

**RUC Recommendation:** 2.61

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

# Status Report: CMS Requests and Relativity Assessment Issues

**31241** Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery      **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      **2022 Medicare Utilization:** 450      **2024 Work RVU:** 8.00  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 4.07  
**RUC Recommendation:** 8.51      **Referred to CPT:** September 2016      **Result:** Decrease  
**Referred to CPT Asst:**       **Published in CPT Asst:**

**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:** 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      **2022 Medicare Utilization:** 6,322      **2024 Work RVU:** 9.00  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 4.57  
**RUC Recommendation:** 9.00      **Referred to CPT:** September 2016      **Result:** Decrease  
**Referred to CPT Asst:**       **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 10,594      **2024 Work RVU:** 4.27  
**2024 NF PE RVU:** 8.25      **2024 Fac PE RVU:** 2.37  
**RUC Recommendation:** 4.27      **Referred to CPT:** September 2016      **Result:** Decrease  
**Referred to CPT Asst:**       **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 7,525 **2024 Work RVU:** 5.75 **2024 NF PE RVU:** **2024 Fac PE RVU:** 3.05 **Result:** Decrease

**RUC Recommendation:** 5.75 **Referred to CPT** September 2016 **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 **2022 Medicare Utilization:** 10,541 **2024 Work RVU:** 3.11 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.82 **Result:** Decrease

**RUC Recommendation:** 3.11 **Referred to CPT** September 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

**31257** Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy **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 **2022 Medicare Utilization:** 4,524 **2024 Work RVU:** 8.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.10 **Result:** Decrease

**RUC Recommendation:** 8.00 **Referred to CPT** September 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**31259** Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus **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

**2022 Medicare Utilization:** 6,853

**2024 Work RVU:** 8.48

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 4.32

**Result:** Decrease

**RUC Recommendation:** 8.48

**Referred to CPT** September 2016

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

**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

**2022 Medicare Utilization:** 22,683

**2024 Work RVU:** 4.68

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.55

**Result:** Decrease

**RUC Recommendation:** 4.68

**Referred to CPT** September 2016

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

**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

**2022 Medicare Utilization:** 11,570

**2024 Work RVU:** 6.75

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 3.53

**Result:** Decrease

**RUC Recommendation:** 6.75

**Referred to CPT** September 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 2,236 2024 Work RVU: 3.50

RUC Recommendation: 3.50 Referred to CPT September 2016 2024 NF PE RVU: 2024 Fac PE RVU: 2.00

Result: Decrease

Referred to CPT Asst  Published in CPT Asst:

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**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 2022 Medicare Utilization: 3,387 2024 Work RVU: 4.10

RUC Recommendation: 4.10 Referred to CPT September 2016 2024 NF PE RVU: 2024 Fac PE RVU: 2.28

Result: Decrease

Referred to CPT Asst  Published in CPT Asst:

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**31295** Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, 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 2022 Medicare Utilization: 21,727 2024 Work RVU: 2.70

RUC Recommendation: 2.70 Referred to CPT 2024 NF PE RVU: 46.2 2024 Fac PE RVU: 1.62

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 (eg, balloon dilation); frontal sinus ostium **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 **2022 Medicare Utilization:** 5,979 **2024 Work RVU:** 3.10 **2024 NF PE RVU:** 46.51 **2024 Fac PE RVU:** 1.81 **Result:** Decrease

**RUC Recommendation:** 3.10 **Referred to CPT** September 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

**31297** Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium **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 **2022 Medicare Utilization:** 1,339 **2024 Work RVU:** 2.44 **2024 NF PE RVU:** 46.06 **2024 Fac PE RVU:** 1.50 **Result:** Decrease

**RUC Recommendation:** 2.44 **Referred to CPT** September 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

**31298** Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 15,200 **2024 Work RVU:** 4.50 **2024 NF PE RVU:** 87.52 **2024 Fac PE RVU:** 2.47 **Result:** Decrease

**RUC Recommendation:** 4.50 **Referred to CPT** September 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**31500** Intubation, endotracheal, emergency procedure **Global:** 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 218,803 **2024 Work RVU:** 3.00

**RUC Recommendation:** 3.00 **Referred to CPT** **2024 NF PE RVU:** 0.74 **2024 Fac PE RVU:** 0.74 **Result:** Increase

**Referred to CPT Asst**  **Published in CPT Asst:** Oct 2016

**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 **2022 Medicare Utilization:** 1 **2024 Work RVU:** 21.50

**RUC Recommendation:** 21.50 **Referred to CPT** October 2015 **2024 NF PE RVU:** 21.78 **2024 Fac PE RVU:** 21.78 **Result:** Decrease

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

**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 **2022 Medicare Utilization:** 24 **2024 Work RVU:** 20.50

**RUC Recommendation:** 20.50 **Referred to CPT** October 2015 **2024 NF PE RVU:** 21.34 **2024 Fac PE RVU:** 21.34 **Result:** Decrease

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:**      **2024 Work RVU:** 22.00

**RUC Recommendation:** 22.00      **Referred to CPT** October 2015      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 25.34

**Referred to CPT Asst**  **Published in CPT Asst:**      **Result:** Decrease

**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      **2022 Medicare Utilization:** 14      **2024 Work RVU:** 22.00

**RUC Recommendation:** 22.00      **Referred to CPT** October 2015      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 25.36

**Referred to CPT Asst**  **Published in CPT Asst:**      **Result:** Decrease

**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      **2022 Medicare Utilization:** 5,189      **2024 Work RVU:** 4.26

**RUC Recommendation:** Reduce 99238 to 0.5      **Referred to CPT**      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 2.53

**Referred to CPT Asst**  **Published in CPT Asst:**      **Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 536,063 2024 Work RVU: 0.94 2024 NF PE RVU: 2.8 2024 Fac PE RVU: 0.98 Result: Decrease

RUC Recommendation: 1.00 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

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**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 2022 Medicare Utilization: 81,659 2024 Work RVU: 1.88 2024 NF PE RVU: 3.82 2024 Fac PE RVU: 1.45 Result: Decrease

RUC Recommendation: 1.94 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

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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 2022 Medicare Utilization: 18 2024 Work RVU: 14.60 2024 NF PE RVU: 2024 Fac PE RVU: 21.90 Result: Decrease

RUC Recommendation: 14.60 Referred to CPT October 2015 Referred to CPT Asst  Published in CPT Asst:

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# Status Report: CMS Requests and Relativity Assessment Issues

**31582** Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 12 **2024 Work RVU:** 17.58 **2024 NF PE RVU:** **2024 Fac PE RVU:** 22.30 **Result:** Decrease

**RUC Recommendation:** 20.00 **Referred to CPT** October 2015 **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 **2022 Medicare Utilization:** 6 **2024 Work RVU:** 15.27 **2024 NF PE RVU:** **2024 Fac PE RVU:** 18.89 **Result:** Decrease

**RUC Recommendation:** 15.27 **Referred to CPT** October 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

**31588** Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy) **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 1,038 2024 Work RVU: 13.56  
2024 NF PE RVU: 2024 Fac PE RVU: 17.63  
Result: Decrease

RUC Recommendation: 15.60 Referred to CPT October 2015  
 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 2022 Medicare Utilization: 32 2024 Work RVU: 25.00  
2024 NF PE RVU: 2024 Fac PE RVU: 23.44  
Result: Decrease

RUC Recommendation: 25.00 Referred to CPT October 2015  
 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 2022 Medicare Utilization: 19,723 2024 Work RVU: 5.56  
2024 NF PE RVU: 2024 Fac PE RVU: 2.43  
Result: Increase

RUC Recommendation: 5.56 Referred to CPT  
 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 2022 Medicare Utilization: 5 2024 Work RVU: 8.00  
2024 NF PE RVU: 2024 Fac PE RVU: 4.23  
Result: Increase

RUC Recommendation: 8.00 Referred to CPT  
 Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 587 2024 Work RVU: 6.00  
2024 NF PE RVU:  
2024 Fac PE RVU: 2.39  
Result: Increase

RUC Recommendation: 6.00 Referred to CPT  
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 2022 Medicare Utilization: 224 2024 Work RVU: 6.45  
2024 NF PE RVU:  
2024 Fac PE RVU: 2.08  
Result: Increase

RUC Recommendation: 6.45 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 1,072 2024 Work RVU: 12.00  
2024 NF PE RVU:  
2024 Fac PE RVU: 14.97  
Result: Increase

RUC Recommendation: 12.00 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 618 2024 Work RVU: 6.00  
2024 NF PE RVU:  
2024 Fac PE RVU: 9.31  
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**31620** Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s]) **Global:** **Issue:** Endobronchial Ultrasound - **Screen:** High Volume Growth2 **Complete?** Yes  
EBUS

**Most Recent** **Tab: 05** **Specialty Developing** ACCP, ATS  
**RUC Meeting:** January 2015 **Recommendation:**

**First**  
**Identified:** April 2013

**2022**  
**Medicare**  
**Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014  
**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** **Tab: 05** **Specialty Developing** ACCP, ATS  
**RUC Meeting:** January 2015 **Recommendation:**

**First**  
**Identified:** April 2013

**2022**  
**Medicare**  
**Utilization:** 34,089

**2024 Work RVU:** 2.53  
**2024 NF PE RVU:** 4.64  
**2024 Fac PE RVU:** 1.06  
**Result:** Maintain

**RUC Recommendation:** 2.78

**Referred to CPT** October 2014  
**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** **Tab: 09** **Specialty Developing** ATS, CHEST  
**RUC Meeting:** October 2017 **Recommendation:**

**First**  
**Identified:** October 2016

**2022**  
**Medicare**  
**Utilization:** 17,295

**2024 Work RVU:** 2.63  
**2024 NF PE RVU:** 5.35  
**2024 Fac PE RVU:** 1.01  
**Result:** Maintain

**RUC Recommendation:** 2.63

**Referred to CPT**  
**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** **Tab: 09** **Specialty Developing** ATS, CHEST  
**RUC Meeting:** October 2017 **Recommendation:**

**First**  
**Identified:** October 2017

**2022**  
**Medicare**  
**Utilization:** 95,863

**2024 Work RVU:** 2.63  
**2024 NF PE RVU:** 4.77  
**2024 Fac PE RVU:** 1.05  
**Result:** Maintain

**RUC Recommendation:** 2.63

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 13,281 **2024 Work RVU:** 3.11 **2024 NF PE RVU:** 7.02 **2024 Fac PE RVU:** 1.17 **RUC Recommendation:** 3.36 **Result:** Maintain

**Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 2,253 **2024 Work RVU:** 3.91 **2024 NF PE RVU:** 19.07 **2024 Fac PE RVU:** 1.41 **RUC Recommendation:** 4.16 **Result:** Maintain

**Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 29,879 **2024 Work RVU:** 3.55 **2024 NF PE RVU:** 7.25 **2024 Fac PE RVU:** 1.29 **RUC Recommendation:** 3.80 **Result:** Maintain

**Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 17,310 **2024 Work RVU:** 3.75 **2024 NF PE RVU:** 9.41 **2024 Fac PE RVU:** 1.36 **RUC Recommendation:** 4.00 **Result:** Decrease

**Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 4,114

**2024 Work RVU:** 1.03  
**2024 NF PE RVU:** 0.81  
**2024 Fac PE RVU:** 0.31  
**Result:** Maintain

**RUC Recommendation:** 1.03

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,283

**2024 Work RVU:** 1.32  
**2024 NF PE RVU:** 0.95  
**2024 Fac PE RVU:** 0.39  
**Result:** Maintain

**RUC Recommendation:** 1.32

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 33,070

**2024 Work RVU:** 2.88  
**2024 NF PE RVU:** 5.04  
**2024 Fac PE RVU:** 1.15  
**Result:** Decrease

**RUC Recommendation:** 2.88

**Referred to CPT** May 2016  
**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 **2022 Medicare Utilization:** 3,888

**2024 Work RVU:** 2.78  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.12  
**Result:** Increase

**RUC Recommendation:** 2.78

**Referred to CPT** May 2016  
**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:** October 2014 **2022 Medicare Utilization:** 23,278

**2024 Work RVU:** 4.46  
**2024 NF PE RVU:** 32.22  
**2024 Fac PE RVU:** 1.57  
**Result:** Decrease

**RUC Recommendation:** 5.00

**Referred to CPT** October 2014  
**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:** October 2014 **2022 Medicare Utilization:** 15,529

**2024 Work RVU:** 4.96  
**2024 NF PE RVU:** 33.07  
**2024 Fac PE RVU:** 1.71  
**Result:** Decrease

**RUC Recommendation:** 5.50

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** October 2014 **2022 Medicare Utilization:** 13,207

**2024 Work RVU:** 1.40  
**2024 NF PE RVU:** 2.07  
**2024 Fac PE RVU:** 0.43  
**Result:** Decrease

**RUC Recommendation:** 1.70

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**32201** Pneumonostomy; with percutaneous drainage of abscess or cyst **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**32405** Biopsy, lung or mediastinum, percutaneous needle **Global:** **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2017 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2019  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**32408** Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed **Global:** 000 **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** April 2019

**2022 Medicare Utilization:** 54,771

**2024 Work RVU:** 3.18  
**2024 NF PE RVU:** 21.68  
**2024 Fac PE RVU:** 0.96  
**Result:** Increase

**RUC Recommendation:** 4.00

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

**32420** Pneumocentesis, puncture of lung for aspiration **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**32421** Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**32422** Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure) **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **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 **2022 Medicare Utilization:** 132 **2024 Work RVU:** 27.28 **2024 NF PE RVU:** **2024 Fac PE RVU:** 12.42 **Result:** Remove from Screen

**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:**

**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 **2022 Medicare Utilization:** 2,488 **2024 Work RVU:** 25.82 **2024 NF PE RVU:** **2024 Fac PE RVU:** 11.65 **Result:** Remove from Screen

**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:**

# 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 **2022 Medicare Utilization:** 153

**RUC Recommendation:** No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT**

**2024 Work RVU:** 27.44  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 12.62  
**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 **2022 Medicare Utilization:** 9

**RUC Recommendation:** Request further information from CMS **Referred to CPT**

**2024 Work RVU:** 25.24  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 12.16  
**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 **2022 Medicare Utilization:** 29,955

**RUC Recommendation:** 3.50 **Referred to CPT** February 2012

**2024 Work RVU:** 3.04  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.02  
**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:** October 2012

**2022 Medicare Utilization:** 9,826

**2024 Work RVU:** 1.82  
**2024 NF PE RVU:** 4.98  
**2024 Fac PE RVU:** 0.58  
**Result:** Decrease

**RUC Recommendation:** 1.82

**Referred to CPT** February 2012  
**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:** October 2012

**2022 Medicare Utilization:** 207,717

**2024 Work RVU:** 2.27  
**2024 NF PE RVU:** 6.86  
**2024 Fac PE RVU:** 0.71  
**Result:** Decrease

**RUC Recommendation:** 2.27

**Referred to CPT** February 2012  
**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:** October 2012

**2022 Medicare Utilization:** 4,383

**2024 Work RVU:** 2.50  
**2024 NF PE RVU:** 19.23  
**2024 Fac PE RVU:** 0.79  
**Result:** Decrease

**RUC Recommendation:** 2.50

**Referred to CPT** February 2012  
**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:** October 2012

**2022 Medicare Utilization:** 33,651

**2024 Work RVU:** 3.12  
**2024 NF PE RVU:** 16.17  
**2024 Fac PE RVU:** 0.94  
**Result:** Decrease

**RUC Recommendation:** 3.62

**Referred to CPT** February 2012  
**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    **2022 Medicare Utilization:** 8,316    **2024 Work RVU:** 24.64  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 10.60  
**Result:** Remove from Screen

**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:**

**33010 Pericardiocentesis; initial**      **Global:**    **Issue:** Pericardiocentesis and Pericardial Drainage    **Screen:** Negative IWPUT    **Complete?** Yes

**Most Recent RUC Meeting:** January 2019    **Tab:** 04    **Specialty Developing Recommendation:**    **First Identified:** September 2018    **2022 Medicare Utilization:**    **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT    **Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**33011 Pericardiocentesis; subsequent**      **Global:**    **Issue:** Pericardiocentesis and Pericardial Drainage    **Screen:** Negative IWPUT    **Complete?** Yes

**Most Recent RUC Meeting:** January 2019    **Tab:** 04    **Specialty Developing Recommendation:**    **First Identified:** September 2018    **2022 Medicare Utilization:**    **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT    **Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**33015 Tube pericardiostomy**      **Global:**    **Issue:** Pericardiocentesis and Pericardial Drainage    **Screen:** Negative IWPUT    **Complete?** Yes

**Most Recent RUC Meeting:** January 2019    **Tab:** 04    **Specialty Developing Recommendation:** ACC    **First Identified:** April 2017    **2022 Medicare Utilization:**    **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT    **Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**33016** Pericardiocentesis, including imaging guidance, when performed **Global:** 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 4,118 **2024 Work RVU:** 4.40  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.50  
**Result:** Increase

**RUC Recommendation:** 5.00 **Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**33017** Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly **Global:** 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 3,497 **2024 Work RVU:** 4.62  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.59  
**Result:** Increase

**RUC Recommendation:** 5.50 **Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**33018** Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly **Global:** 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 5 **2024 Work RVU:** 5.40  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.83  
**Result:** Increase

**RUC Recommendation:** 6.00 **Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**33019** Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance **Global:** 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 242 **2024 Work RVU:** 4.29 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.34 **Result:** Increase

**RUC Recommendation:** 5.00 **Referred to CPT** September 2018 **Referred to CPT Asst**  **Published in CPT Asst:**

**33020** Pericardiectomy for removal of clot or foreign body (primary procedure) **Global:** 090 **Issue:** Pericardiectomy **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS **First Identified:** April 2018 **2022 Medicare Utilization:** 151 **2024 Work RVU:** 14.31 **2024 NF PE RVU:** **2024 Fac PE RVU:** 6.70 **Result:** Decrease

**RUC Recommendation:** 14.31 **Referred to CPT** May 2018 **Referred to CPT Asst**  **Published in CPT Asst:**

**33025** Creation of pericardial window or partial resection for drainage **Global:** 090 **Issue:** Pericardiectomy **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS **First Identified:** April 2017 **2022 Medicare Utilization:** 3,426 **2024 Work RVU:** 13.20 **2024 NF PE RVU:** **2024 Fac PE RVU:** 6.44 **Result:** Decrease

**RUC Recommendation:** 13.20 **Referred to CPT** May 2018 **Referred to CPT Asst**  **Published in CPT Asst:**

**33207** Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular **Global:** 090 **Issue:** 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 **2022 Medicare Utilization:** 9,237 **2024 Work RVU:** 7.80 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.52 **Result:** Maintain

**RUC Recommendation:** 8.05 **Referred to CPT** February 2011 **Referred to CPT Asst**  **Published in CPT Asst:**

# 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 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 **2022 Medicare Utilization:** 89,069

**2024 Work RVU:** 8.52  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.80  
**Result:** Maintain

**RUC Recommendation:** 8.77

**Referred to CPT** February 2011  
**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 Cardioverter - 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 **2022 Medicare Utilization:** 210

**2024 Work RVU:** 5.01  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.39  
**Result:** Decrease

**RUC Recommendation:** 5.26

**Referred to CPT** February 2011  
**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 Cardioverter - 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 **2022 Medicare Utilization:** 879

**2024 Work RVU:** 5.28  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.51  
**Result:** Decrease

**RUC Recommendation:** 5.53

**Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 218      **2024 Work RVU:** 5.55  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 3.76  
**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      **2022 Medicare Utilization:** 2,450      **2024 Work RVU:** 5.25  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 3.57  
**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      **2022 Medicare Utilization:** 31,716      **2024 Work RVU:** 5.52  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 3.69  
**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 Cardioverter - 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      **2022 Medicare Utilization:** 6,071

**2024 Work RVU:** 5.79  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.90  
**Result:** Decrease

**RUC Recommendation:** 6.04

**Referred to CPT** February 2011  
**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 Cardioverter - 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      **2022 Medicare Utilization:** 66

**2024 Work RVU:** 6.07  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.58  
**Result:** Decrease

**RUC Recommendation:** 6.32

**Referred to CPT** February 2011  
**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 Cardioverter - 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      **2022 Medicare Utilization:** 105

**2024 Work RVU:** 6.34  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.07  
**Result:** Decrease

**RUC Recommendation:** 6.59

**Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 7,278 **2024 Work RVU:** 3.14

**RUC Recommendation:** 3.39 **Referred to CPT** February 2011 **2024 NF PE RVU:** 3.06

**Referred to CPT Asst**  **Published in CPT Asst:** **2024 Fac PE RVU:** 3.06

**Result:** Maintain

**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 **2022 Medicare Utilization:** 87 **2024 Work RVU:** 5.80

**RUC Recommendation:** 6.06 **Referred to CPT** February 2011 **2024 NF PE RVU:** 3.75

**Referred to CPT Asst**  **Published in CPT Asst:** **2024 Fac PE RVU:** 3.75

**Result:** Decrease

**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 **2022 Medicare Utilization:** 4,615 **2024 Work RVU:** 3.04

**RUC Recommendation:** 3.29 **Referred to CPT** February 2011 **2024 NF PE RVU:** 2.63

**Referred to CPT Asst**  **Published in CPT Asst:** **2024 Fac PE RVU:** 2.63

**Result:** Maintain

# 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 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      **2022 Medicare Utilization:** 30,061

**2024 Work RVU:** 14.92  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.53  
**Result:** Maintain

**RUC Recommendation:** 15.17

**Referred to CPT** February 2011  
**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 Cardioverter - 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      **2022 Medicare Utilization:** 2,428

**2024 Work RVU:** 5.81  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.86  
**Result:** Decrease

**RUC Recommendation:** 6.06

**Referred to CPT** February 2011  
**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 Cardioverter - 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      **2022 Medicare Utilization:** 5,122

**2024 Work RVU:** 6.08  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.95  
**Result:** Decrease

**RUC Recommendation:** 6.33

**Referred to CPT** February 2011  
**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 Cardioverter - 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

**2022 Medicare Utilization:** 12,489

**2024 Work RVU:** 6.35  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.10  
**Result:** Decrease

**RUC Recommendation:** 6.60

**Referred to CPT** February 2011

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

**33274** Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed **Global:** 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** April 2023

**2022 Medicare Utilization:** 12,586

**2024 Work RVU:** 7.80  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.51  
**Result:**

**RUC Recommendation:** Maintain and Review in 3 years (Sept 2026).

**Referred to CPT**

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

**33275** Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed **Global:** 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** September 2023

**2022 Medicare Utilization:** 42

**2024 Work RVU:** 8.59  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.30  
**Result:**

**RUC Recommendation:** Maintain and Review in 3 years (Sept 2026).

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**33276** Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed **Global:** 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

**Most Recent RUC Meeting:** January 2023

**Tab:** 06 **Specialty Developing Recommendation:**

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 9.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 5.39  
**Result:**

**RUC Recommendation:** Review action Plan

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

**33277** Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

**Most Recent RUC Meeting:** January 2023

**Tab:** 06 **Specialty Developing Recommendation:**

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 5.43  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.24  
**Result:**

**RUC Recommendation:** Review action Plan

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

**33278** Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s) **Global:** 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

**Most Recent RUC Meeting:** January 2023

**Tab:** 06 **Specialty Developing Recommendation:**

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 9.55  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 5.21  
**Result:**

**RUC Recommendation:** Review action Plan

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

# Status Report: CMS Requests and Relativity Assessment Issues

**33279** Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only      **Global:** 090      **Issue:** Phrenic Nerve Stimulation System      **Screen:** Low Survey Response      **Complete?** No

**Most Recent RUC Meeting:** January 2023      **Tab:** 06      **Specialty Developing Recommendation:**

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 5.42  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.59  
**Result:**

**RUC Recommendation:** Review action Plan

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

**33280** Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only      **Global:** 090      **Issue:** Phrenic Nerve Stimulation System      **Screen:** Low Survey Response      **Complete?** No

**Most Recent RUC Meeting:** January 2023      **Tab:** 06      **Specialty Developing Recommendation:**

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 3.04  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.82  
**Result:**

**RUC Recommendation:** Review action Plan

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

**33281** Repositioning of phrenic nerve stimulator transvenous lead(s)      **Global:** 090      **Issue:** Phrenic Nerve Stimulation System      **Screen:** Low Survey Response      **Complete?** No

**Most Recent RUC Meeting:** January 2023      **Tab:** 06      **Specialty Developing Recommendation:**

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 6.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.71  
**Result:**

**RUC Recommendation:** Review action Plan

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

# Status Report: CMS Requests and Relativity Assessment Issues

**33282** Implantation of patient-activated cardiac event recorder **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** 3.50 **Referred to CPT** February 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

**33284** Removal of an implantable, patient-activated cardiac event recorder **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** 3.00 **Referred to CPT** February 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

**33287** Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator **Global:** 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

**Most Recent RUC Meeting:** January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:** **2024 Work RVU:** 6.05 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.00 **Result:**

**RUC Recommendation:** Review action Plan **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**33288** Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) **Global:** 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

**Most Recent RUC Meeting:** January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 8.51  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.61  
**Result:**

**RUC Recommendation:** Review action Plan

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

**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

**2022 Medicare Utilization:** 11,794

**2024 Work RVU:** 41.32  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 15.52  
**Result:** Maintain

**RUC Recommendation:** 41.32

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 6,190

**2024 Work RVU:** 50.93  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 19.24  
**Result:** Maintain

**RUC Recommendation:** 50.93

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 44,477 **2024 Work RVU:** 33.75 **2024 NF PE RVU:** **2024 Fac PE RVU:** 13.24 **Result:** Increase

**RUC Recommendation:** 34.98 **Referred to CPT**  
**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 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2022 Medicare Utilization:** 64 **2024 Work RVU:** 30.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 11.11 **Result:** Maintain

**RUC Recommendation:** CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified. **Referred to CPT**  
**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 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2022 Medicare Utilization:** **2024 Work RVU:** 16.18 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.31 **Result:** Maintain

**RUC Recommendation:** CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified. **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** July 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2022 Medicare Utilization:** 2 **2024 Work RVU:** 64.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 20.85 **Result:** Maintain

**RUC Recommendation:** CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified. **Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** July 2016

**33741** Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade) **Global:** 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2022 Medicare Utilization:** 72 **2024 Work RVU:** 14.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.76 **Result:** Maintain

**RUC Recommendation:** 14.00 **Referred to CPT** September 2019 **Referred to CPT Asst**  **Published in CPT Asst:**

**33745** Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt **Global:** 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2022 Medicare Utilization:** 8 **2024 Work RVU:** 20.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 6.81 **Result:** Maintain

**RUC Recommendation:** 20.00 **Referred to CPT** September 2019 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**33746** Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 13 **Specialty Developing Recommendation:**

**First Identified:** September 2019

**2022 Medicare Utilization:**

**2024 Work RVU:** 8.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.72

**Result:** Maintain

**RUC Recommendation:** 10.50

**Referred to CPT** September 2019

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

**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

**2022 Medicare Utilization:** 1,873

**2024 Work RVU:** 58.79

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 19.32

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**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:** November 2014

**2022 Medicare Utilization:** 702

**2024 Work RVU:** 89.50

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 31.71

**Result:** Maintain

**RUC Recommendation:** 16.00

**Referred to CPT** February 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** November 2014 **2022 Medicare Utilization:** 418 **2024 Work RVU:** 6.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.78 **Result:** Maintain

**RUC Recommendation:** 6.00 **Referred to CPT** February 2014 **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 **2022 Medicare Utilization:** 1,309 **2024 Work RVU:** 6.63 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.97 **Result:** Maintain

**RUC Recommendation:** 6.63 **Referred to CPT** February 2014 **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 **2022 Medicare Utilization:** 4,715 **2024 Work RVU:** 4.73 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.44 **Result:** Maintain

**RUC Recommendation:** 4.73 **Referred to CPT** February 2014 **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 **2022 Medicare Utilization:** 5,755 **2024 Work RVU:** 4.60 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.40 **Result:** Maintain

**RUC Recommendation:** 4.60 **Referred to CPT** February 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** **2024 Work RVU:** 8.15 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.29 **Result:** Maintain

**RUC Recommendation:** 8.15 **Referred to CPT:** February 2014 **Referred to CPT Asst:**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 1,293 **2024 Work RVU:** 8.15 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.51 **Result:** Maintain

**RUC Recommendation:** 8.43 **Referred to CPT:** February 2014 **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 **2022 Medicare Utilization:** **2024 Work RVU:** 9.11 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.54 **Result:** Maintain

**RUC Recommendation:** 9.83 **Referred to CPT:** February 2014 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** November 2014

**2022 Medicare Utilization:** 240

**2024 Work RVU:** 9.11  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.64  
**Result:** Maintain

**RUC Recommendation:** 9.43

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** November 2014

**2022 Medicare Utilization:** 381

**2024 Work RVU:** 16.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.59  
**Result:** Maintain

**RUC Recommendation:** 16.00

**Referred to CPT** February 2014  
**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:** November 2014

**2022 Medicare Utilization:**

**2024 Work RVU:** 3.51  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.05  
**Result:** Maintain

**RUC Recommendation:** 4.00

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** November 2014 **2022 Medicare Utilization:** 63

**2024 Work RVU:** 3.51  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.05  
**Result:** Maintain

**RUC Recommendation:** 4.05 **Referred to CPT:** February 2014 **Referred to CPT Asst:**  **Published in CPT Asst:**

**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:** November 2014 **2022 Medicare Utilization:**

**2024 Work RVU:** 4.47  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.31  
**Result:** Maintain

**RUC Recommendation:** 4.69 **Referred to CPT:** February 2014 **Referred to CPT Asst:**  **Published in CPT Asst:**

**33960** Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** February 2014 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**33961** Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**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:** November 2014

**2022 Medicare Utilization:** 18

**2024 Work RVU:** 4.47

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.31

**Result:** Maintain

**RUC Recommendation:** 4.73

**Referred to CPT** February 2014

**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:** November 2014

**2022 Medicare Utilization:**

**2024 Work RVU:** 9.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.51

**Result:** Maintain

**RUC Recommendation:** 9.00

**Referred to CPT** February 2014

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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:** November 2014 **2022 Medicare Utilization:** 17

**2024 Work RVU:** 9.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.65  
**Result:** Maintain

**RUC Recommendation:** 9.50 **Referred to CPT** February 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**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:** November 2014 **2022 Medicare Utilization:**

**2024 Work RVU:** 3.51  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.05  
**Result:** Maintain

**RUC Recommendation:** 3.51 **Referred to CPT** February 2014 **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:** November 2014 **2022 Medicare Utilization:** 422

**2024 Work RVU:** 4.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.40  
**Result:** Maintain

**RUC Recommendation:** 4.50 **Referred to CPT** February 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** November 2014

**2022 Medicare Utilization:** 1

**2024 Work RVU:** 5.22  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.50  
**Result:** Maintain

**RUC Recommendation:** 6.00

**Referred to CPT** February 2014  
**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:** November 2014

**2022 Medicare Utilization:** 423

**2024 Work RVU:** 5.46  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.53  
**Result:** Maintain

**RUC Recommendation:** 6.38

**Referred to CPT** February 2014  
**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:** November 2014

**2022 Medicare Utilization:**

**2024 Work RVU:** 9.89  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.75  
**Result:** Maintain

**RUC Recommendation:** 9.89

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** November 2014

**2022 Medicare Utilization:** 200

**2024 Work RVU:** 10.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.92

**Result:** Maintain

**RUC Recommendation:** 10.00

**Referred to CPT** February 2014

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

**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:** November 2014

**2022 Medicare Utilization:** 38

**2024 Work RVU:** 4.04

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.08

**Result:** Maintain

**RUC Recommendation:** 4.08

**Referred to CPT** February 2014

**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:** November 2014

**2022 Medicare Utilization:** 23

**2024 Work RVU:** 15.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 4.11

**Result:** Maintain

**RUC Recommendation:** 15.00

**Referred to CPT** February 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>33989</b>	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
<b>Most Recent RUC Meeting:</b> April 2014	Tab: 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2013	<b>2022 Medicare Utilization:</b> 6	<b>2024 Work RVU:</b> 9.50 <b>2024 NF PE RVU:</b> <b>2024 Fac PE RVU:</b> 2.65 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 9.50			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>34701</b>	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: 090	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
<b>Most Recent RUC Meeting:</b> January 2017	Tab: 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2022 Medicare Utilization:</b> 597	<b>2024 Work RVU:</b> 23.71 <b>2024 NF PE RVU:</b> <b>2024 Fac PE RVU:</b> 6.68 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 23.71			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>34702</b>	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: 090	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
<b>Most Recent RUC Meeting:</b> January 2017	Tab: 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2022 Medicare Utilization:</b> 79	<b>2024 Work RVU:</b> 36.00 <b>2024 NF PE RVU:</b> <b>2024 Fac PE RVU:</b> 9.08 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 36.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 585 **2024 Work RVU:** 26.52 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.16 **Result:** Decrease

**RUC Recommendation:** 26.52 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 89 **2024 Work RVU:** 45.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 10.97 **Result:** Decrease

**RUC Recommendation:** 45.00 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 9,807 **2024 Work RVU:** 29.58 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.85 **Result:** Decrease

**RUC Recommendation:** 29.58 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 571 **2024 Work RVU:** 45.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 10.51 **Result:** Decrease

**RUC Recommendation:** 45.00 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# 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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 363 **2024 Work RVU:** 22.28 **2024 NF PE RVU:** **2024 Fac PE RVU:** 6.23 **Result:** Decrease

**RUC Recommendation:** 22.28 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 77 **2024 Work RVU:** 36.50 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.56 **Result:** Decrease

**RUC Recommendation:** 36.50 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# 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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 2,121 **2024 Work RVU:** 6.50 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.32 **Result:** Decrease

**RUC Recommendation:** 6.50 **Referred to CPT**  
**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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 941 **2024 Work RVU:** 15.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.67 **Result:** Decrease

**RUC Recommendation:** 15.00 **Referred to CPT**  
**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:** 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, ACS    **First Identified:** January 2017    **2022 Medicare Utilization:** 254    **2024 Work RVU:** 6.00    **2024 NF PE RVU:**    **2024 Fac PE RVU:** 1.11    **Result:** Decrease

**RUC Recommendation:** 6.00    **Referred to CPT**  
**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:** 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, ACS    **First Identified:** January 2017    **2022 Medicare Utilization:** 635    **2024 Work RVU:** 12.00    **2024 NF PE RVU:**    **2024 Fac PE RVU:** 4.34    **Result:** Decrease

**RUC Recommendation:** 12.00    **Referred to CPT**  
**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:** 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, ACS    **First Identified:** January 2017    **2022 Medicare Utilization:** 15,069    **2024 Work RVU:** 2.50    **2024 NF PE RVU:**    **2024 Fac PE RVU:** 0.49    **Result:** Decrease

**RUC Recommendation:** 2.50    **Referred to CPT**  
**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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 412 **2024 Work RVU:** 5.25 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.35 **Result:** Decrease

**RUC Recommendation:** 5.25 **Referred to CPT**  
**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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 178 **2024 Work RVU:** 6.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.22 **Result:** Decrease

**RUC Recommendation:** 6.00 **Referred to CPT**  
**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:** 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, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 1,381 **2024 Work RVU:** 7.19 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.96 **Result:** Decrease

**RUC Recommendation:** 7.19 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**34800** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis      **Global:**      **Issue:** Endovascular Repair Procedures (EVAR)      **Screen:** Codes Reported Together 75%or More-Part3      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      AAOHNS  
**RUC Meeting:** January 2017      **Recommendation:**

**First**      **2022**  
**Identified:** October 2015      **Medicare**  
**Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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

**34802** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)      **Global:**      **Issue:** Endovascular Repair Procedures (EVAR)      **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      SVS, SIR, STS,  
**RUC Meeting:** January 2017      **Recommendation:**      AATS

**First**      **2022**  
**Identified:** January 2014      **Medicare**  
**Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

**34803** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)      **Global:**      **Issue:** Endovascular Repair Procedures (EVAR)      **Screen:** Codes Reported Together 75%or More-Part3      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      SVS, SIR, STS,  
**RUC Meeting:** January 2017      **Recommendation:**      AATS

**First**      **2022**  
**Identified:** October 2015      **Medicare**  
**Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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

# Status Report: CMS Requests and Relativity Assessment Issues

**34804** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis      **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

**First Identified:** October 2015

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**34805** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis      **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

**First Identified:** January 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**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:**      **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

# 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:** ZZZ **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 **2022 Medicare Utilization:** 4,768 **2024 Work RVU:** 4.13 **2024 NF PE RVU:** **2024 Fac PE RVU:** 0.85 **Result:** Decrease

**RUC Recommendation:** 4.13 **Referred to CPT** September 2016 **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:** 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 **2022 Medicare Utilization:** 40 **2024 Work RVU:** 7.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.09 **Result:** Decrease

**RUC Recommendation:** 7.00 **Referred to CPT** **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to 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:** 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

**2022 Medicare Utilization:** 16

**2024 Work RVU:** 8.16

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.27

**Result:** Decrease

**RUC Recommendation:** 8.16

**Referred to CPT**

**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:** 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

**2022 Medicare Utilization:** 341

**2024 Work RVU:** 2.65

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 0.46

**Result:** Decrease

**RUC Recommendation:** 2.65

**Referred to CPT**

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to 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

**2022 Medicare Utilization:** 23,542

**2024 Work RVU:** 21.16

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 6.59

**Result:** Increase

**RUC Recommendation:** 21.16

**Referred to CPT**

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

**35450** Transluminal balloon angioplasty, open; renal or other visceral artery

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**35452** Transluminal balloon angioplasty, open; aortic **Global:** **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 **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**35454** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**35456** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT



# Status Report: CMS Requests and Relativity Assessment Issues

**35458** Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**35459 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35460 Transluminal balloon angioplasty, open; venous**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**35470 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**35472 Transluminal balloon angioplasty, percutaneous; aortic**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** Removed from CPT referral  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**35473 Deleted from CPT**

**Global:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35474 Deleted from CPT**

**Global:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

**Global:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**35476** Transluminal balloon angioplasty, percutaneous; venous

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**35490** Deleted from CPT

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35491** Deleted from CPT

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**35492 Deleted from CPT**

**Global:**

**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

**2022  
Medicare  
Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35493 Deleted from CPT**

**Global:**

**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

**2022  
Medicare  
Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35494 Deleted from CPT**

**Global:**

**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

**2022  
Medicare  
Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35495 Deleted from CPT**

**Global:**

**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

**2022  
Medicare  
Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**35701** Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian) **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2022 Medicare Utilization:** 664

**RUC Recommendation:** 7.50 **Referred to CPT:** September 2018 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 7.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.22  
**Result:** Decrease

**35702** Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar) **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 354

**RUC Recommendation:** 7.12 **Referred to CPT:** September 2018 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 7.12  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.31  
**Result:** Decrease

**35703** Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal) **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 531

**RUC Recommendation:** 7.50 **Referred to CPT:** September 2018 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 7.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.95  
**Result:** Decrease

**35721** Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery **Global:** **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** September 2018 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**35741** Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery      **Global:**      **Issue:** Exploration of Artery      **Screen:** Negative IWPUT      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019      **Tab:** 06      **Specialty Developing Recommendation:** ACS, SVS      **First Identified:** January 2018      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** September 2018      **Referred to CPT Asst**  **Published in CPT Asst:**

**35761** Exploration (not followed by surgical repair), with or without lysis of artery; other vessels      **Global:**      **Issue:** Exploration of Artery      **Screen:** Negative IWPUT      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019      **Tab:** 06      **Specialty Developing Recommendation:** ACS, SVS      **First Identified:** April 2017      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** September 2018      **Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:**      **2024 Work RVU:** 0.18      **2024 NF PE RVU:** 0.73      **2024 Fac PE RVU:** 0.07      **Result:** Maintain

**RUC Recommendation:** CMS consider a bundled status for this code      **Referred to CPT**      **Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 11,484      **2024 Work RVU:** 2.18      **2024 NF PE RVU:** 13.32      **2024 Fac PE RVU:** 0.59      **Result:** Remove from Screen

**RUC Recommendation:** Remove from re-review.      **Referred to CPT** February 2011      **Referred to CPT Asst**  **Published in CPT Asst:**

# 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 **2022 Medicare Utilization:** 15,613 **2024 Work RVU:** 1.76 **2024 NF PE RVU:** 12.97 **2024 Fac PE RVU:** 0.48 **Result:** Remove from Screen

**RUC Recommendation:** Remove from re-review **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**36145** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**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:** 000 **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

**2022 Medicare Utilization:** 29,794

**2024 Work RVU:** 4.17

**2024 NF PE RVU:** 25.76

**2024 Fac PE RVU:** 1.44

**Result:** Decrease

**RUC Recommendation:** 4.17

**Referred to CPT**

**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:** 000 **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

**2022 Medicare Utilization:** 3,179

**2024 Work RVU:** 5.27

**2024 NF PE RVU:** 25.1

**2024 Fac PE RVU:** 1.61

**Result:** Maintain

**RUC Recommendation:** 5.27

**Referred to CPT**

**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:** 000 **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

**2022 Medicare Utilization:** 3,484

**2024 Work RVU:** 6.29  
**2024 NF PE RVU:** 45.72  
**2024 Fac PE RVU:** 2.03  
**Result:** Maintain

**RUC Recommendation:** 6.29

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,782

**2024 Work RVU:** 1.01  
**2024 NF PE RVU:** 5  
**2024 Fac PE RVU:** 0.32  
**Result:** Maintain

**RUC Recommendation:** 1.01

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,228

**2024 Work RVU:** 3.92  
**2024 NF PE RVU:** 24.32  
**2024 Fac PE RVU:** 1.05  
**Result:** Decrease

**RUC Recommendation:** 4.51

**Referred to CPT** February 2012  
**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 **2022 Medicare Utilization:** 5,149 **2024 Work RVU:** 5.28 **2024 NF PE RVU:** 29.94 **2024 Fac PE RVU:** 1.84 **Result:** Decrease

**RUC Recommendation:** 6.00 **Referred to CPT** February 2012 **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 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 25,259 **2024 Work RVU:** 5.75 **2024 NF PE RVU:** 42.25 **2024 Fac PE RVU:** 2.34 **Result:** Decrease

**RUC Recommendation:** 6.50 **Referred to CPT** February 2012 **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 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 33,266 **2024 Work RVU:** 6.25 **2024 NF PE RVU:** 53.13 **2024 Fac PE RVU:** 2.77 **Result:** Decrease

**RUC Recommendation:** 7.55 **Referred to CPT** February 2012 **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 **2022 Medicare Utilization:** 9,323 **2024 Work RVU:** 5.75 **2024 NF PE RVU:** 39.76 **2024 Fac PE RVU:** 2.27 **Result:** Decrease

**RUC Recommendation:** 6.50 **Referred to CPT** February 2012 **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 **2022 Medicare Utilization:** 28,071 **2024 Work RVU:** 6.25 **2024 NF PE RVU:** 51.59 **2024 Fac PE RVU:** 2.73 **Result:** Decrease

**RUC Recommendation:** 7.55 **Referred to CPT** February 2012 **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 **2022 Medicare Utilization:** 15,940 **2024 Work RVU:** 2.09 **2024 NF PE RVU:** 4.56 **2024 Fac PE RVU:** 0.86 **Result:** Decrease

**RUC Recommendation:** 2.32 **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 1,884 **2024 Work RVU:** 4.25 **2024 NF PE RVU:** 32.91 **2024 Fac PE RVU:** 1.77 **Result:** Decrease

**RUC Recommendation:** 4.25 **Referred to CPT** February 2012 **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 **2022 Medicare Utilization:** 30,297 **2024 Work RVU:** 4.65 **2024 NF PE RVU:** 31.02 **2024 Fac PE RVU:** 1.40 **Result:** Decrease

**RUC Recommendation:** 4.90 **Referred to CPT** February 2010 and February 2011 **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 **2022 Medicare Utilization:** 26,912 **2024 Work RVU:** 5.02 **2024 NF PE RVU:** 18.52 **2024 Fac PE RVU:** 1.32 **Result:** Maintain

**RUC Recommendation:** 5.27 **Referred to CPT** **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

**2022 Medicare Utilization:** 60,850

**2024 Work RVU:** 6.04  
**2024 NF PE RVU:** 34.69  
**2024 Fac PE RVU:** 1.62  
**Result:** Increase

**RUC Recommendation:** 7.00

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 29,154

**2024 Work RVU:** 1.01  
**2024 NF PE RVU:** 2.3  
**2024 Fac PE RVU:** 0.27  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT** February 2010  
**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:** February 2011

**2022 Medicare Utilization:** 2,594

**2024 Work RVU:** 5.10  
**2024 NF PE RVU:** 31.81  
**2024 Fac PE RVU:** 1.44  
**Result:** Decrease

**RUC Recommendation:** 5.45

**Referred to CPT**  
**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:** February 2011

**2022 Medicare Utilization:** 4,570

**2024 Work RVU:** 6.74

**2024 NF PE RVU:** 32.81

**2024 Fac PE RVU:** 2.20

**Result:** Decrease

**RUC Recommendation:** 7.38

**Referred to CPT**

**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:** February 2011

**2022 Medicare Utilization:** 1,700

**2024 Work RVU:** 7.30

**2024 NF PE RVU:** 50.84

**2024 Fac PE RVU:** 2.11

**Result:** Decrease

**RUC Recommendation:** 7.55

**Referred to CPT**

**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:** February 2011

**2022 Medicare Utilization:** 204

**2024 Work RVU:** 7.90

**2024 NF PE RVU:** 48.56

**2024 Fac PE RVU:** 2.54

**Result:** Decrease

**RUC Recommendation:** 8.15

**Referred to CPT**

**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:** Venipuncture **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

**2022 Medicare Utilization:** 134,762

**2024 Work RVU:** 0.18  
**2024 NF PE RVU:** 0.33  
**2024 Fac PE RVU:** 0.07  
**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 83,381

**2024 Work RVU:** 5.30  
**2024 NF PE RVU:** 25.26  
**2024 Fac PE RVU:** 1.70  
**Result:** Decrease

**RUC Recommendation:** 5.30

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 5,091

**2024 Work RVU:** 2.65  
**2024 NF PE RVU:** 5.14  
**2024 Fac PE RVU:** 0.69  
**Result:** Decrease

**RUC Recommendation:** 2.65

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 32,008

**2024 Work RVU:** 5.30  
**2024 NF PE RVU:** 22.57  
**2024 Fac PE RVU:** 1.76  
**Result:** Decrease

**RUC Recommendation:** 5.30

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 3,645

**2024 Work RVU:** 2.65  
**2024 NF PE RVU:** 5.78  
**2024 Fac PE RVU:** 0.78  
**Result:** Decrease

**RUC Recommendation:** 2.65

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 637

**2024 Work RVU:** 6.73  
**2024 NF PE RVU:** 43.29  
**2024 Fac PE RVU:** 2.00  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**  
**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    **2022 Medicare Utilization:** 333    **2024 Work RVU:** 2.00  
**2024 NF PE RVU:**    **2024 Fac PE RVU:** 1.15  
**Result:** Increase

**RUC Recommendation:** 2.00. Refer to CPT Assistant.    **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:** May 2018

**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    **2022 Medicare Utilization:** 2,732    **2024 Work RVU:** 2.00  
**2024 NF PE RVU:**    **2024 Fac PE RVU:** 1.00  
**Result:** Increase

**RUC Recommendation:** 2.00. Refer to CPT Assistant.    **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:** May 2018

**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    **2022 Medicare Utilization:** 208    **2024 Work RVU:** 2.00  
**2024 NF PE RVU:**    **2024 Fac PE RVU:** 0.94  
**Result:** Increase

**RUC Recommendation:** 2.00. Refer to CPT Assistant.    **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:** May 2018

# Status Report: CMS Requests and Relativity Assessment Issues

**36514** Therapeutic apheresis; for plasma pheresis **Global:** 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2022 Medicare Utilization:** 21,488 **2024 Work RVU:** 1.81  
**2024 NF PE RVU:** 17.98  
**2024 Fac PE RVU:** 0.79  
**Result:** Increase

**RUC Recommendation:** PE Only. 1.81. CPT Assistant article published. **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:** May 2018

**36515** Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:** May 2018

**36516** Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion **Global:** 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** October 2008 **2022 Medicare Utilization:** 1,105 **2024 Work RVU:** 1.56  
**2024 NF PE RVU:** 51.39  
**2024 Fac PE RVU:** 0.67  
**Result:** Increase

**RUC Recommendation:** PE Only. 1.56. CPT Assistant article published. **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:** Sep 2009

# Status Report: CMS Requests and Relativity Assessment Issues

**36522** Photopheresis, extracorporeal **Global:** 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2022 Medicare Utilization:** 6,661 **2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 38.04  
**2024 Fac PE RVU:** 0.95  
**Result:** Increase

**RUC Recommendation:** PE Only. 1.75. CPT Assistant article published. **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:** May 2018

**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 **2022 Medicare Utilization:** 24 **2024 Work RVU:** 1.93  
**2024 NF PE RVU:** 3.51  
**2024 Fac PE RVU:** 0.39  
**Result:** Decrease

**RUC Recommendation:** 1.93 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 340,702 **2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 4.37  
**2024 Fac PE RVU:** 0.51  
**Result:** Decrease

**RUC Recommendation:** 1.75 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**36557** Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age      **Global:** 010      **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter      **Screen:** Site of Service Anomaly - 2023      **Complete?** No

**Most Recent RUC Meeting:** January 2024      **Tab:** 12      **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS

**First Identified:** April 2023

**2022 Medicare Utilization:** 38

**2024 Work RVU:** 4.89  
**2024 NF PE RVU:** 28  
**2024 Fac PE RVU:** 3.46  
**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

**36558** Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older      **Global:** 010      **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter      **Screen:** Site of Service Anomaly - 2023      **Complete?** No

**Most Recent RUC Meeting:** January 2024      **Tab:** 12      **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS

**First Identified:** April 2023

**2022 Medicare Utilization:** 99,678

**2024 Work RVU:** 4.59  
**2024 NF PE RVU:** 19.07  
**2024 Fac PE RVU:** 2.40  
**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

**36560** Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age      **Global:** 010      **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter      **Screen:** Site of Service Anomaly - 2023      **Complete?** No

**Most Recent RUC Meeting:** January 2024      **Tab:** 12      **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS

**First Identified:** April 2023

**2022 Medicare Utilization:** 13

**2024 Work RVU:** 6.04  
**2024 NF PE RVU:** 28.84  
**2024 Fac PE RVU:** 3.88  
**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**36561** Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older      **Global:** 010      **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter      **Screen:** Site of Service Anomaly - 2023      **Complete?** No

**Most Recent RUC Meeting:** January 2024      **Tab:** 12      **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS      **First Identified:** April 2023      **2022 Medicare Utilization:** 113,563      **2024 Work RVU:** 5.79      **2024 NF PE RVU:** 21.99      **2024 Fac PE RVU:** 3.06      **Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT:** May 2024      **Referred to CPT Asst:**       **Published in CPT Asst:**

**36563** Insertion of tunneled centrally inserted central venous access device with subcutaneous pump      **Global:** 010      **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter      **Screen:** Site of Service Anomaly - 2023      **Complete?** No

**Most Recent RUC Meeting:** January 2024      **Tab:** 12      **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS      **First Identified:** April 2023      **2022 Medicare Utilization:** 202      **2024 Work RVU:** 5.99      **2024 NF PE RVU:** 25.09      **2024 Fac PE RVU:** 3.50      **Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT:** May 2024      **Referred to CPT Asst:**       **Published in CPT Asst:**

**36565** Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)      **Global:** 010      **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter      **Screen:** Site of Service Anomaly - 2023      **Complete?** No

**Most Recent RUC Meeting:** January 2024      **Tab:** 12      **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS      **First Identified:** April 2023      **2022 Medicare Utilization:** 660      **2024 Work RVU:** 5.79      **2024 NF PE RVU:** 17.45      **2024 Fac PE RVU:** 2.94      **Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT:** May 2024      **Referred to CPT Asst:**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**36566** Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s) **Global:** 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

**Most Recent RUC Meeting:** January 2024 **Tab:** 12 **Specialty Developing Recommendation:** OEIS, SIR, SVS

**First Identified:** April 2023

**2022 Medicare Utilization:** 297

**2024 Work RVU:** 6.29  
**2024 NF PE RVU:** 116.57  
**2024 Fac PE RVU:** 3.14  
**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2024

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

**36568** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age **Global:** 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2016

**2022 Medicare Utilization:**

**2024 Work RVU:** 2.11  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.34  
**Result:** Decrease

**RUC Recommendation:** 2.11

**Referred to CPT** September 2017

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

**36569** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older **Global:** 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** July 2015

**2022 Medicare Utilization:** 9,219

**2024 Work RVU:** 1.90  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.60  
**Result:** Decrease

**RUC Recommendation:** 1.90.

**Referred to CPT** September 2017

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

# Status Report: CMS Requests and Relativity Assessment Issues

**36572** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age **Global:** 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** September 2017 **2022 Medicare Utilization:** 17

**2024 Work RVU:** 1.82  
**2024 NF PE RVU:** 8.97  
**2024 Fac PE RVU:** 0.33  
**Result:** Decrease

**RUC Recommendation:** 2.00

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

**36573** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older **Global:** 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** September 2017 **2022 Medicare Utilization:** 58,842

**2024 Work RVU:** 1.70  
**2024 NF PE RVU:** 9.39  
**2024 Fac PE RVU:** 0.57  
**Result:** Decrease

**RUC Recommendation:** 1.90

**Referred to CPT**  
**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, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement **Global:** 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2016 **2022 Medicare Utilization:** 2,717

**2024 Work RVU:** 1.20  
**2024 NF PE RVU:** 8.25  
**2024 Fac PE RVU:** 0.39  
**Result:** Decrease

**RUC Recommendation:** 1.47

**Referred to CPT** September 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 / Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA

**First Identified:** July 2015

**2022 Medicare Utilization:** 515,373

**2024 Work RVU:** 1.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 0.21

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 2,970

**2024 Work RVU:** 12.39

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 4.82

**Result:** Increase

**RUC Recommendation:** 13.00

**Referred to CPT**

**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

**2022 Medicare Utilization:** 4,319

**2024 Work RVU:** 13.29

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 4.85

**Result:** Increase

**RUC Recommendation:** 15.00

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 888 **2024 Work RVU:** 13.07  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 5.04  
**Result:** Decrease

**RUC Recommendation:** 13.99 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 21,155 **2024 Work RVU:** 11.90  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.56  
**Result:** Decrease

**RUC Recommendation:** 11.90 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**36822** Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure) **Global:** **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:** February 2011 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1,140

**2024 Work RVU:** 14.17

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 5.62

**Result:** Increase

**RUC Recommendation:** 15.93

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 12,221

**2024 Work RVU:** 12.03

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 4.58

**Result:** Decrease

**RUC Recommendation:** 11.90

**Referred to CPT**

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

**36834** Deleted from CPT **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

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**36870** Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis) **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

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**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 **2022 Medicare Utilization:** 40,164 **2024 Work RVU:** 3.36 **2024 NF PE RVU:** 16.92 **2024 Fac PE RVU:** 1.03 **Result:** Decrease

**RUC Recommendation:** 3.36 **Referred to CPT** October 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**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    **2022 Medicare Utilization:** 122,237

**RUC Recommendation:** 4.83    **Referred to CPT:** October 2015    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 4.83  
**2024 NF PE RVU:** 29.98  
**2024 Fac PE RVU:** 1.44  
**Result:** Decrease

**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    **2022 Medicare Utilization:** 12,740

**RUC Recommendation:** 6.39    **Referred to CPT:** October 2015    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 6.39  
**2024 NF PE RVU:** 117.09  
**2024 Fac PE RVU:** 1.77  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

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**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 **2022 Medicare Utilization:** 2,202 **2024 Work RVU:** 7.50 **2024 NF PE RVU:** 44.54 **2024 Fac PE RVU:** 2.10 **Result:** Decrease

**RUC Recommendation:** 7.50 **Referred to CPT** October 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

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**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 **2022 Medicare Utilization:** 22,013 **2024 Work RVU:** 9.00 **2024 NF PE RVU:** 56.61 **2024 Fac PE RVU:** 2.63 **Result:** Decrease

**RUC Recommendation:** 9.00 **Referred to CPT** October 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**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    **2022 Medicare Utilization:** 8,498    **2024 Work RVU:** 10.42    **2024 NF PE RVU:** 146.55    **2024 Fac PE RVU:** 2.93    **Result:** Decrease

**RUC Recommendation:** 10.42    **Referred to CPT** October 2015    **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    **2022 Medicare Utilization:** 42,805    **2024 Work RVU:** 3.00    **2024 NF PE RVU:** 13.88    **2024 Fac PE RVU:** 0.80    **Result:** Decrease

**RUC Recommendation:** 3.00    **Referred to CPT** October 2015    **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    **2022 Medicare Utilization:** 3,119    **2024 Work RVU:** 4.25    **2024 NF PE RVU:** 36.57    **2024 Fac PE RVU:** 1.07    **Result:** Decrease

**RUC Recommendation:** 4.25    **Referred to CPT** October 2015    **Referred to CPT Asst**     **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 3,804

**2024 Work RVU:** 4.12  
**2024 NF PE RVU:** 50.75  
**2024 Fac PE RVU:** 1.06  
**Result:** Decrease

**RUC Recommendation:** 4.12 **Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**37183** Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/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 **2022 Medicare Utilization:** 756

**2024 Work RVU:** 7.74  
**2024 NF PE RVU:** 161.66  
**2024 Fac PE RVU:** 2.31  
**Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** February 2011 **2022 Medicare Utilization:** 20,415

**2024 Work RVU:** 4.46  
**2024 NF PE RVU:** 54.11  
**2024 Fac PE RVU:** 1.33  
**Result:** Decrease

**RUC Recommendation:** 4.71 **Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**



# 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:** February 2011 **2022 Medicare Utilization:** 20 **2024 Work RVU:** 7.10 **2024 NF PE RVU:** 28.86 **2024 Fac PE RVU:** 1.20 **Result:** Decrease

**RUC Recommendation:** 8.00 **Referred to CPT:** February 2011 **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:** February 2011 **2022 Medicare Utilization:** 5,734 **2024 Work RVU:** 7.10 **2024 NF PE RVU:** 35.84 **2024 Fac PE RVU:** 1.93 **Result:** Decrease

**RUC Recommendation:** 8.00 **Referred to CPT:** February 2011 **Referred to CPT Asst:**  **Published in CPT Asst:**

**37201** Transcatheter therapy, infusion for thrombolysis other than coronary **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** October 2011 **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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2011

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

**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:**      **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2011

**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:**      **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      February 2013

**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

**2022 Medicare Utilization:**      7,474

**2024 Work RVU:**      7.75

**2024 NF PE RVU:**

**2024 Fac PE RVU:**      2.06

**Result:** Decrease

**RUC Recommendation:** 8.00

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1,269

**2024 Work RVU:** 6.81  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.84  
**Result:** Decrease

**RUC Recommendation:** 7.06

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,278

**2024 Work RVU:** 4.75  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.16  
**Result:** Decrease

**RUC Recommendation:** 5.00

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 3,458

**2024 Work RVU:** 2.49  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.61  
**Result:** Decrease

**RUC Recommendation:** 3.04

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 10,830

**2024 Work RVU:** 7.90  
**2024 NF PE RVU:** 64.01  
**2024 Fac PE RVU:** 2.00  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 8.15 **Referred to CPT** May 2024 **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?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 25,781

**2024 Work RVU:** 9.75  
**2024 NF PE RVU:** 78.45  
**2024 Fac PE RVU:** 2.38  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 10.00 **Referred to CPT** May 2024 **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?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 2,977

**2024 Work RVU:** 3.73  
**2024 NF PE RVU:** 13.64  
**2024 Fac PE RVU:** 0.84  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 3.73 **Referred to CPT** May 2024 **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?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 3,639 **2024 Work RVU:** 4.25 **2024 NF PE RVU:** 32.06 **2024 Fac PE RVU:** 0.93 **Result:** Decrease

**RUC Recommendation:** Refer to CPT. 4.25 **Referred to CPT:** May 2024 **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?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 27,252 **2024 Work RVU:** 8.75 **2024 NF PE RVU:** 74.89 **2024 Fac PE RVU:** 2.20 **Result:** Decrease

**RUC Recommendation:** Refer to CPT. 9.00 **Referred to CPT:** May 2024 **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 / PE Screen - High Cost Supplies **Complete?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 38,629 **2024 Work RVU:** 11.75 **2024 NF PE RVU:** 242.42 **2024 Fac PE RVU:** 3.12 **Result:** Decrease

**RUC Recommendation:** Refer to CPT. **Referred to CPT:** May 2024 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16      **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2022 Medicare Utilization:** 17,660

**2024 Work RVU:** 10.24  
**2024 NF PE RVU:** 225.22  
**2024 Fac PE RVU:** 2.52  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 10.49

**Referred to CPT**      May 2024  
**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 / PE Screen - High Cost Supplies      **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16      **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2022 Medicare Utilization:** 19,666

**2024 Work RVU:** 14.25  
**2024 NF PE RVU:** 310.49  
**2024 Fac PE RVU:** 3.51  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 14.50

**Referred to CPT**      May 2024  
**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?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16      **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2022 Medicare Utilization:** 27,661

**2024 Work RVU:** 10.75  
**2024 NF PE RVU:** 108.21  
**2024 Fac PE RVU:** 2.60  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 11.00

**Referred to CPT**      May 2024  
**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 / PE Screen - High Cost Supplies / High Volume Growth5 **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2022 Medicare Utilization:** 37,918

**2024 Work RVU:** 13.80  
**2024 NF PE RVU:** 244.61  
**2024 Fac PE RVU:** 3.56  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 14.05

**Referred to CPT** May 2024  
**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?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2022 Medicare Utilization:** 2,077

**2024 Work RVU:** 13.55  
**2024 NF PE RVU:** 245.11  
**2024 Fac PE RVU:** 3.65  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 13.80

**Referred to CPT** May 2024  
**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?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2022 Medicare Utilization:** 3,076

**2024 Work RVU:** 14.75  
**2024 NF PE RVU:** 327.98  
**2024 Fac PE RVU:** 3.92  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 15.00

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2022 Medicare Utilization:** 12,223

**2024 Work RVU:** 4.00  
**2024 NF PE RVU:** 19.32  
**2024 Fac PE RVU:** 0.97  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 4.00

**Referred to CPT** May 2024  
**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?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2022 Medicare Utilization:** 9,179

**2024 Work RVU:** 6.50  
**2024 NF PE RVU:** 23.26  
**2024 Fac PE RVU:** 1.61  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 6.50

**Referred to CPT** May 2024  
**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?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2022 Medicare Utilization:** 288

**2024 Work RVU:** 5.50  
**2024 NF PE RVU:** 100  
**2024 Fac PE RVU:** 1.50  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 5.50

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 304 **2024 Work RVU:** 7.80 **2024 NF PE RVU:** 106.98 **2024 Fac PE RVU:** 1.79 **Result:** Decrease

**RUC Recommendation:** Refer to CPT. 7.80 **Referred to CPT:** May 2024 **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:** February 2013 **2022 Medicare Utilization:** 9,863 **2024 Work RVU:** 8.75 **2024 NF PE RVU:** 70.03 **2024 Fac PE RVU:** 2.18 **Result:** Decrease

**RUC Recommendation:** 9.00 **Referred to CPT:** February 2013 **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:** February 2013 **2022 Medicare Utilization:** 1,094 **2024 Work RVU:** 4.25 **2024 NF PE RVU:** 32.73 **2024 Fac PE RVU:** 0.94 **Result:** Decrease

**RUC Recommendation:** 4.25 **Referred to CPT:** February 2013 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** February 2013

**2022 Medicare Utilization:** 10,117

**2024 Work RVU:** 6.04

**2024 NF PE RVU:** 94.05

**2024 Fac PE RVU:** 1.70

**Result:** Decrease

**RUC Recommendation:** 6.29

**Referred to CPT** February 2013

**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:** February 2013

**2022 Medicare Utilization:** 3,903

**2024 Work RVU:** 2.97

**2024 NF PE RVU:** 47.06

**2024 Fac PE RVU:** 0.82

**Result:** Decrease

**RUC Recommendation:** 3.34

**Referred to CPT** February 2013

**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

**2022 Medicare Utilization:** 1,429

**2024 Work RVU:** 8.75

**2024 NF PE RVU:** 125.62

**2024 Fac PE RVU:** 2.39

**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT** February 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 8,173 **2024 Work RVU:** 9.80 **2024 NF PE RVU:** 196.02 **2024 Fac PE RVU:** 2.50 **Result:** Decrease

**RUC Recommendation:** 11.98 **Referred to CPT** February 2013 **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 **2022 Medicare Utilization:** 14,498 **2024 Work RVU:** 11.74 **2024 NF PE RVU:** 238.31 **2024 Fac PE RVU:** 3.29 **Result:** Decrease

**RUC Recommendation:** 14.00 **Referred to CPT** February 2013 **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 **2022 Medicare Utilization:** 13,397 **2024 Work RVU:** 13.75 **2024 NF PE RVU:** 176.71 **2024 Fac PE RVU:** 3.92 **Result:** Decrease

**RUC Recommendation:** 14.00 **Referred to CPT** February 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 6,249 **2024 Work RVU:** 7.00 **2024 NF PE RVU:** 45.02 **2024 Fac PE RVU:** 1.83 **Result:** Decrease

**RUC Recommendation:** 7.00 **Referred to CPT** October 2015 **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 **2022 Medicare Utilization:** 686 **2024 Work RVU:** 3.50 **2024 NF PE RVU:** 13.16 **2024 Fac PE RVU:** 0.87 **Result:** Decrease

**RUC Recommendation:** 3.50 **Referred to CPT** October 2015 **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 **2022 Medicare Utilization:** 12,112 **2024 Work RVU:** 6.00 **2024 NF PE RVU:** 32.86 **2024 Fac PE RVU:** 1.74 **Result:** Decrease

**RUC Recommendation:** 6.00 **Referred to CPT** October 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 3,705 **2024 Work RVU:** 2.97 **2024 NF PE RVU:** 9.51 **2024 Fac PE RVU:** 0.74 **Result:** Decrease

**RUC Recommendation:** 2.97 **Referred to CPT:** October 2015 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** October 2014 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** October 2014 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / Work Neutrality (CPT 2016) **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2022 Medicare Utilization:** 69,562 **2024 Work RVU:** 1.80 **2024 NF PE RVU:** 25.7 **2024 Fac PE RVU:** 0.44 **Result:** Decrease

**RUC Recommendation:** 1.80 **Referred to CPT** October 2014 **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 / Work Neutrality (CPT 2016) **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2022 Medicare Utilization:** 106,729 **2024 Work RVU:** 1.44 **2024 NF PE RVU:** 3.41 **2024 Fac PE RVU:** 0.35 **Result:** Decrease

**RUC Recommendation:** 1.44 **Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 9,940 **2024 Work RVU:** 3.05 **2024 NF PE RVU:** 5.65 **2024 Fac PE RVU:** 2.42 **Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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:** February 2011 **2022 Medicare Utilization:** 14 **2024 Work RVU:** 30.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 13.78  
**Result:** Increase

**RUC Recommendation:** 37.60 **Referred to CPT** February 2011  
**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011  
**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 **2022 Medicare Utilization:** 38 **2024 Work RVU:** 10.78  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.54  
**Result:** Maintain

**RUC Recommendation:** 10.69 **Referred to CPT** February 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** April 2009

**2022 Medicare Utilization:** 223

**2024 Work RVU:** 9.13  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.55  
**Result:** Increase

**RUC Recommendation:** 9.00

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

**37765** Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions **Global:** 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS

**First Identified:** February 2008

**2022 Medicare Utilization:** 10,636

**2024 Work RVU:** 4.80  
**2024 NF PE RVU:** 6.66  
**2024 Fac PE RVU:** 2.09  
**Result:** Decrease

**RUC Recommendation:** 4.80

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

**37766** Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions **Global:** 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS

**First Identified:** February 2008

**2022 Medicare Utilization:** 7,773

**2024 Work RVU:** 6.00  
**2024 NF PE RVU:** 7.41  
**2024 Fac PE RVU:** 2.43  
**Result:** Decrease

**RUC Recommendation:** 6.00

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

**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

**2022 Medicare Utilization:** 810

**2024 Work RVU:** 3.93  
**2024 NF PE RVU:** 5.55  
**2024 Fac PE RVU:** 2.68  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

# Status Report: CMS Requests and Relativity Assessment Issues

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**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 **2022 Medicare Utilization:** 4,284 **2024 Work RVU:** 1.20  
**2024 NF PE RVU:** 3.42  
**2024 Fac PE RVU:** 0.69  
**Result:** Decrease

**RUC Recommendation:** 1.20 **Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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 **2022 Medicare Utilization:** 6,771 **2024 Work RVU:** 1.28  
**2024 NF PE RVU:** 3.5  
**2024 Fac PE RVU:** 0.70  
**Result:** Decrease

**RUC Recommendation:** 1.28 **Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**38222** Diagnostic bone marrow; biopsy(ies) and aspiration(s) **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2022 Medicare Utilization:** 116,990 **2024 Work RVU:** 1.44  
**2024 NF PE RVU:** 3.7  
**2024 Fac PE RVU:** 0.66  
**Result:** Decrease

**RUC Recommendation:** 1.44 **Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**38505** Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) **Global:** 000 **Issue:** Needle Biopsy of Lymph Nodes **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2019

**2022 Medicare Utilization:** 35,416

**2024 Work RVU:** 1.59  
**2024 NF PE RVU:** 3.46  
**2024 Fac PE RVU:** 0.78  
**Result:** Increase

**RUC Recommendation:** 1.59

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 459

**2024 Work RVU:** 7.95  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.47  
**Result:** Increase

**RUC Recommendation:** 7.85

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 7,249

**2024 Work RVU:** 8.49  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 5.55  
**Result:** Maintain

**RUC Recommendation:** 9.34

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

# Status Report: CMS Requests and Relativity Assessment Issues

**38571** Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2022 Medicare Utilization:** 17,170 **2024 Work RVU:** 12.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 6.21 **Result:** Decrease

**RUC Recommendation:** Refer to CPT to bundle. 12.00 **Referred to CPT** May 2024 **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 **2022 Medicare Utilization:** 1,419 **2024 Work RVU:** 15.60 **2024 NF PE RVU:** **2024 Fac PE RVU:** 8.86 **Result:** Decrease

**RUC Recommendation:** 15.60 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**38792** Injection procedure; radioactive tracer for identification of sentinel node **Global:** 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 23 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2022 Medicare Utilization:** 28,784 **2024 Work RVU:** 0.65 **2024 NF PE RVU:** 1.74 **2024 Fac PE RVU:** 0.22 **Result:** Increase

**RUC Recommendation:** 0.65 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**39400** Mediastinoscopy, includes biopsy(ies), when performed **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 238 **2024 Work RVU:** 5.44 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.38 **Result:** Decrease

**RUC Recommendation:** 5.44 **Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 2,102 **2024 Work RVU:** 7.25 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.88 **Result:** Increase

**RUC Recommendation:** 7.50 **Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 27,498 **2024 Work RVU:** 1.22 **2024 NF PE RVU:** 2.33 **2024 Fac PE RVU:** 0.71 **Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 309 **2024 Work RVU:** 3.78  
**2024 NF PE RVU:** 10.06  
**2024 Fac PE RVU:** 5.10  
**Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Nov 2016

**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 **2022 Medicare Utilization:** 2,729 **2024 Work RVU:** 1.23  
**2024 NF PE RVU:** 4.72  
**2024 Fac PE RVU:** 2.22  
**Result:** Maintain

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

**40801 Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated** **Global:** 010 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) / 010-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,050 **2024 Work RVU:** 2.63  
**2024 NF PE RVU:** 5.87  
**2024 Fac PE RVU:** 3.08  
**Result:** PE Only

**RUC Recommendation:** Maintain. Reduced 99238 to 0.5 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**40808 Biopsy, vestibule of mouth** **Global:** 010 **Issue:** Biopsy of Mouth Lesion **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, AAOMS **First Identified:** April 2017 **2022 Medicare Utilization:** 9,065 **2024 Work RVU:** 1.05  
**2024 NF PE RVU:** 3.92  
**2024 Fac PE RVU:** 1.51  
**Result:** Increase

**RUC Recommendation:** 1.05 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 6,982

**2024 Work RVU:** 2.37  
**2024 NF PE RVU:** 5.7  
**2024 Fac PE RVU:** 2.85  
**Result:** Maintain

**RUC Recommendation:** Maintain

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

**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

**2022 Medicare Utilization:** 1,304

**2024 Work RVU:** 1.34  
**2024 NF PE RVU:** 6.31  
**2024 Fac PE RVU:** 3.53  
**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 100

**2024 Work RVU:** 3.50  
**2024 NF PE RVU:** 23.34  
**2024 Fac PE RVU:** 7.36  
**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 398

**2024 Work RVU:** 9.78  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.57  
**Result:** Maintain

**RUC Recommendation:** 9.63

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 4,610

**2024 Work RVU:** 17.16

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 12.17

**Result:** Maintain

**RUC Recommendation:** 18.12

**Referred to CPT**

**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

**2022 Medicare Utilization:** 1,320

**2024 Work RVU:** 19.53

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 13.25

**Result:** Maintain

**RUC Recommendation:** 21.00

**Referred to CPT**

**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

**2022 Medicare Utilization:** 1,504

**2024 Work RVU:** 6.14

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 5.55

**Result:** Maintain

**RUC Recommendation:** 7.13

**Referred to CPT**

**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

**2022 Medicare Utilization:** 2,124

**2024 Work RVU:** 2.49

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.79

**Result:** Increase

**RUC Recommendation:** 2.78

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 201

**2024 Work RVU:** 2.79

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.89

**Result:** Increase

**RUC Recommendation:** 3.21

**Referred to CPT**

**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

**2022 Medicare Utilization:** 201

**2024 Work RVU:** 2.79

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.87

**Result:** Increase

**RUC Recommendation:** 3.36

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 106

**2024 Work RVU:** 3.51

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.61

**Result:** Increase

**RUC Recommendation:** 3.99

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 561

**2024 Work RVU:** 3.07

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.02

**Result:** Increase

**RUC Recommendation:** 3.21

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 324      **2024 Work RVU:** 3.31      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 2.10      **Result:** Increase

**RUC Recommendation:** 3.36      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 1,115      **2024 Work RVU:** 1.52      **2024 NF PE RVU:** 3.96      **2024 Fac PE RVU:** 0.68      **Result:** Maintain

**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      **2022 Medicare Utilization:** 282      **2024 Work RVU:** 1.82      **2024 NF PE RVU:** 4.27      **2024 Fac PE RVU:** 0.84      **Result:** Maintain

**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      **2022 Medicare Utilization:** 3,562      **2024 Work RVU:** 1.42      **2024 NF PE RVU:** 6.26      **2024 Fac PE RVU:** 0.98      **Result:** Maintain

**RUC Recommendation:** 1.59      **Referred to CPT** May 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 170

**2024 Work RVU:** 1.72  
**2024 NF PE RVU:** 5.83  
**2024 Fac PE RVU:** 1.12  
**Result:** Decrease

**RUC Recommendation:** 1.90

**Referred to CPT** May 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 1,704

**2024 Work RVU:** 1.72  
**2024 NF PE RVU:** 8.71  
**2024 Fac PE RVU:** 1.11  
**Result:** Maintain

**RUC Recommendation:** 1.89

**Referred to CPT** May 2012  
**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

**2022 Medicare Utilization:** 5

**2024 Work RVU:** 2.33  
**2024 NF PE RVU:** 8.71  
**2024 Fac PE RVU:** 1.39  
**Result:** Decrease

**RUC Recommendation:** 2.89

**Referred to CPT** May 2012  
**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

**2022 Medicare Utilization:** 76

**2024 Work RVU:** 2.44  
**2024 NF PE RVU:** 8.71  
**2024 Fac PE RVU:** 1.44  
**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT** May 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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
2022 Medicare Utilization: 15
2024 Work RVU: 2.29
2024 NF PE RVU: 6.54
2024 Fac PE RVU: 1.37
Result: Decrease

RUC Recommendation: 2.39

Referred to CPT  
 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
2022 Medicare Utilization: 81
2024 Work RVU: 4.20
2024 NF PE RVU:
2024 Fac PE RVU: 2.23
Result: Decrease

RUC Recommendation: 4.58

Referred to CPT  
 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
2022 Medicare Utilization: 488
2024 Work RVU: 3.40
2024 NF PE RVU:
2024 Fac PE RVU: 1.63
Result: Decrease

RUC Recommendation: 3.73

Referred to CPT  
 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
2022 Medicare Utilization: 143
2024 Work RVU: 4.63
2024 NF PE RVU: 31
2024 Fac PE RVU: 2.31
Result: Decrease

RUC Recommendation: 5.00

Referred to CPT  
 Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 193

**2024 Work RVU:** 3.40

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.83

**Result:** Decrease

**RUC Recommendation:** 3.78

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 660

**2024 Work RVU:** 2.44

**2024 NF PE RVU:** 8.93

**2024 Fac PE RVU:** 1.37

**Result:** Maintain

**RUC Recommendation:** 2.60

**Referred to CPT** May 2012

**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

**2022 Medicare Utilization:** 216

**2024 Work RVU:** 2.30

**2024 NF PE RVU:** 9.65

**2024 Fac PE RVU:** 1.38

**Result:** Maintain

**RUC Recommendation:** 2.40

**Referred to CPT** May 2012

**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

**2022 Medicare Utilization:** 29

**2024 Work RVU:** 2.80

**2024 NF PE RVU:** 9.46

**2024 Fac PE RVU:** 1.60

**Result:** Maintain

**RUC Recommendation:** 2.90

**Referred to CPT** May 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**43219** Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent      **Global:**      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      AGA, ASGE,      **First**      **2022**  
**RUC Meeting:** October 2012      **Recommendation:** SAGES      **Identified:** September 2011      **Medicare**  
**Utilization:**

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      May 2012      **2024 Work RVU:**  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:**  
**Result:** Deleted from CPT      **2024 Fac PE RVU:**

**43220** Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      AGA, ASGE,      **First**      **2022**  
**RUC Meeting:** October 2012      **Recommendation:** SAGES      **Identified:** September 2011      **Medicare**  
**Utilization:** 1,664

**RUC Recommendation:** 2.10      **Referred to CPT**      May 2012      **2024 Work RVU:** 2.00  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:** 24.43  
**Result:** Maintain      **2024 Fac PE RVU:** 1.23

**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**      **Tab:** 10      **Specialty Developing**      AAO-HNS, AGA,      **First**      **2022**  
**RUC Meeting:** October 2012      **Recommendation:** ASGE, SAGES      **Identified:** September 2011      **Medicare**  
**Utilization:** 1,280

**RUC Recommendation:** 2.34      **Referred to CPT**      May 2012      **2024 Work RVU:** 2.24  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:** 8.95  
**Result:** Maintain      **2024 Fac PE RVU:** 1.27

**43227** Esophagoscopy, flexible, transoral; with control of bleeding, any method      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      AGA, ASGE,      **First**      **2022**  
**RUC Meeting:** October 2012      **Recommendation:** SAGES      **Identified:** September 2011      **Medicare**  
**Utilization:** 115

**RUC Recommendation:** 3.26      **Referred to CPT**      May 2012      **2024 Work RVU:** 2.89  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:** 14.48  
**Result:** Decrease      **2024 Fac PE RVU:** 1.62

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2012 **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 **2022 Medicare Utilization:** 1,235 **2024 Work RVU:** 3.49 **2024 NF PE RVU:** 17.23 **2024 Fac PE RVU:** 1.88 **Result:** Decrease

**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 **2022 Medicare Utilization:** 568 **2024 Work RVU:** 2.80 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.53 **Result:** Maintain

**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 **2022 Medicare Utilization:** 286 **2024 Work RVU:** 3.59 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.87 **Result:** Decrease

**RUC Recommendation:** 3.83 **Referred to CPT** May 2012 **Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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:** October 2012

**2022 Medicare Utilization:** 1,079

**2024 Work RVU:** 4.07  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.07  
**Result:** Decrease

**RUC Recommendation:** 4.45

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**43234** Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure) **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012  
**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

**2022 Medicare Utilization:** 241,095

**2024 Work RVU:** 2.09  
**2024 NF PE RVU:** 6.28  
**2024 Fac PE RVU:** 1.28  
**Result:** Decrease

**RUC Recommendation:** 2.26

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 13,129      **2024 Work RVU:** 2.39  
**2024 NF PE RVU:** 9.33  
**2024 Fac PE RVU:** 1.41  
**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      **2022 Medicare Utilization:** 18,516      **2024 Work RVU:** 3.47  
**2024 NF PE RVU:** 1.90  
**2024 Fac PE RVU:** 1.90  
**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      **2022 Medicare Utilization:** 15,935      **2024 Work RVU:** 4.16  
**2024 NF PE RVU:** 2.20  
**2024 Fac PE RVU:** 2.20  
**RUC Recommendation:** 4.50      **Referred to CPT:** February 2013      **Result:** Decrease  
**Referred to CPT Asst:**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**43239** Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple **Global:** 000 **Issue:** EGD with Biopsy **Screen:** MPC List / CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 12 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, SAGES

**First Identified:** October 2010

**2022 Medicare Utilization:** 1,190,694

**2024 Work RVU:** 2.39  
**2024 NF PE RVU:** 8.59  
**2024 Fac PE RVU:** 1.41  
**Result:** Maintain

**RUC Recommendation:** 2.39

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

**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

**2022 Medicare Utilization:** 1,137

**2024 Work RVU:** 7.15  
**2024 NF PE RVU:** 3.54  
**2024 Fac PE RVU:** 3.54  
**Result:** Increase

**RUC Recommendation:** 7.25

**Referred to CPT** February 2013  
**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

**2022 Medicare Utilization:** 4,116

**2024 Work RVU:** 2.49  
**2024 NF PE RVU:** 1.39  
**2024 Fac PE RVU:** 1.39  
**Result:** Maintain

**RUC Recommendation:** 2.59

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 23,327 **2024 Work RVU:** 4.73 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.46 **Result:** Decrease

**RUC Recommendation:** 5.39 **Referred to CPT:** February 2013 **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 **2022 Medicare Utilization:** 360 **2024 Work RVU:** 4.27 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.17 **Result:** Decrease

**RUC Recommendation:** 4.37 **Referred to CPT:** October 2012 **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 **2022 Medicare Utilization:** 17,560 **2024 Work RVU:** 4.40 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.31 **Result:** Decrease

**RUC Recommendation:** 4.50 **Referred to CPT:** October 2012 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 12,033 **2024 Work RVU:** 3.08 **2024 NF PE RVU:** 14.2 **2024 Fac PE RVU:** 1.67 **Result:** Maintain

**RUC Recommendation:** 3.18 **Referred to CPT** October 2012 **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 **2022 Medicare Utilization:** 54,284 **2024 Work RVU:** 3.56 **2024 NF PE RVU:** 1.81 **2024 Fac PE RVU:** 1.81 **Result:** Maintain

**RUC Recommendation:** 4.32 **Referred to CPT** October 2012 **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 **2022 Medicare Utilization:** 22,490 **2024 Work RVU:** 3.11 **2024 NF PE RVU:** 7.98 **2024 Fac PE RVU:** 1.71 **Result:** Decrease

**RUC Recommendation:** 3.27 **Referred to CPT** October 2012 **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 **2022 Medicare Utilization:** 86,763 **2024 Work RVU:** 2.91 **2024 NF PE RVU:** 9.11 **2024 Fac PE RVU:** 1.64 **Result:** Decrease

**RUC Recommendation:** 3.01 **Referred to CPT** October 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 114,199

**RUC Recommendation:** 2.77      **Referred to CPT**    October 2012      **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 2.67  
**2024 NF PE RVU:** 29.03  
**2024 Fac PE RVU:** 1.53  
**Result:** Decrease

**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      **2022 Medicare Utilization:** 2,839

**RUC Recommendation:** 3.07      **Referred to CPT**    October 2012      **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 2.97  
**2024 NF PE RVU:** 10.05  
**2024 Fac PE RVU:** 1.63  
**Result:** Decrease

**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      **2022 Medicare Utilization:** 39,239

**RUC Recommendation:** 3.57      **Referred to CPT**    October 2012      **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 3.47  
**2024 NF PE RVU:** 10.9  
**2024 Fac PE RVU:** 1.89  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** February 2012

**2022 Medicare Utilization:** 1,982

**2024 Work RVU:** 4.73

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.45

**Result:** Decrease

**RUC Recommendation:** 5.39

**Referred to CPT** February 2013

**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:** October 2012

**2022 Medicare Utilization:** 5,670

**2024 Work RVU:** 4.87

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.51

**Result:** Decrease

**RUC Recommendation:** 5.25

**Referred to CPT** October 2012

**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

**2022 Medicare Utilization:** 52,448

**2024 Work RVU:** 3.56

**2024 NF PE RVU:** 14.71

**2024 Fac PE RVU:** 1.93

**Result:** Decrease

**RUC Recommendation:** 4.20

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**43256** Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation) **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012  
**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

**2022 Medicare Utilization:** 103

**2024 Work RVU:** 4.15  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.15  
**Result:** Decrease

**RUC Recommendation:** 4.25

**Referred to CPT** October 2012  
**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 28,838 **2024 Work RVU:** 4.04 **2024 NF PE RVU:** 2.15 **2024 Fac PE RVU:** 2.15 **Result:** Decrease

**RUC Recommendation:** 4.74 **Referred to CPT:** February 2013 **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 **2022 Medicare Utilization:** 3,498 **2024 Work RVU:** 5.85 **2024 NF PE RVU:** 2.95 **2024 Fac PE RVU:** 2.95 **Result:** Maintain

**RUC Recommendation:** 5.95 **Referred to CPT:** February 2013 **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 **2022 Medicare Utilization:** 6,123 **2024 Work RVU:** 6.15 **2024 NF PE RVU:** 3.08 **2024 Fac PE RVU:** 3.08 **Result:** Decrease

**RUC Recommendation:** 6.25 **Referred to CPT:** January 2013 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 24,597 **2024 Work RVU:** 6.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.24  
**Result:** Decrease

**RUC Recommendation:** 6.60 **Referred to CPT** January 2013  
**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 **2022 Medicare Utilization:** 15 **2024 Work RVU:** 6.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.25  
**Result:** Maintain

**RUC Recommendation:** 7.28 **Referred to CPT** February 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 51,524 **2024 Work RVU:** 6.63  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.30  
**Result:** Decrease

**RUC Recommendation:** 6.73 **Referred to CPT** February 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 2,139

**2024 Work RVU:** 7.93  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.87  
**Result:** Decrease

**RUC Recommendation:** 8.03

**Referred to CPT** February 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** October 2012      **2022 Medicare Utilization:** 5,751

**2024 Work RVU:** 3.92  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.98  
**Result:** Decrease

**RUC Recommendation:** 4.40

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**43267** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube      **Global:**      **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      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**43268** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct      **Global:**      **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      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2013  
**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:**      **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      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** October 2012      **2022 Medicare Utilization:** 17,190

**2024 Work RVU:** 4.01  
**2024 NF PE RVU:** 17.29  
**2024 Fac PE RVU:** 2.13  
**Result:** Decrease

**RUC Recommendation:** 4.39      **Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**43271** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)      **Global:**      **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

**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:**      **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**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

**2022 Medicare Utilization:** 7,021

**2024 Work RVU:** 2.24

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.00

**RUC Recommendation:** 2.24

**Referred to CPT** February 2013

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 39,080 **2024 Work RVU:** 8.48 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.11 **Result:** Decrease

**RUC Recommendation:** 8.74 **Referred to CPT** February 2013 **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 **2022 Medicare Utilization:** 12,813 **2024 Work RVU:** 6.86 **2024 NF PE RVU:** **2024 Fac PE RVU:** 3.40 **Result:** Decrease

**RUC Recommendation:** 6.96 **Referred to CPT** February 2013 **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 **2022 Medicare Utilization:** 15,738 **2024 Work RVU:** 8.84 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.27 **Result:** Decrease

**RUC Recommendation:** 9.10 **Referred to CPT** February 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 5,248 **2024 Work RVU:** 6.90 **2024 NF PE RVU:** **2024 Fac PE RVU:** 3.42 **Result:** Decrease

**RUC Recommendation:** 7.11 **Referred to CPT** February 2013 **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 **2022 Medicare Utilization:** 443 **2024 Work RVU:** 7.92 **2024 NF PE RVU:** **2024 Fac PE RVU:** 3.87 **Result:** Decrease

**RUC Recommendation:** 8.08 **Referred to CPT** February 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 54,759 **2024 Work RVU:** 1.28 **2024 NF PE RVU:** 4.18 **2024 Fac PE RVU:** 0.93 **Result:** Decrease

**RUC Recommendation:** 1.30 **Referred to CPT** **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 **2022 Medicare Utilization:** 1,055 **2024 Work RVU:** 1.41 **2024 NF PE RVU:** 22.13 **2024 Fac PE RVU:** 0.98 **Result:** Maintain

**RUC Recommendation:** 1.51 **Referred to CPT** May 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**43456** Dilation of esophagus, by balloon or dilator, retrograde **Global:** **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 **2022 Medicare Utilization:**

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

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**43458** Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia **Global:** **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 **2022 Medicare Utilization:**

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

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**43760** Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance **Global:** **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** September 2017 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**43762** Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract **Global:** 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 20 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2022 Medicare Utilization:** 44,809

**RUC Recommendation:** 0.75. CPT Assistant article **Referred to CPT:** **Referred to CPT Asst:**  **Published in CPT Asst:** June 2022

**2024 Work RVU:** 0.75  
**2024 NF PE RVU:** 5.87  
**2024 Fac PE RVU:** 0.22  
**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

**43763** Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract **Global:** 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 20 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2022 Medicare Utilization:** 2,091 **2024 Work RVU:** 1.41 **2024 NF PE RVU:** 8.32 **2024 Fac PE RVU:** 0.93 **Result:** Decrease

**RUC Recommendation:** 1.41. CPT Assistant article. **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** June 2022

**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 **2022 Medicare Utilization:** 8,038 **2024 Work RVU:** 27.79 **2024 NF PE RVU:** **2024 Fac PE RVU:** 15.00 **Result:** Remove from Screen

**RUC Recommendation:** 99214 visit appropriate. Remove from screen. **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 10,367 **2024 Work RVU:** 22.95 **2024 NF PE RVU:** **2024 Fac PE RVU:** 12.02 **Result:** Remove from Screen

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

**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 **2022 Medicare Utilization:** 8,494 **2024 Work RVU:** 31.92 **2024 NF PE RVU:** **2024 Fac PE RVU:** 15.55 **Result:** Remove from Screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 1,458

**RUC Recommendation:** 0.97      **Referred to CPT** May 2013      **2024 Work RVU:** 0.87  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:** 4.93  
**2024 Fac PE RVU:** 0.73  
**Result:** Decrease

**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      **2022 Medicare Utilization:** 134

**RUC Recommendation:** 1.48      **Referred to CPT** May 2013      **2024 Work RVU:** 1.38  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:** 27.57  
**2024 Fac PE RVU:** 0.96  
**Result:** Decrease

**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      **2022 Medicare Utilization:** 1,204

**RUC Recommendation:** 1.27      **Referred to CPT** May 2013      **2024 Work RVU:** 1.17  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:** 7.61  
**2024 Fac PE RVU:** 0.88  
**Result:** Maintain

**44383** Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)      **Global:**      **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      **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** May 2013      **2024 Work RVU:**  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 61

**2024 Work RVU:** 2.85

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.30

**Result:** Decrease

**RUC Recommendation:** 3.11

**Referred to CPT** May 2013

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

**44385** Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); 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

**2022 Medicare Utilization:** 914

**2024 Work RVU:** 1.20

**2024 NF PE RVU:** 5.12

**2024 Fac PE RVU:** 0.80

**Result:** Decrease

**RUC Recommendation:** 1.30

**Referred to CPT** May 2013

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

**44386** Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); 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

**2022 Medicare Utilization:** 1,755

**2024 Work RVU:** 1.50

**2024 NF PE RVU:** 7.61

**2024 Fac PE RVU:** 0.96

**Result:** Decrease

**RUC Recommendation:** 1.60

**Referred to CPT** May 2013

**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

**2022 Medicare Utilization:** 3,230

**2024 Work RVU:** 2.72

**2024 NF PE RVU:** 6.35

**2024 Fac PE RVU:** 1.49

**Result:** Maintain

**RUC Recommendation:** 2.82

**Referred to CPT** October 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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	2022 Medicare Utilization: 2,137	2024 Work RVU: 3.02 2024 NF PE RVU: 8.91 2024 Fac PE RVU: 1.65 Result: Decrease
RUC Recommendation: 3.12			Referred to CPT October 2013	Referred to CPT Asst <input type="checkbox"/>	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	2022 Medicare Utilization: 22	2024 Work RVU: 3.74 2024 NF PE RVU: 7.94 2024 Fac PE RVU: 2.02 Result: Maintain
RUC Recommendation: 3.82			Referred to CPT October 2013	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

**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	2022 Medicare Utilization: 152	2024 Work RVU: 4.12 2024 NF PE RVU: 14.45 2024 Fac PE RVU: 2.17 Result: Decrease
RUC Recommendation: 4.22			Referred to CPT October 2013	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

**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	2022 Medicare Utilization: 209	2024 Work RVU: 3.53 2024 NF PE RVU: 7.55 2024 Fac PE RVU: 1.78 Result: Decrease
RUC Recommendation: 3.63			Referred to CPT October 2013	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 1,836

**2024 Work RVU:** 4.03  
**2024 NF PE RVU:** 8.56  
**2024 Fac PE RVU:** 2.08  
**Result:** Decrease

**RUC Recommendation:** 4.13

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**44397** Colonoscopy through stoma; with transendoscopic stent placement (includes predilation) **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 59

**2024 Work RVU:** 4.34

**2024 NF PE RVU:** 65.33

**2024 Fac PE RVU:** 2.29

**Result:** Decrease

**RUC Recommendation:** 4.44

**Referred to CPT** October 2013

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

**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

**2022 Medicare Utilization:** 8

**2024 Work RVU:** 4.70

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.45

**Result:** Decrease

**RUC Recommendation:** 4.96

**Referred to CPT** October 2013

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

**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

**2022 Medicare Utilization:** 60

**2024 Work RVU:** 5.50

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.80

**Result:** Decrease

**RUC Recommendation:** 5.81

**Referred to CPT** October 2013

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

**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

**2022 Medicare Utilization:** 171

**2024 Work RVU:** 3.02

**2024 NF PE RVU:** 9.18

**2024 Fac PE RVU:** 1.65

**Result:** Decrease

**RUC Recommendation:** 3.13

**Referred to CPT** October 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**44405** Colonoscopy through stoma; with transendoscopic balloon dilation **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 08	<b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> January 2014	<b>2022 Medicare Utilization:</b> 50	<b>2024 Work RVU:</b> 3.23	<b>2024 NF PE RVU:</b> 12.97
<b>RUC Recommendation:</b> 3.33			<b>Referred to CPT</b> October 2013		<b>2024 Fac PE RVU:</b> 1.79	<b>Result:</b> Decrease
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**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

<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 08	<b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> January 2014	<b>2022 Medicare Utilization:</b>	<b>2024 Work RVU:</b> 4.10	<b>2024 NF PE RVU:</b>
<b>RUC Recommendation:</b> 4.41			<b>Referred to CPT</b> October 2013		<b>2024 Fac PE RVU:</b> 2.18	<b>Result:</b> Decrease
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**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

<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 08	<b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> January 2014	<b>2022 Medicare Utilization:</b>	<b>2024 Work RVU:</b> 4.96	<b>2024 NF PE RVU:</b>
<b>RUC Recommendation:</b> 5.06			<b>Referred to CPT</b> October 2013		<b>2024 Fac PE RVU:</b> 2.56	<b>Result:</b> Decrease
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 44

**2024 Work RVU:** 4.14  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.20  
**Result:** Decrease

**RUC Recommendation:** 4.24

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**44901** Incision and drainage of appendiceal abscess; percutaneous **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 19,437

**2024 Work RVU:** 9.45  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.39  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**45170** Deleted from CPT **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 2,047

**2024 Work RVU:** 8.13

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 8.92

**Result:** Decrease

**RUC Recommendation:** 8.00

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 1,666

**2024 Work RVU:** 12.13

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 10.47

**Result:** Decrease

**RUC Recommendation:** 12.00

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 15,380

**2024 Work RVU:** 0.80

**2024 NF PE RVU:** 2.92

**2024 Fac PE RVU:** 0.51

**Result:** Maintain

**RUC Recommendation:** 0.80

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 39,725

**2024 Work RVU:** 0.84  
**2024 NF PE RVU:** 4.63  
**2024 Fac PE RVU:** 0.73  
**Result:** Decrease

**RUC Recommendation:** 0.84

**Referred to CPT** May 2013  
**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

**2022 Medicare Utilization:** 28,532

**2024 Work RVU:** 1.14  
**2024 NF PE RVU:** 7.29  
**2024 Fac PE RVU:** 0.86  
**Result:** Decrease

**RUC Recommendation:** 1.14

**Referred to CPT** May 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 281

**2024 Work RVU:** 1.76  
**2024 NF PE RVU:** 6.32  
**2024 Fac PE RVU:** 1.13  
**Result:** Decrease

**RUC Recommendation:** 1.85

**Referred to CPT** May 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 467

**2024 Work RVU:** 1.55  
**2024 NF PE RVU:** 8.04  
**2024 Fac PE RVU:** 1.01  
**Result:** Decrease

**RUC Recommendation:** 1.65

**Referred to CPT** May 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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    **2022 Medicare Utilization:** 2,918

**RUC Recommendation:** 2.10    **Referred to CPT** May 2013    **Referred to CPT Asst**     **Published in CPT Asst:**

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:** 12.44  
**2024 Fac PE RVU:** 1.24  
**Result:** Decrease

**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    **2022 Medicare Utilization:** 2,482

**RUC Recommendation:** 1.15    **Referred to CPT** May 2013    **Referred to CPT Asst**     **Published in CPT Asst:**

**2024 Work RVU:** 1.04  
**2024 NF PE RVU:** 7.53  
**2024 Fac PE RVU:** 0.81  
**Result:** Decrease

**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    **2022 Medicare Utilization:** 1,620

**RUC Recommendation:** 2.20    **Referred to CPT** May 2013    **Referred to CPT Asst**     **Published in CPT Asst:**

**2024 Work RVU:** 2.10  
**2024 NF PE RVU:** 1.01  
**2024 Fac PE RVU:** 1.01  
**Result:** Decrease

**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    **2022 Medicare Utilization:** 4,729

**RUC Recommendation:** 2.15    **Referred to CPT** May 2013    **Referred to CPT Asst**     **Published in CPT Asst:**

**2024 Work RVU:** 2.05  
**2024 NF PE RVU:** 6.66  
**2024 Fac PE RVU:** 1.25  
**Result:** Decrease

# 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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2013 **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 **2022 Medicare Utilization:** 929 **2024 Work RVU:** 1.25 **2024 NF PE RVU:** 12.18 **2024 Fac PE RVU:** 0.90 **Result:** Decrease  
**RUC Recommendation:** 1.35 **Referred to CPT** May 2013 **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 **2022 Medicare Utilization:** 1,784 **2024 Work RVU:** 2.12 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.30 **Result:** Increase  
**RUC Recommendation:** 2.43 **Referred to CPT** October 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

**45342** Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmurular 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 **2022 Medicare Utilization:** 370 **2024 Work RVU:** 2.98 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.66 **Result:** Decrease  
**RUC Recommendation:** 3.08 **Referred to CPT** October 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**45345** Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation) **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

**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:** May 2013 **2022 Medicare Utilization:** 886 **2024 Work RVU:** 2.81 **2024 NF PE RVU:** 64.69 **2024 Fac PE RVU:** 1.58 **Result:** Decrease

**RUC Recommendation:** 2.97 **Referred to CPT** May 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

**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:** May 2013 **2022 Medicare Utilization:** 532 **2024 Work RVU:** 2.72 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.50 **Result:** Decrease

**RUC Recommendation:** 2.98 **Referred to CPT** May 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 636 **2024 Work RVU:** 3.52 **2024 NF PE RVU:** **2024 Fac PE RVU:** 1.91 **Result:** Decrease

**RUC Recommendation:** 3.83 **Referred to CPT** October 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 1,100

**RUC Recommendation:** 1.78      **Referred to CPT:** October 2013      **Referred to CPT Asst:**       **Published in CPT Asst:**

**2024 Work RVU:** 1.68  
**2024 NF PE RVU:** 18.07  
**2024 Fac PE RVU:** 1.09  
**Result:** Decrease

**45355 Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple**      **Global:**      **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      **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT      **Referred to CPT:** February 2014      **Referred to CPT Asst:**       **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**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      **2022 Medicare Utilization:** 252,515

**RUC Recommendation:** 3.36      **Referred to CPT:** October 2013      **Referred to CPT Asst:**       **Published in CPT Asst:**

**2024 Work RVU:** 3.26  
**2024 NF PE RVU:** 6.51  
**2024 Fac PE RVU:** 1.77  
**Result:** Decrease

**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      **2022 Medicare Utilization:** 850

**RUC Recommendation:** 4.37      **Referred to CPT:** October 2013      **Referred to CPT Asst:**       **Published in CPT Asst:**

**2024 Work RVU:** 4.28  
**2024 NF PE RVU:** 8.21  
**2024 Fac PE RVU:** 2.23  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 922,055

**RUC Recommendation:** 3.66      **Referred to CPT:** October 2013      **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 3.56  
**2024 NF PE RVU:** 8.99  
**2024 Fac PE RVU:** 1.92  
**Result:** Decrease

**45381** Colonoscopy, flexible; with directed submucosal injection(s), any substance      **Global:** 000    **Issue:** Colonoscopy      **Screen:** CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4      **Complete?** Yes

**Most Recent RUC Meeting:** January 2018      **Tab:** 31    **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES      **First Identified:** October 2008      **2022 Medicare Utilization:** 64,291

**RUC Recommendation:** 3.67      **Referred to CPT:** October 2013      **Referred to CPT Asst:**     **Published in CPT Asst:** Jun 2010

**2024 Work RVU:** 3.56  
**2024 NF PE RVU:** 9.26  
**2024 Fac PE RVU:** 1.91  
**Result:** Decrease

**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      **2022 Medicare Utilization:** 20,188

**RUC Recommendation:** 4.76      **Referred to CPT:** October 2013      **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 4.66  
**2024 NF PE RVU:** 14.66  
**2024 Fac PE RVU:** 2.41  
**Result:** Decrease

# 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:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:** Deleted from CPT  
**RUC Recommendation:** Deleted from CPT      **Referred to CPT:** October 2013      **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      **2022 Medicare Utilization:** 44,803      **2024 Work RVU:** 4.07      **2024 NF PE RVU:** 9.93      **2024 Fac PE RVU:** 2.05  
**RUC Recommendation:** 4.17      **Referred to CPT:** October 2013      **Referred to CPT Asst:**       **Published in CPT Asst:**      **Result:** Decrease

**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 / CMS Request - Final Rule for 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2019      **Tab:** 13      **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES      **First Identified:** October 2010      **2022 Medicare Utilization:** 974,423      **2024 Work RVU:** 4.57      **2024 NF PE RVU:** 8.47      **2024 Fac PE RVU:** 2.36  
**RUC Recommendation:** 4.57      **Referred to CPT:** October 2013      **Referred to CPT Asst:**       **Published in CPT Asst:**      **Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

**45386** Colonoscopy, flexible; with transendoscopic balloon dilation Global: 000 Issue: Colonoscopy Screen: MPC List Complete? Yes

**Most Recent** Tab: 10 **Specialty Developing** AGA, ASGE, ACG, **First** 2022  
**RUC Meeting:** January 2014 **Recommendation:** ASCRS, ACS, **Identified:** September 2011 **Medicare** 2024 Work RVU: 3.77  
SAGES **Utilization:** 1,836 2024 NF PE RVU: 13.95  
SAGES 2024 Fac PE RVU: 2.00  
**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: Issue: Colonoscopy Screen: MPC List Complete? Yes

**Most Recent** Tab: 10 **Specialty Developing** AGA, ASGE, ACG, **First** 2022  
**RUC Meeting:** January 2014 **Recommendation:** ASCRS, ACS, **Identified:** September 2011 **Medicare** 2024 Work RVU:  
SAGES **Utilization:** 2024 NF PE RVU:  
SAGES 2024 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** Tab: 10 **Specialty Developing** AGA, ASGE, ACG, **First** 2022  
**RUC Meeting:** January 2014 **Recommendation:** ASCRS, ACS, **Identified:** January 2014 **Medicare** 2024 Work RVU: 4.88  
SAGES **Utilization:** 18,936 2024 NF PE RVU: 66.99  
SAGES 2024 Fac PE RVU: 2.46  
**RUC Recommendation:** 4.98 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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** Tab: 10 **Specialty Developing** AGA, ASGE, ACG, **First** 2022  
**RUC Meeting:** January 2014 **Recommendation:** ASCRS, ACS, **Identified:** January 2014 **Medicare** 2024 Work RVU: 5.24  
SAGES **Utilization:** 400 2024 NF PE RVU:  
SAGES 2024 Fac PE RVU: 2.66  
**RUC Recommendation:** 5.50 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 26,316 **2024 Work RVU:** 6.04  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.03  
**Result:** Decrease

**RUC Recommendation:** 6.35 **Referred to CPT** October 2013  
**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 **2022 Medicare Utilization:** 687 **2024 Work RVU:** 4.64  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.41  
**Result:** Decrease

**RUC Recommendation:** 4.95 **Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 97 **2024 Work RVU:** 5.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.80  
**Result:** Decrease

**RUC Recommendation:** 5.60 **Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1,870

**2024 Work RVU:** 4.68  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.12  
**Result:** Decrease

**RUC Recommendation:** 4.78

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 3,282

**2024 Work RVU:** 4.20  
**2024 NF PE RVU:** 19.69  
**2024 Fac PE RVU:** 2.12  
**Result:** Decrease

**RUC Recommendation:** 4.30

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**46020** Placement of seton **Global:** 000 **Issue:** Placement/Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab: 16 Specialty Developing Recommendation:** ACS, ASCRS (col)

**First Identified:** October 2019

**2022 Medicare Utilization:** 1,274

**2024 Work RVU:** 1.86  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.29  
**Result:** Increase

**RUC Recommendation:** 3.50

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

**46030** Removal of anal seton, other marker **Global:** 000 **Issue:** Placement/ Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab: 16 Specialty Developing Recommendation:** ACS, ASCRS (col)

**First Identified:** April 2020

**2022 Medicare Utilization:** 286

**2024 Work RVU:** 1.48  
**2024 NF PE RVU:** 5.89  
**2024 Fac PE RVU:** 0.87  
**Result:** Increase

**RUC Recommendation:** 2.00

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

# 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 **2022 Medicare Utilization:** 758

**2024 Work RVU:** 3.59  
**2024 NF PE RVU:** 10.13  
**2024 Fac PE RVU:** 6.06  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**46500** Injection of sclerosing solution, hemorrhoids

**Global:** 010 **Issue:** Hemorrhoid Injection

**Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon)

**First Identified:** January 2014 **2022 Medicare Utilization:** 12,398

**2024 Work RVU:** 1.74  
**2024 NF PE RVU:** 7.38  
**2024 Fac PE RVU:** 3.54  
**Result:** Increase

**RUC Recommendation:** 2.00

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

**47011** Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 1,407

**RUC Recommendation:** 91.78      **Referred to CPT**      **2024 Work RVU:** 90.00  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 48.63  
**Result:** Increase

**47136** Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age      **Global:**      **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      **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2014      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **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      **2022 Medicare Utilization:** 2,601

**RUC Recommendation:** New PE Inputs      **Referred to CPT**      **2024 Work RVU:** 14.97  
**Referred to CPT Asst**       **Published in CPT Asst:**      **2024 NF PE RVU:** 90.71  
**Result:** PE Only      **2024 Fac PE RVU:** 4.96

# 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 **2022 Medicare Utilization:** 12,012

**2024 Work RVU:** 4.76  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.56  
**Result:** Decrease

**RUC Recommendation:** 4.76

**Referred to CPT** June 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**47500** Injection procedure for percutaneous transhepatic cholangiography **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**47505** Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube) **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015  
**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:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**47511** Introduction of percutaneous transhepatic stent for internal and external biliary drainage

**Global:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**47525** Change of percutaneous biliary drainage catheter

**Global:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**47530** Revision and/or reinsertion of transhepatic tube **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2015  
**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 **2022 Medicare Utilization:** 6,459 **2024 Work RVU:** 1.30  
**2024 NF PE RVU:** 11.05  
**2024 Fac PE RVU:** 0.63  
**Result:** Increase

**RUC Recommendation:** 1.30 **Referred to CPT** February 2015  
**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 **2022 Medicare Utilization:** 393 **2024 Work RVU:** 4.25  
**2024 NF PE RVU:** 20.04  
**2024 Fac PE RVU:** 1.42  
**Result:** Increase

**RUC Recommendation:** 4.50 **Referred to CPT** February 2015  
**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    **2022 Medicare Utilization:** 1,183

**RUC Recommendation:** 5.63    **Referred to CPT:** February 2015    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 5.38  
**2024 NF PE RVU:** 28.32  
**2024 Fac PE RVU:** 1.71  
**Result:** Increase

**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    **2022 Medicare Utilization:** 3,944

**RUC Recommendation:** 7.85    **Referred to CPT:** February 2015    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 7.60  
**2024 NF PE RVU:** 29.25  
**2024 Fac PE RVU:** 2.32  
**Result:** Increase

**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    **2022 Medicare Utilization:** 383

**RUC Recommendation:** 4.20    **Referred to CPT:** February 2015    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 3.95  
**2024 NF PE RVU:** 21.73  
**2024 Fac PE RVU:** 1.33  
**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**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    **2022 Medicare Utilization:** 13,161

**RUC Recommendation:** 2.86    **Referred to CPT:** February 2015    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 2.61  
**2024 NF PE RVU:** 15.8  
**2024 Fac PE RVU:** 0.95  
**Result:** Increase

**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    **2022 Medicare Utilization:** 1,952

**RUC Recommendation:** 1.85    **Referred to CPT:** February 2015    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 1.84  
**2024 NF PE RVU:** 12.43  
**2024 Fac PE RVU:** 0.78  
**Result:** Increase

**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    **2022 Medicare Utilization:** 781

**RUC Recommendation:** 5.00    **Referred to CPT:** February 2015    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 4.75  
**2024 NF PE RVU:** 104.71  
**2024 Fac PE RVU:** 1.56  
**Result:** Increase

# 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    **2022 Medicare Utilization:** 120    **2024 Work RVU:** 8.75    **2024 NF PE RVU:** 113.95    **2024 Fac PE RVU:** 2.66    **Result:** Increase

**RUC Recommendation:** 9.00    **Referred to CPT:** February 2015    **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    **2022 Medicare Utilization:** 151    **2024 Work RVU:** 9.03    **2024 NF PE RVU:** 113.39    **2024 Fac PE RVU:** 2.73    **Result:** Increase

**RUC Recommendation:** 9.28    **Referred to CPT:** February 2015    **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    **2022 Medicare Utilization:** 135    **2024 Work RVU:** 6.75    **2024 NF PE RVU:** 26.81    **2024 Fac PE RVU:** 2.27    **Result:** Increase

**RUC Recommendation:** 7.00    **Referred to CPT:** February 2015    **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 **2022 Medicare Utilization:** 1,031 **2024 Work RVU:** 2.85 **2024 NF PE RVU:** 11.5 **2024 Fac PE RVU:** 0.78 **Result:** Increase

**RUC Recommendation:** 2.85 **Referred to CPT** February 2015 **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 **2022 Medicare Utilization:** 615 **2024 Work RVU:** 3.00 **2024 NF PE RVU:** 8.24 **2024 Fac PE RVU:** 0.84 **Result:** Increase

**RUC Recommendation:** 3.00 **Referred to CPT** February 2015 **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 **2022 Medicare Utilization:** 281 **2024 Work RVU:** 3.28 **2024 NF PE RVU:** 20.93 **2024 Fac PE RVU:** 0.90 **Result:** Increase

**RUC Recommendation:** 3.28 **Referred to CPT** February 2015 **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:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Maintain

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      **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      **2022 Medicare Utilization:** 75,951      **2024 Work RVU:** 10.47      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 6.81      **Result:** Maintain

**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:**

**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      **2022 Medicare Utilization:** 31,109      **2024 Work RVU:** 11.47      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 7.29      **Result:** Maintain

**RUC Recommendation:** No further action. 12.11      **Referred to CPT**      **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 **2022 Medicare Utilization:** 5,266 **2024 Work RVU:** 17.48

**RUC Recommendation:** 20.00 **Referred to CPT** **2024 NF PE RVU:** 10.36 **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 **2022 Medicare Utilization:** 719 **2024 Work RVU:** 18.48

**RUC Recommendation:** 21.00 **Referred to CPT** **2024 NF PE RVU:** 10.75 **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 **2022 Medicare Utilization:** 583 **2024 Work RVU:** 4.70

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **2024 NF PE RVU:** 10.02 **2024 Fac PE RVU:** 1.74

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

# Status Report: CMS Requests and Relativity Assessment Issues

**48511** External drainage, pseudocyst of pancreas; percutaneous

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**49021** Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**49041** Drainage of subdiaphragmatic or subphrenic abscess; percutaneous

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**49061 Drainage of retroperitoneal abscess; percutaneous**      **Global:**      **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      **2022 Medicare Utilization:**

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

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**49080 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**      **Global:**      **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      **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      June 2010      **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**49081 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**      **Global:**      **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      **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      June 2010      **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT



# 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    **2022 Medicare Utilization:** 9,041

**RUC Recommendation:** 1.35    **Referred to CPT:** June 2010    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 1.24  
**2024 NF PE RVU:** 4.92  
**2024 Fac PE RVU:** 0.75  
**Result:** Decrease

**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    **2022 Medicare Utilization:** 242,716

**RUC Recommendation:** 2.00    **Referred to CPT:** June 2010    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:** 6.51  
**2024 Fac PE RVU:** 0.92  
**Result:** Decrease

**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    **2022 Medicare Utilization:** 1,495

**RUC Recommendation:** 2.50    **Referred to CPT:** June 2010    **Referred to CPT Asst:**     **Published in CPT Asst:**

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.72  
**Result:** Increase

# 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 **2022 Medicare Utilization:** 4,897 **2024 Work RVU:** 4.00 **2024 NF PE RVU:** 21.7 **2024 Fac PE RVU:** 1.27 **Result:** Decrease

**RUC Recommendation:** 4.25 **Referred to CPT** October 2012 **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 **2022 Medicare Utilization:** 28,883 **2024 Work RVU:** 4.00 **2024 NF PE RVU:** 21.71 **2024 Fac PE RVU:** 1.27 **Result:** Decrease

**RUC Recommendation:** 4.25 **Referred to CPT** October 2012 **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 **2022 Medicare Utilization:** 149 **2024 Work RVU:** 4.25 **2024 NF PE RVU:** 17.55 **2024 Fac PE RVU:** 1.28 **Result:** Decrease

**RUC Recommendation:** 4.50 **Referred to CPT** October 2012 **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:** February 2010    **2022 Medicare Utilization:** 6,786    **2024 Work RVU:** 3.96    **2024 NF PE RVU:** 24.53    **2024 Fac PE RVU:** 1.46    **Result:** Decrease

**RUC Recommendation:** 4.21    **Referred to CPT:** February 2010    **Referred to CPT Asst:**     **Published in CPT Asst:**

**49420** Deleted from CPT

**Global:**    **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    **2022 Medicare Utilization:**    **2024 Work RVU:**    **2024 NF PE RVU:**    **2024 Fac PE RVU:**    **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT    **Referred to CPT:** February 2010    **Referred to CPT Asst:**     **Published in CPT Asst:**

**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    **2022 Medicare Utilization:** 1,077    **2024 Work RVU:** 4.21    **2024 NF PE RVU:**    **2024 Fac PE RVU:** 1.51    **Result:** Decrease

**RUC Recommendation:** 4.21    **Referred to CPT:** February 2010    **Referred to CPT Asst:**     **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**49422** Removal of tunneled intraperitoneal catheter **Global:** 000 **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 **2022 Medicare Utilization:** 10,313 **2024 Work RVU:** 4.00  
**2024 NF PE RVU:** **2024 Fac PE RVU:** 1.63  
**Result:** Decrease

**RUC Recommendation:** 4.00 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**49436** Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter **Global:** 010 **Issue:** Delayed Creation of Exit Site from Embedded Catheter **Screen:** CMS Request - Final Rule for 2022 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** November 2021 **2022 Medicare Utilization:** 246 **2024 Work RVU:** 2.72  
**2024 NF PE RVU:** 12.67 **2024 Fac PE RVU:** 2.20  
**Result:** PE Only

**RUC Recommendation:** PE Inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 37,728 **2024 Work RVU:** 7.96  
**2024 NF PE RVU:** **2024 Fac PE RVU:** 5.85  
**Result:** Maintain

**RUC Recommendation:** Reaffirmed **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 8,147 **2024 Work RVU:** 9.09  
**2024 NF PE RVU:** **2024 Fac PE RVU:** 6.40  
**Result:** Maintain

**RUC Recommendation:** 10.05 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 1,465      **2024 Work RVU:** 11.48  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 7.28  
**Result:** Maintain

**RUC Recommendation:** 12.44      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**49560** Repair initial incisional or ventral hernia; reducible      **Global:** 090      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES      **First Identified:** February 2021      **2022 Medicare Utilization:** 14,923      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2021  
**Referred to CPT Asst**  **Published in CPT Asst:**

**49561** Repair initial incisional or ventral hernia; incarcerated or strangulated      **Global:** 090      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES      **First Identified:** February 2021      **2022 Medicare Utilization:** 9,579      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2021  
**Referred to CPT Asst**  **Published in CPT Asst:**

**49565** Repair recurrent incisional or ventral hernia; reducible      **Global:** 090      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES      **First Identified:** October 2019      **2022 Medicare Utilization:** 3,102      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2021  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**49566** Repair recurrent incisional or ventral hernia; incarcerated or strangulated      **Global:** 090      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:** 2,432

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

**49568** Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair)      **Global:** ZZZ      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:** 18,598

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

**49570** Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)      **Global:** 090      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:** 452

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

# Status Report: CMS Requests and Relativity Assessment Issues

**49572** Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:** 389

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

**49580** Repair umbilical hernia, younger than age 5 years; reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:** 2

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

**49582** Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:** 0

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

**49585** Repair umbilical hernia, age 5 years or older; reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:** 14,177

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

# Status Report: CMS Requests and Relativity Assessment Issues

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**49587** Repair umbilical hernia, age 5 years or older; incarcerated or strangulated      **Global:** 090      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES      **First Identified:** September 2007      **2022 Medicare Utilization:** 6,075      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2021      **Referred to CPT Asst**  **Published in CPT Asst:**

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**49590** Repair spigelian hernia      **Global:** 090      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES      **First Identified:** February 2021      **2022 Medicare Utilization:** 506      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2021      **Referred to CPT Asst**  **Published in CPT Asst:**

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**49591** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible      **Global:** 000      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES      **First Identified:** February 2021      **2022 Medicare Utilization:**      **2024 Work RVU:** 5.96      **2024 NF PE RVU:**      **2024 Fac PE RVU:** 2.80      **Result:** Decrease

**RUC Recommendation:** 6.27      **Referred to CPT** February 2021      **Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**49592** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 8.46

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 3.65

**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT** February 2021

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

**49593** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 10.26

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 4.33

**Result:** Decrease

**RUC Recommendation:** 10.80

**Referred to CPT** February 2021

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

**49594** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 13.46

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 5.48

**Result:** Decrease

**RUC Recommendation:** 14.00

**Referred to CPT** February 2021

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

# Status Report: CMS Requests and Relativity Assessment Issues

**49595** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** **2024 Work RVU:** 13.94 **2024 NF PE RVU:** **2024 Fac PE RVU:** 5.68 **Result:** Decrease

**RUC Recommendation:** 14.88 **Referred to CPT:** February 2021 **Referred to CPT Asst:**  **Published in CPT Asst:**

**49596** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** **2024 Work RVU:** 18.67 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.38 **Result:** Decrease

**RUC Recommendation:** 20.00 **Referred to CPT:** February 2021 **Referred to CPT Asst:**  **Published in CPT Asst:**

**49613** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** **2024 Work RVU:** 7.42 **2024 NF PE RVU:** **2024 Fac PE RVU:** 3.39 **Result:** Decrease

**RUC Recommendation:** 7.75 **Referred to CPT:** February 2021 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**49614** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 10.25

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 4.31

**Result:** Decrease

**RUC Recommendation:** 10.79

**Referred to CPT** February 2021

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

**49615** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 11.46

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 4.83

**Result:** Decrease

**RUC Recommendation:** 12.00

**Referred to CPT** February 2021

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

**49616** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 15.55

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 6.26

**Result:** Decrease

**RUC Recommendation:** 16.50

**Referred to CPT** February 2021

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

# Status Report: CMS Requests and Relativity Assessment Issues

**49617** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 16.03

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 6.55

**Result:** Decrease

**RUC Recommendation:** 16.97

**Referred to CPT** February 2021

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

**49618** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 22.67

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 8.87

**Result:** Decrease

**RUC Recommendation:** 24.00

**Referred to CPT** February 2021

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

**49621** Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 13.70

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 5.45

**Result:** Decrease

**RUC Recommendation:** 14.24

**Referred to CPT** February 2021

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

# Status Report: CMS Requests and Relativity Assessment Issues

**49622** Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 17.06

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 6.58

**Result:** Decrease

**RUC Recommendation:** 18.00

**Referred to CPT** February 2021

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

**49623** Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 3.75

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.34

**Result:** Decrease

**RUC Recommendation:** 5.00

**Referred to CPT** February 2021

**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:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** June 2010

**2022 Medicare Utilization:** 9,196

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

# Status Report: CMS Requests and Relativity Assessment Issues

**49653** Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** June 2010

**2022 Medicare Utilization:** 6,826

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

**49654** Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** June 2010

**2022 Medicare Utilization:** 6,939

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**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:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** June 2010

**2022 Medicare Utilization:** 4,967

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

**49656** Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2022 Medicare Utilization:** 1,392

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

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

# Status Report: CMS Requests and Relativity Assessment Issues

**49657** Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 1,546

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** February 2021 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**50021** Drainage of perirenal or renal abscess; percutaneous **Global:** **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 **2022 Medicare Utilization:**

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

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**50080** Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones) **Global:** 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 08 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2022 Medicare Utilization:** 2,029

**RUC Recommendation:** 13.50 **Referred to CPT:** September 2021 **Referred to CPT Asst:**  **Published in CPT Asst:**

**2024 Work RVU:** 12.41  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.86  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**50081** Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy) **Global:** 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 08 **Specialty Developing Recommendation:** AUA

**First Identified:** October 2019

**2022 Medicare Utilization:** 5,760

**2024 Work RVU:** 20.91

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 9.98

**Result:** Decrease

**RUC Recommendation:** 22.00

**Referred to CPT** September 2021

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

**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

**2022 Medicare Utilization:** 31,892

**2024 Work RVU:** 2.38

**2024 NF PE RVU:** 12.58

**2024 Fac PE RVU:** 1.10

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

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

**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:** July 2012

**2022 Medicare Utilization:** 10,485

**2024 Work RVU:** 39.88

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 23.36

**Result:** Maintain

**RUC Recommendation:** 40.90

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 7,656

**2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 14.32  
**2024 Fac PE RVU:** 0.49  
**Result:** Maintain

**RUC Recommendation:** 2.00

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**50392** Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**50393** Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**50394** Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

**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:** **Issue:** Dilation of Urinary Tract

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2017

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

**50398** Change of nephrostomy or pyelostomy tube

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 810 **2024 Work RVU:** 2.90 **2024 NF PE RVU:** 15.52 **2024 Fac PE RVU:** 1.29 **Result:** Increase

**RUC Recommendation:** 3.15 **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 7,040 **2024 Work RVU:** 1.10 **2024 NF PE RVU:** 8.31 **2024 Fac PE RVU:** 0.73 **Result:** Increase

**RUC Recommendation:** 1.42 **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 28,826 **2024 Work RVU:** 4.00 **2024 NF PE RVU:** 22.33 **2024 Fac PE RVU:** 1.56 **Result:** Maintain

**RUC Recommendation:** 4.00 **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2022 Medicare Utilization:** 5,403 **2024 Work RVU:** 5.05 **2024 NF PE RVU:** 27.71 **2024 Fac PE RVU:** 1.83 **Result:** Maintain

**RUC Recommendation:** 5.05 **Referred to CPT** **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 **2022 Medicare Utilization:** 2,094 **2024 Work RVU:** 3.75 **2024 NF PE RVU:** 22.57 **2024 Fac PE RVU:** 1.41 **Result:** Increase

**RUC Recommendation:** 4.20 **Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 48,218 **2024 Work RVU:** 1.82 **2024 NF PE RVU:** 15.59 **2024 Fac PE RVU:** 0.91 **Result:** Increase

**RUC Recommendation:** 2.00 **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**50436** Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 12 **Specialty Developing Recommendation:**

**First Identified:** September 2017

**2022 Medicare Utilization:** 395

**2024 Work RVU:** 2.78

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.31

**Result:** Decrease

**RUC Recommendation:** 3.37

**Referred to CPT**

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

**50437** Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 12 **Specialty Developing Recommendation:**

**First Identified:** September 2017

**2022 Medicare Utilization:** 528

**2024 Work RVU:** 4.85

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.93

**Result:** Decrease

**RUC Recommendation:** 5.44

**Referred to CPT**

**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

**2022 Medicare Utilization:** 99

**2024 Work RVU:** 21.36

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 10.53

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 2,106 **2024 Work RVU:** 25.36  
**2024 NF PE RVU:** **2024 Fac PE RVU:** 11.31  
**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 Codes 1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 42 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 41,182 **2024 Work RVU:** 9.77  
**2024 NF PE RVU:** 11.28 **2024 Fac PE RVU:** 6.17  
**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 **2022 Medicare Utilization:** 2,207 **2024 Work RVU:** 16.79  
**2024 NF PE RVU:** **2024 Fac PE RVU:** 9.56  
**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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 56 **2024 Work RVU:** 3.16 **2024 NF PE RVU:** 10.72 **2024 Fac PE RVU:** 0.51 **Result:** Increase

**RUC Recommendation:** 3.16 **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 3,391 **2024 Work RVU:** 3.96 **2024 NF PE RVU:** 24.91 **2024 Fac PE RVU:** 1.57 **Result:** Increase

**RUC Recommendation:** 4.60 **Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 695 **2024 Work RVU:** 5.25 **2024 NF PE RVU:** 27.05 **2024 Fac PE RVU:** 1.97 **Result:** Increase

**RUC Recommendation:** 6.00 **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 940

**2024 Work RVU:** 6.80  
**2024 NF PE RVU:** 31.93  
**2024 Fac PE RVU:** 2.44  
**Result:** Increase

**RUC Recommendation:** 7.55

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 58

**2024 Work RVU:** 4.03  
**2024 NF PE RVU:** 49.19  
**2024 Fac PE RVU:** 0.65  
**Result:** Increase

**RUC Recommendation:** 4.03

**Referred to CPT** October 2014  
**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 **2022 Medicare Utilization:** 1,097

**2024 Work RVU:** 3.80  
**2024 NF PE RVU:** 20.45  
**2024 Fac PE RVU:** 1.05  
**Result:** Increase

**RUC Recommendation:** 3.80

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**51040 Cystostomy, cystostomy 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      **2022 Medicare Utilization:** 4,128      **2024 Work RVU:** 4.49  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 3.76  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 12,977      **2024 Work RVU:** 2.70  
**2024 NF PE RVU:** 4.15      **2024 Fac PE RVU:** 1.21  
**Result:** Decrease

**RUC Recommendation:** 2.70      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 172,260      **2024 Work RVU:** 0.60  
**2024 NF PE RVU:** 1.62      **2024 Fac PE RVU:** 0.21  
**Result:** Decrease

**RUC Recommendation:** 0.60      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 139,810      **2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.77      **2024 Fac PE RVU:** 0.19  
**Result:** Maintain

**RUC Recommendation:** 0.50      **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 218,125      **2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 1.31  
**2024 Fac PE RVU:** 0.19  
**Result:** Maintain

**RUC Recommendation:** 0.50      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 50,484      **2024 Work RVU:** 1.47  
**2024 NF PE RVU:** 2.84  
**2024 Fac PE RVU:** 0.61  
**Result:** Maintain

**RUC Recommendation:** 1.47      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 157,422      **2024 Work RVU:** 0.87  
**2024 NF PE RVU:** 1.68  
**2024 Fac PE RVU:** 0.31  
**Result:** Decrease

**RUC Recommendation:** 0.87      **Referred to CPT**  
**Referred to CPT Asst**       **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 2,860      **2024 Work RVU:** 1.71  
**2024 NF PE RVU:** 7.13  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.71      **Referred to CPT** February 2009  
**Referred to CPT Asst**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** February 2009 **2022 Medicare Utilization:** 1,764

**RUC Recommendation:** 2.11 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 2.11  
**2024 NF PE RVU:** 8.62  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**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 / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2022 Medicare Utilization:** 80,110

**RUC Recommendation:** Refer to CPT Assistant. 2.11 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 2.11  
**2024 NF PE RVU:** 8.59  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**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 / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2022 Medicare Utilization:** 49,749

**RUC Recommendation:** Refer to CPT Assistant. 2.51 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 2.51  
**2024 NF PE RVU:** 8.71  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 9,095 **2024 Work RVU:** 0.17 **2024 NF PE RVU:** 0.22 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.17 **Referred to CPT**  
**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 / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2022 Medicare Utilization:** 329,247 **2024 Work RVU:** 0.17 **2024 NF PE RVU:** 0.23 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** Refer to CPT Assistant. 0.17 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**51772** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**51784** Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique **Global:** XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA

**First Identified:** October 2012 **2022 Medicare Utilization:** 119,552

**2024 Work RVU:** 0.75  
**2024 NF PE RVU:** 1.1  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT Assistant. 0.75.

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AUA

**First Identified:** October 2012 **2022 Medicare Utilization:** 4,062

**2024 Work RVU:** 1.10  
**2024 NF PE RVU:** 6.95  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** CPT edits and CPT Assistant article complete.

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:** Feb 2014

**51795** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 93,588      **2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 4.79  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.80      **Referred to CPT** February 2009  
**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      **2022 Medicare Utilization:** 1,883,773      **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.33  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** PE Only      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 770,017      **2024 Work RVU:** 1.53  
**2024 NF PE RVU:** 5.47  
**2024 Fac PE RVU:** 0.66  
**Result:** Decrease

**RUC Recommendation:** 1.75      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 15,192

**2024 Work RVU:** 3.50

**2024 NF PE RVU:** 18.39

**2024 Fac PE RVU:** 1.23

**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT**

**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

**2022 Medicare Utilization:** 27,619

**2024 Work RVU:** 4.05

**2024 NF PE RVU:** 18.77

**2024 Fac PE RVU:** 1.42

**Result:** Increase

**RUC Recommendation:** 4.05

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Aug 2009 and May 2016

**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 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 29 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2011

**2022 Medicare Utilization:** 23,602

**2024 Work RVU:** 4.62

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.07

**Result:** Maintain

**RUC Recommendation:** 4.62

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** May 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 30,890

**2024 Work RVU:** 5.44  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.40  
**Result:** Maintain

**RUC Recommendation:** 5.44

**Referred to CPT**  
**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 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2011

**2022 Medicare Utilization:** 19,470

**2024 Work RVU:** 7.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.13  
**Result:** Decrease

**RUC Recommendation:** 8.75

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 49,376

**2024 Work RVU:** 2.75  
**2024 NF PE RVU:** 6.7  
**2024 Fac PE RVU:** 1.41  
**Result:** Maintain

**RUC Recommendation:** 2.80

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





# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1,850

**2024 Work RVU:** 5.35

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.37

**Result:** Decrease

**RUC Recommendation:** 5.35

**Referred to CPT**

**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

**2022 Medicare Utilization:** 143

**2024 Work RVU:** 5.85

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.55

**Result:** Decrease

**RUC Recommendation:** 5.85

**Referred to CPT**

**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

**2022 Medicare Utilization:** 24

**2024 Work RVU:** 6.55

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.79

**Result:** Decrease

**RUC Recommendation:** 6.55

**Referred to CPT**

**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

**2022 Medicare Utilization:** 3,092

**2024 Work RVU:** 7.05

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.97

**Result:** Decrease

**RUC Recommendation:** 7.05

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 403

**2024 Work RVU:** 7.55  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.14  
**Result:** Decrease

**RUC Recommendation:** 7.55

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 415

**2024 Work RVU:** 8.58  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.50  
**Result:** Decrease

**RUC Recommendation:** 8.58

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 21,054

**2024 Work RVU:** 5.75  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.47  
**Result:** Decrease

**RUC Recommendation:** 5.75

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 19,659

**2024 Work RVU:** 6.75  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.86  
**Result:** Decrease

**RUC Recommendation:** 6.75

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 10,320      **2024 Work RVU:** 7.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.12  
**Result:** Decrease

**RUC Recommendation:** 7.50      **Referred to CPT** February 2013  
**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      **2022 Medicare Utilization:** 8,347      **2024 Work RVU:** 8.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.30  
**Result:** Increase

**RUC Recommendation:** 8.58      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 733      **2024 Work RVU:** 9.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.65  
**Result:** Increase

**RUC Recommendation:** 10.00      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 82,797

**2024 Work RVU:** 8.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.26  
**Result:** Decrease

**RUC Recommendation:** 8.00

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 64

**2024 Work RVU:** 8.69  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.46  
**Result:** Decrease

**RUC Recommendation:** 8.69

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

**52442** Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** PE Subcommittee **Screen:** PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 24 **Specialty Developing Recommendation:** AUA, AACU

**First Identified:** April 2020

**2022 Medicare Utilization:** 90,771

**2024 Work RVU:** 1.01  
**2024 NF PE RVU:** 24.51  
**2024 Fac PE RVU:** 0.36  
**Result:** Maintain

**RUC Recommendation:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 2,334

**RUC Recommendation:** 8.14 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 8.14  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 5.67  
**Result:** Decrease

**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 **2022 Medicare Utilization:** 39,607

**RUC Recommendation:** 13.16 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 13.16  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.96  
**Result:** Decrease

**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 **2022 Medicare Utilization:** 1,129

**RUC Recommendation:** 4.79 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 4.79  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.37  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 14,767

**2024 Work RVU:** 12.15  
**2024 NF PE RVU:** 34.57  
**2024 Fac PE RVU:** 7.08  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 1,959

**2024 Work RVU:** 13.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.07  
**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 **2022 Medicare Utilization:** 950

**2024 Work RVU:** 5.42  
**2024 NF PE RVU:** 36.11  
**2024 Fac PE RVU:** 4.64  
**Result:** Maintain

**RUC Recommendation:** 10.08

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 4,474

**2024 Work RVU:** 14.52  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 7.84  
**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 **2022 Medicare Utilization:** 1,130

**2024 Work RVU:** 15.18  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.78  
**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 **2022 Medicare Utilization:** 1,941

**2024 Work RVU:** 5.30  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.87  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 1,012

**2024 Work RVU:** 8.46  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 5.76  
**Result:** Decrease

**RUC Recommendation:** 8.46

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



# Status Report: CMS Requests and Relativity Assessment Issues

**55700** Biopsy, prostate; needle or punch, single or multiple, any approach **Global:** 000 **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** July 2015 **2022 Medicare Utilization:** 139,388 **2024 Work RVU:** 2.50 **2024 NF PE RVU:** 4.42 **2024 Fac PE RVU:** 1.05 **Result:** Decrease

**RUC Recommendation:** Refer to CPT. 2.50 **Referred to CPT** February 2024 **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 **2022 Medicare Utilization:** 3,387 **2024 Work RVU:** 6.28 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.23 **Result:** Maintain

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

**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 **2022 Medicare Utilization:** 1,119 **2024 Work RVU:** 21.36 **2024 NF PE RVU:** **2024 Fac PE RVU:** 10.82 **Result:** Decrease

**RUC Recommendation:** 21.36 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 78 **2024 Work RVU:** 21.36 **2024 NF PE RVU:** **2024 Fac PE RVU:** 10.81 **Result:** Decrease

**RUC Recommendation:** 24.16 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 497 **2024 Work RVU:** 25.18 **2024 NF PE RVU:** **2024 Fac PE RVU:** 12.17 **Result:** Decrease

**RUC Recommendation:** 29.07 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 / Codes Reported Together 75% or More-Part6 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 19,034 **2024 Work RVU:** 22.46 **2024 NF PE RVU:** **2024 Fac PE RVU:** 10.33 **Result:** Decrease

**RUC Recommendation:** Refer to CPT to bundle. 26.80 **Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 1,134

**RUC Recommendation:** 13.45 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 13.60  
**2024 NF PE RVU:** 154.94  
**2024 Fac PE RVU:** 7.59  
**Result:** Decrease

**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:** AUA **First Identified:** April 2015 **2022 Medicare Utilization:** 4,859

**RUC Recommendation:** Review data at RAW **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 13.46  
**2024 NF PE RVU:** 8.41  
**2024 Fac PE RVU:** 8.41  
**Result:** Not Part of RAW

**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 **2022 Medicare Utilization:** 2,361

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 3.08  
**2024 NF PE RVU:** 4.81  
**2024 Fac PE RVU:** 2.85  
**Result:** PE Only

**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 **2022 Medicare Utilization:** 2,801

**RUC Recommendation:** 7.35 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 7.53  
**2024 NF PE RVU:** 9.01  
**2024 Fac PE RVU:** 9.01  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 18,396

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 1.16  
**2024 Fac PE RVU:** 0.19  
**Result:** Decrease

**RUC Recommendation:** 0.50

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 2,436

**2024 Work RVU:** 5.15  
**2024 NF PE RVU:** 6.37  
**2024 Fac PE RVU:** 2.88  
**Result:** Decrease

**RUC Recommendation:** 5.40

**Referred to CPT** October 2009  
**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

**2022 Medicare Utilization:** 15,742

**2024 Work RVU:** 2.69  
**2024 NF PE RVU:** 3.98  
**2024 Fac PE RVU:** 1.61  
**Result:** Decrease

**RUC Recommendation:** 2.69

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 74,056 **2024 Work RVU:** 0.89 **2024 NF PE RVU:** 1.21 **2024 Fac PE RVU:** 0.34 **RUC Recommendation:** 0.89 **Result:** Maintain

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

**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 **2022 Medicare Utilization:** 6,757 **2024 Work RVU:** 10.08 **2024 NF PE RVU:** 6.86 **2024 Fac PE RVU:** 6.86 **RUC Recommendation:** 10.08 **Result:** Decrease

**Referred to CPT** September 2016  
**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 **2022 Medicare Utilization:** 8,365 **2024 Work RVU:** 10.08 **2024 NF PE RVU:** 6.88 **2024 Fac PE RVU:** 6.88 **RUC Recommendation:** 10.08 **Result:** Decrease

**Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 8,276 **2024 Work RVU:** 13.25 **2024 NF PE RVU:** **2024 Fac PE RVU:** 8.07 **Result:** Decrease

**RUC Recommendation:** 13.25 **Referred to CPT** September 2016 **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 **2022 Medicare Utilization:** 3,521 **2024 Work RVU:** 15.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 8.79 **Result:** Decrease

**RUC Recommendation:** 15.00 **Referred to CPT** September 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

**57282** Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus) **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 6,291 **2024 Work RVU:** 11.63 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.46 **Result:** Increase

**RUC Recommendation:** 13.48 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**57283** Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy) **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 4,959 **2024 Work RVU:** 11.66 **2024 NF PE RVU:** **2024 Fac PE RVU:** 7.51 **Result:** Increase

**RUC Recommendation:** 13.51 **Referred to CPT** **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      **2022 Medicare Utilization:** 1,342      **2024 Work RVU:** 11.15  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 9.58  
**Result:** Decrease

**RUC Recommendation:** 10.97      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 19,924      **2024 Work RVU:** 12.13  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 8.44  
**Result:** Decrease

**RUC Recommendation:** 12.00      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**57425** Laparoscopy, surgical, colpopexy (suspension of vaginal apex)      **Global:** 090      **Issue:** Laparoscopic Colopexy      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** January 2020      **Tab:** 27      **Specialty Developing Recommendation:**      **First Identified:** October 2019      **2022 Medicare Utilization:** 10,619      **2024 Work RVU:** 17.03  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 9.56  
**Result:** Increase

**RUC Recommendation:** 18.02      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 59,384      **2024 Work RVU:** 1.21  
**2024 NF PE RVU:** 1.65      **2024 Fac PE RVU:** 0.48  
**Result:** Decrease

**RUC Recommendation:** 1.21      **Referred to CPT**  
**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

**2022 Medicare Utilization:** 663

**2024 Work RVU:** 0.77  
**2024 NF PE RVU:** 0.61  
**2024 Fac PE RVU:** 0.30  
**Result:** Maintain

**RUC Recommendation:** 0.77

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,212

**2024 Work RVU:** 2.65  
**2024 NF PE RVU:** 7.75  
**2024 Fac PE RVU:** 1.44  
**Result:** Decrease

**RUC Recommendation:** 3.07

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 42,979

**2024 Work RVU:** 4.17  
**2024 NF PE RVU:** 34.67  
**2024 Fac PE RVU:** 2.04  
**Result:** Decrease

**RUC Recommendation:** 4.37

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



# Status Report: CMS Requests and Relativity Assessment Issues

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**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      **2022 Medicare Utilization:** 75      **2024 Work RVU:** 5.20  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 2.41  
**Result:** Decrease

**RUC Recommendation:** 5.54      **Referred to CPT**  
**Referred to CPT Asst**       **Published in CPT Asst:**

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**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      **2022 Medicare Utilization:** 21      **2024 Work RVU:** 5.75  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 2.62  
**Result:** Decrease

**RUC Recommendation:** 6.15      **Referred to CPT**  
**Referred to CPT Asst**       **Published in CPT Asst:**

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**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      **2022 Medicare Utilization:** 2,058      **2024 Work RVU:** 6.60  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 2.97  
**Result:** Decrease

**RUC Recommendation:** 7.00      **Referred to CPT**  
**Referred to CPT Asst**       **Published in CPT Asst:**

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# 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 **2022 Medicare Utilization:** 175 **2024 Work RVU:** 4.00  
**2024 NF PE RVU:** 8.28  
**2024 Fac PE RVU:** 1.95  
**Result:** Decrease

**RUC Recommendation:** 4.17 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**58563** Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electro-surgical 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 **2022 Medicare Utilization:** 1,475 **2024 Work RVU:** 4.47  
**2024 NF PE RVU:** 57.45  
**2024 Fac PE RVU:** 2.13  
**Result:** Decrease

**RUC Recommendation:** 4.62 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 610 **2024 Work RVU:** 11.59  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.81  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 11,612

**2024 Work RVU:** 11.35  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 6.38  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**58823** Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic) **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**59200** Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure) **Global:** 000 **Issue:** Insertion of Cervical Dilator **Screen:** CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 13 **Specialty Developing Recommendation:** ACOG **First Identified:** November 2023 **2022 Medicare Utilization:** 185

**2024 Work RVU:** 0.79  
**2024 NF PE RVU:** 2.14  
**2024 Fac PE RVU:** 0.31  
**Result:** Increase

**RUC Recommendation:** 1.20

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1,827

**2024 Work RVU:** 37.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 25.80

**Result:** Increase

**RUC Recommendation:** 32.69

**Referred to CPT**

**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

**2022 Medicare Utilization:** 985

**2024 Work RVU:** 14.37

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 5.73

**Result:** Increase

**RUC Recommendation:** 14.37

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 517

**2024 Work RVU:** 18.76

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 8.60

**Result:** Increase

**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

**2022 Medicare Utilization:** 28

**2024 Work RVU:** 1.71

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 0.86

**Result:** Maintain

**RUC Recommendation:** 1.71

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 50 2024 Work RVU: 1.61  
2024 NF PE RVU:  
2024 Fac PE RVU: 0.62  
Result: Maintain

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 2022 Medicare Utilization: 538 2024 Work RVU: 7.80  
2024 NF PE RVU: 7.05  
2024 Fac PE RVU: 3.07  
Result: Decrease

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 2022 Medicare Utilization: 430 2024 Work RVU: 14.30  
2024 NF PE RVU: 12.82  
2024 Fac PE RVU: 5.63  
Result: Decrease

RUC Recommendation: 11.16 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 609 2024 Work RVU: 3.22  
2024 NF PE RVU: 3.87  
2024 Fac PE RVU: 1.27  
Result: Increase

RUC Recommendation: 2.47 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 1,497      **2024 Work RVU:** 41.05  
**2024 NF PE RVU:** 27.63  
**2024 Fac PE RVU:** 27.63  
**Result:** Increase

**RUC Recommendation:** 36.17      **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

**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:** October 2008      **2022 Medicare Utilization:** 798      **2024 Work RVU:** 16.13  
**2024 NF PE RVU:** 6.32  
**2024 Fac PE RVU:** 6.32  
**Result:** Increase

**RUC Recommendation:** 16.13      **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 462      **2024 Work RVU:** 22.79  
**2024 NF PE RVU:** 10.69  
**2024 Fac PE RVU:** 10.69  
**Result:** Increase

**RUC Recommendation:** 22.00      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 45      **2024 Work RVU:** 38.71  
**2024 NF PE RVU:** 25.92  
**2024 Fac PE RVU:** 25.92  
**Result:** Increase

**RUC Recommendation:** 34.40      **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 35 2024 Work RVU: 16.09  
2024 NF PE RVU:  
2024 Fac PE RVU: 6.20  
Result: Increase

RUC Recommendation: 16.09 Referred to CPT  
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 2022 Medicare Utilization: 27 2024 Work RVU: 20.48  
2024 NF PE RVU:  
2024 Fac PE RVU: 8.40  
Result: Increase

RUC Recommendation: 20.26 Referred to CPT  
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 2022 Medicare Utilization: 17 2024 Work RVU: 41.57  
2024 NF PE RVU:  
2024 Fac PE RVU: 27.69  
Result: Increase

RUC Recommendation: 36.69 Referred to CPT  
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 2022 Medicare Utilization: 8 2024 Work RVU: 16.66  
2024 NF PE RVU:  
2024 Fac PE RVU: 6.42  
Result: Decrease

RUC Recommendation: 16.66 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 16

**2024 Work RVU:** 23.32

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 11.36

**Result:** Increase

**RUC Recommendation:** 22.53

**Referred to CPT**

**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

**2022 Medicare Utilization:** 6,529

**2024 Work RVU:** 11.19

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 7.98

**Result:** Maintain

**RUC Recommendation:** 12.29

**Referred to CPT**

**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

**2022 Medicare Utilization:** 194

**2024 Work RVU:** 14.79

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 10.63

**Result:** Maintain

**RUC Recommendation:** 14.67

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

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**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      **2022 Medicare Utilization:** 340

**RUC Recommendation:** No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.      **Referred to CPT**

**2024 Work RVU:** 17.16  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 10.23  
**Result:** Remove from Screen

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

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**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      **2022 Medicare Utilization:** 216

**RUC Recommendation:** No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.      **Referred to CPT**

**2024 Work RVU:** 19.18  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.64  
**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 **2022 Medicare Utilization:** 96

**RUC Recommendation:** No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **Referred to CPT**

**2024 Work RVU:** 23.48  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 11.24  
**Result:** Remove from Screen

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

**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 **2022 Medicare Utilization:** 87

**RUC Recommendation:** Editorial change **Referred to CPT** October 2013

**2024 Work RVU:** 2.10  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.04  
**Result:** Remove from Screen

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

**61624** Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) **Global:** 000 **Issue:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, ACR, CNS **First Identified:** April 2022 **2022 Medicare Utilization:** 10,270

**RUC Recommendation:** Refer to CPT for code bundling solution **Referred to CPT** February 2024

**2024 Work RVU:** 20.12  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.36  
**Result:**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 15,392

**2024 Work RVU:** 3.75  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.79  
**Result:** Decrease

**RUC Recommendation:** 3.75

**Referred to CPT** October 2009

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

**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

**2022 Medicare Utilization:** 17,763

**2024 Work RVU:** 3.18  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.48  
**Result:** Decrease

**RUC Recommendation:** 3.18

**Referred to CPT** October 2009

**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

**2022 Medicare Utilization:** 26,207

**2024 Work RVU:** 3.75  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.83  
**Result:** Decrease

**RUC Recommendation:** 3.75

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**61793 Deleted from CPT**

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

**61795 Deleted from CPT**

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009  
**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 **2022 Medicare Utilization:** 5,843

**2024 Work RVU:** 13.93  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 11.48  
**Result:** Decrease

**RUC Recommendation:** 15.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 7,831

**2024 Work RVU:** 3.48  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.67  
**Result:** Decrease

**RUC Recommendation:** 3.48

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 2,820

**2024 Work RVU:** 19.85  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 14.19  
**Result:** Decrease

**RUC Recommendation:** 19.75

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

**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

**2022 Medicare Utilization:** 633

**2024 Work RVU:** 4.81  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.31  
**Result:** Decrease

**RUC Recommendation:** 4.81

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** February 2008

**2022 Medicare Utilization:** 3,856

**2024 Work RVU:** 2.25  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.36  
**Result:** Decrease

**RUC Recommendation:** 2.25

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 4,146

**2024 Work RVU:** 6.05  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 7.76  
**Result:** Decrease

**RUC Recommendation:** 6.44

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** Epidural 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

**2022 Medicare Utilization:** 199

**2024 Work RVU:** 5.00  
**2024 NF PE RVU:** 13.92  
**2024 Fac PE RVU:** 4.22  
**Result:** Maintain

**RUC Recommendation:** 6.54

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

# Status Report: CMS Requests and Relativity Assessment Issues

**62270** Spinal puncture, lumbar, diagnostic; **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2022 Medicare Utilization:** 22,631 **2024 Work RVU:** 1.22  
**2024 NF PE RVU:** 2.9  
**2024 Fac PE RVU:** 0.41  
**Result:** Increase

**RUC Recommendation:** 1.44 **Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**62272** Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 3,156 **2024 Work RVU:** 1.58  
**2024 NF PE RVU:** 3.52  
**2024 Fac PE RVU:** 0.71  
**Result:** Increase

**RUC Recommendation:** 1.80 **Referred to CPT** September 2018  
**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 **2022 Medicare Utilization:** 96 **2024 Work RVU:** 2.66  
**2024 NF PE RVU:** 4.32  
**2024 Fac PE RVU:** 1.75  
**Result:** PE Only

**RUC Recommendation:** Remove 99238 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Q&A May 2010

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 14,175

**2024 Work RVU:** 1.54

**2024 NF PE RVU:** 3.89

**2024 Fac PE RVU:** 0.75

**Result:** Maintain

**RUC Recommendation:** 1.54

**Referred to CPT**      October 2013

**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

**2022 Medicare Utilization:** 103

**2024 Work RVU:** 9.03

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 8.10

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**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

**2022 Medicare Utilization:** 4,934

**2024 Work RVU:** 3.00

**2024 NF PE RVU:** 7.01

**2024 Fac PE RVU:** 1.36

**Result:** Maintain

**RUC Recommendation:** 3.00, CPT Assistant article published.

**Referred to CPT**

**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      **2022 Medicare Utilization:** 2,064      **2024 Work RVU:** 2.29      **2024 NF PE RVU:** 5.08      **2024 Fac PE RVU:** 1.00      **Result:** Decrease

**RUC Recommendation:** 2.29      **Referred to CPT** October 2013      **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      **2022 Medicare Utilization:** 307      **2024 Work RVU:** 2.29      **2024 NF PE RVU:** 5.22      **2024 Fac PE RVU:** 1.01      **Result:** Decrease

**RUC Recommendation:** 2.29      **Referred to CPT** October 2013      **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      **2022 Medicare Utilization:** 9,215      **2024 Work RVU:** 2.25      **2024 NF PE RVU:** 5.08      **2024 Fac PE RVU:** 1.00      **Result:** Decrease

**RUC Recommendation:** 2.25      **Referred to CPT** October 2013      **Referred to CPT Asst**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 4,331

**2024 Work RVU:** 2.35

**2024 NF PE RVU:** 5.65

**2024 Fac PE RVU:** 1.03

**Result:** Decrease

**RUC Recommendation:** 2.35

**Referred to CPT** October 2013

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

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

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

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

**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

**2022 Medicare Utilization:** 1,661

**2024 Work RVU:** 1.80

**2024 NF PE RVU:** 2.87

**2024 Fac PE RVU:** 0.93

**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

**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 **2022 Medicare Utilization:** 175,954 **2024 Work RVU:** 1.95 **2024 NF PE RVU:** 5.75 **2024 Fac PE RVU:** 1.06

**RUC Recommendation:** 1.95 **Referred to CPT** May 2015 **Result:** Decrease  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 21,604 **2024 Work RVU:** 1.55 **2024 NF PE RVU:** 2.34 **2024 Fac PE RVU:** 0.64

**RUC Recommendation:** 1.55 **Referred to CPT** May 2015 **Result:** Decrease  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 548,699 **2024 Work RVU:** 1.80 **2024 NF PE RVU:** 5.78 **2024 Fac PE RVU:** 0.98

**RUC Recommendation:** 1.80 **Referred to CPT** May 2015 **Result:** Decrease  
**Referred to CPT Asst**  **Published in CPT Asst:**

# 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

**2022 Medicare Utilization:** 10,995

**2024 Work RVU:** 1.89  
**2024 NF PE RVU:** 2.06  
**2024 Fac PE RVU:** 0.59

**RUC Recommendation:** 1.89

**Referred to CPT** May 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**Result:** Decrease

**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

**2022 Medicare Utilization:** 731

**2024 Work RVU:** 2.20  
**2024 NF PE RVU:** 5.1  
**2024 Fac PE RVU:** 0.88

**RUC Recommendation:** 2.20

**Referred to CPT** May 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1,641

**2024 Work RVU:** 1.78  
**2024 NF PE RVU:** 2.18  
**2024 Fac PE RVU:** 0.59

**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

**2022 Medicare Utilization:** 1,126

**2024 Work RVU:** 1.90  
**2024 NF PE RVU:** 6.09  
**2024 Fac PE RVU:** 1.10

**RUC Recommendation:** 1.90

**Referred to CPT** May 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**Result:** Decrease

**62328** Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 09 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:** 40,475

**2024 Work RVU:** 1.73  
**2024 NF PE RVU:** 4.74  
**2024 Fac PE RVU:** 0.62

**RUC Recommendation:** 1.95

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**62329** Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance      **Global:** 000      **Issue:** Lumbar Puncture      **Screen:** Different Performing Specialty from Survey      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 09      **Specialty Developing Recommendation:**

**First Identified:** September 2018      **2022 Medicare Utilization:** 2,067

**2024 Work RVU:** 2.03  
**2024 NF PE RVU:** 5.5  
**2024 Fac PE RVU:** 0.76  
**Result:** Increase

**RUC Recommendation:** 2.25

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 3,825

**2024 Work RVU:** 6.05  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.78  
**Result:** Decrease

**RUC Recommendation:** 6.05

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

**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      **2022 Medicare Utilization:** 741

**2024 Work RVU:** 3.55  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.98  
**Result:** Decrease

**RUC Recommendation:** 4.35

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

**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      **2022 Medicare Utilization:** 211

**2024 Work RVU:** 4.33  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.10  
**Result:** Decrease

**RUC Recommendation:** 4.33

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

# 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      **2022 Medicare Utilization:** 28      **2024 Work RVU:** 5.00  
**2024 NF PE RVU:** 6.28  
**2024 Fac PE RVU:** 6.28  
**Result:** Decrease

**RUC Recommendation:** 5.65      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 5,790      **2024 Work RVU:** 5.60  
**2024 NF PE RVU:** 4.76  
**2024 Fac PE RVU:** 4.76  
**Result:** Decrease

**RUC Recommendation:** 6.10      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 904      **2024 Work RVU:** 3.93  
**2024 NF PE RVU:** 4.12  
**2024 Fac PE RVU:** 4.12  
**Result:** Decrease

**RUC Recommendation:** 4.65      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 (PE Only) **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2009

**2022 Medicare Utilization:** 6,627

**2024 Work RVU:** 0.48  
**2024 NF PE RVU:** 0.42  
**2024 Fac PE RVU:** 0.20  
**Result:** Maintain

**RUC Recommendation:** New PE inputs. 0.48

**Referred to CPT** October 2010

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

**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 (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2009

**2022 Medicare Utilization:** 29,798

**2024 Work RVU:** 0.67  
**2024 NF PE RVU:** 0.58  
**2024 Fac PE RVU:** 0.27  
**Result:** Decrease

**RUC Recommendation:** New PE inputs. 0.67

**Referred to CPT** October 2010

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

**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 (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2010

**2022 Medicare Utilization:** 20,819

**2024 Work RVU:** 0.67  
**2024 NF PE RVU:** 2.02  
**2024 Fac PE RVU:** 0.29  
**Result:** Decrease

**RUC Recommendation:** New PE inputs. 0.67

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2022 Medicare Utilization:** 86,854 **2024 Work RVU:** 0.90 **2024 NF PE RVU:** 1.77 **2024 Fac PE RVU:** 0.36 **Result:** Decrease

**RUC Recommendation:** New PE inputs. 1.10 **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

**63020** Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical **Global:** 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2022 Medicare Utilization:** 851 **2024 Work RVU:** 14.91 **2024 NF PE RVU:** 13.60 **2024 Fac PE RVU:** 13.60 **Result:** Decrease

**RUC Recommendation:** 15.95 **Referred to CPT** **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:** Lumbar Laminotomy with Decompression **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2014 **2022 Medicare Utilization:** 19,263 **2024 Work RVU:** 12.00 **2024 NF PE RVU:** 11.95 **2024 Fac PE RVU:** 11.95 **Result:** Maintain

**RUC Recommendation:** 13.18 **Referred to CPT** September 2021 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**63035** Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2022 Medicare Utilization:** 3,991 **2024 Work RVU:** 3.86 **2024 NF PE RVU:** 1.91 **2024 Fac PE RVU:** 1.91 **Result:** Increase

**RUC Recommendation:** 4.00 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 7,182 **2024 Work RVU:** 18.76 **2024 NF PE RVU:** 14.90 **2024 Fac PE RVU:** 14.90 **Result:** Maintain

**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:**

**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 **2022 Medicare Utilization:** 10,185 **2024 Work RVU:** 17.95 **2024 NF PE RVU:** 14.84 **2024 Fac PE RVU:** 14.84 **Result:** Maintain

**RUC Recommendation:** 17.95 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 4,093

**2024 Work RVU:** 17.25

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 14.35

**Result:** Maintain

**RUC Recommendation:** 17.25

**Referred to CPT**

**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

**2022 Medicare Utilization:** 81,538

**2024 Work RVU:** 15.37

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 13.32

**Result:** Maintain

**RUC Recommendation:** 15.37

**Referred to CPT**

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

**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 vertebral 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

**2022 Medicare Utilization:** 103,832

**2024 Work RVU:** 3.47

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 1.72

**Result:** Maintain

**RUC Recommendation:** 3.47

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 4,385 **2024 Work RVU:** 21.86 **2024 NF PE RVU:** **2024 Fac PE RVU:** 16.05 **Result:** Maintain

**RUC Recommendation:** Review action plan at RAW Oct 2015. Maintain **Referred to CPT:** February 2010 **Referred to CPT Asst:**  **Published in CPT Asst:** Oct 2009

**63075** Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; 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 **2022 Medicare Utilization:** 207 **2024 Work RVU:** 19.60 **2024 NF PE RVU:** **2024 Fac PE RVU:** 15.09 **Result:** Maintain

**RUC Recommendation:** 19.60 **Referred to CPT:** October 2009 **Referred to CPT Asst:**  **Published in CPT Asst:**

**63076** Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; 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:** **2022 Medicare Utilization:** 156 **2024 Work RVU:** 4.04 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.00 **Result:** Maintain

**RUC Recommendation:** 4.04 **Referred to CPT:** October 2009 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**63081** Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment **Global:** 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 3,436 **2024 Work RVU:** 26.10 **2024 NF PE RVU:** **2024 Fac PE RVU:** 18.56

**RUC Recommendation:** Refer to CPT Assistant **Referred to CPT Referred to CPT Asst**  **Published in CPT Asst:** Aug 2023

**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?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2022 Medicare Utilization:** 564 **2024 Work RVU:** 30.93 **2024 NF PE RVU:** **2024 Fac PE RVU:** 19.29

**RUC Recommendation:** Maintain **Referred to CPT** September 2016 **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 **2022 Medicare Utilization:** 527 **2024 Work RVU:** 15.60 **2024 NF PE RVU:** **2024 Fac PE RVU:** 12.33

**RUC Recommendation:** 15.50 **Referred to CPT 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

**2022 Medicare Utilization:** 183

**2024 Work RVU:** 4.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.92  
**Result:** Decrease

**RUC Recommendation:** 4.00

**Referred to CPT**  
**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 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 24 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007

**2022 Medicare Utilization:** 79,512

**2024 Work RVU:** 7.15  
**2024 NF PE RVU:** 60.33  
**2024 Fac PE RVU:** 4.45  
**Result:** Decrease

**RUC Recommendation:** 7.20. New PE Inputs

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 6,501

**2024 Work RVU:** 10.92  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 10.86  
**Result:** Maintain

**RUC Recommendation:** 11.43

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

# Status Report: CMS Requests and Relativity Assessment Issues

**63660 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2008  
**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:** April 2008 **2022 Medicare Utilization:** 3,706 **2024 Work RVU:** 5.08  
**2024 NF PE RVU:** 14.52  
**2024 Fac PE RVU:** 3.85  
**Result:** Decrease

**RUC Recommendation:** 5.03 **Referred to CPT**  
**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:** April 2008 **2022 Medicare Utilization:** 1,893 **2024 Work RVU:** 11.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 11.06  
**Result:** Decrease

**RUC Recommendation:** 10.87 **Referred to CPT**  
**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:** April 2008 **2022 Medicare Utilization:** 1,445 **2024 Work RVU:** 7.75  
**2024 NF PE RVU:** 18.26  
**2024 Fac PE RVU:** 4.67  
**Result:** Decrease

**RUC Recommendation:** 70 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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:** April 2008

**2022 Medicare Utilization:** 545

**2024 Work RVU:** 11.52

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 11.40

**Result:** Decrease

**RUC Recommendation:** 11.39

**Referred to CPT**

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

**63685** Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver **Global:** 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / High Volume Growth7 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS

**First Identified:** September 2007

**2022 Medicare Utilization:** 25,687

**2024 Work RVU:** 5.19

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 3.98

**Result:** Decrease

**RUC Recommendation:** 5.19

**Referred to CPT**

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

**63688** Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array **Global:** 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS

**First Identified:** September 2007

**2022 Medicare Utilization:** 7,096

**2024 Work RVU:** 4.35

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 3.73

**Result:** Decrease

**RUC Recommendation:** 4.35

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**64400** Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM&R, AAPM, NANS, SIS

**First Identified:** October 2021

**2022 Medicare Utilization:** 37,413

**2024 Work RVU:** 0.75  
**2024 NF PE RVU:** 2.46  
**2024 Fac PE RVU:** 0.59  
**Result:** Decrease

**RUC Recommendation:** 1.00

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

**64405** Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM, AAPM&R, NANS, SIS

**First Identified:** July 2016

**2022 Medicare Utilization:** 120,882

**2024 Work RVU:** 0.94  
**2024 NF PE RVU:** 1.11  
**2024 Fac PE RVU:** 0.42  
**Result:** Maintain

**RUC Recommendation:** 0.94

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

**64408** Injection(s), anesthetic agent(s) and/or steroid; vagus nerve **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS

**First Identified:** October 2021

**2022 Medicare Utilization:** 1,567

**2024 Work RVU:** 0.75  
**2024 NF PE RVU:** 1.59  
**2024 Fac PE RVU:** 0.48  
**Result:** Decrease

**RUC Recommendation:** 0.90

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

**64412** Injection, anesthetic agent; spinal accessory nerve **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:** FAQ Sept 2015

# Status Report: CMS Requests and Relativity Assessment Issues

**64415** Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed      **Global:** 000      **Issue:** Somatic Nerve Injections      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent RUC Meeting:** October 2021      **Tab:** 05      **Specialty Developing Recommendation:** AAPM, ASA      **First Identified:** October 2008      **2022 Medicare Utilization:** 192,508      **2024 Work RVU:** 1.50  
**2024 NF PE RVU:** 2.39  
**2024 Fac PE RVU:** 0.43  
**RUC Recommendation:** 1.50      **Referred to CPT:** May 2021      **Result:** Increase  
**Referred to CPT Asst:**       **Published in CPT Asst:** Dec 2011 & Apr 2012

**64416** Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed      **Global:** 000      **Issue:** Somatic Nerve Injections      **Screen:** Site of Service Anomaly / High Volume Growth2      **Complete?** Yes

**Most Recent RUC Meeting:** October 2021      **Tab:** 05      **Specialty Developing Recommendation:** AAPM, ASA      **First Identified:** September 2007      **2022 Medicare Utilization:** 13,485      **2024 Work RVU:** 1.80  
**2024 NF PE RVU:** 0.33  
**2024 Fac PE RVU:** 0.33  
**RUC Recommendation:** 1.80      **Referred to CPT:** May 2021      **Result:** Decrease  
**Referred to CPT Asst:**       **Published in CPT Asst:**

**64417** Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed      **Global:** 000      **Issue:** Somatic Nerve Injections      **Screen:** part of New/Revised Review      **Complete?** Yes

**Most Recent RUC Meeting:** October 2021      **Tab:** 05      **Specialty Developing Recommendation:** AAPM, ASA      **First Identified:** October 2018      **2022 Medicare Utilization:** 15,886      **2024 Work RVU:** 1.31  
**2024 NF PE RVU:** 3.37  
**2024 Fac PE RVU:** 0.46  
**RUC Recommendation:** 1.31      **Referred to CPT:** May 2021      **Result:** Decrease  
**Referred to CPT Asst:**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**64418** Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, SIS

**First Identified:** October 2015 **2022 Medicare Utilization:** 28,406

**2024 Work RVU:** 1.10  
**2024 NF PE RVU:** 1.37  
**2024 Fac PE RVU:** 0.43  
**Result:** Decrease

**RUC Recommendation:** 1.10

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

**64420** Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS

**First Identified:** October 2021 **2022 Medicare Utilization:** 22,533

**2024 Work RVU:** 1.08  
**2024 NF PE RVU:** 1.76  
**2024 Fac PE RVU:** 0.55  
**Result:** Maintain

**RUC Recommendation:** 1.18

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

**64421** Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS

**First Identified:** October 2021 **2022 Medicare Utilization:** 17,399

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.45  
**2024 Fac PE RVU:** 0.19  
**Result:** Decrease

**RUC Recommendation:** 0.60

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

**64425** Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS

**First Identified:** October 2021 **2022 Medicare Utilization:** 6,972

**2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 2.22  
**2024 Fac PE RVU:** 0.52  
**Result:** Decrease

**RUC Recommendation:** 1.19

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

# Status Report: CMS Requests and Relativity Assessment Issues

**64430** Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve      **Global:** 000      **Issue:** Somatic Nerve Injections      **Screen:** Added as part of family      **Complete?** Yes

**Most Recent RUC Meeting:** October 2021      **Tab:** 05      **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS      **First Identified:** October 2021      **2022 Medicare Utilization:** 4,492

**RUC Recommendation:** 1.15      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

**2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 1.83  
**2024 Fac PE RVU:** 0.51  
**Result:** Decrease

**64435** Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve      **Global:** 000      **Issue:** Somatic Nerve Injections      **Screen:** Added as part of family      **Complete?** Yes

**Most Recent RUC Meeting:** October 2021      **Tab:** 05      **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS      **First Identified:** October 2021      **2022 Medicare Utilization:** 37

**RUC Recommendation:** 0.75      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

**2024 Work RVU:** 0.75  
**2024 NF PE RVU:** 1.54  
**2024 Fac PE RVU:** 0.43  
**Result:** Decrease

**64445** Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed      **Global:** 000      **Issue:** Somatic Nerve Injections      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent RUC Meeting:** October 2021      **Tab:** 05      **Specialty Developing Recommendation:** AAPM, AAPM&R, ASA      **First Identified:** October 2008      **2022 Medicare Utilization:** 131,118

**RUC Recommendation:** 1.39      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:** Dec 2011 & Apr 2012

**2024 Work RVU:** 1.39  
**2024 NF PE RVU:** 3.23  
**2024 Fac PE RVU:** 0.61  
**Result:** Decrease

**64446** Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed      **Global:** 000      **Issue:** Somatic Nerve Injections      **Screen:** Site of Service Anomaly / High Volume Growth1      **Complete?** Yes

**Most Recent RUC Meeting:** October 2021      **Tab:** 05      **Specialty Developing Recommendation:** AAPM, ASA      **First Identified:** February 2008      **2022 Medicare Utilization:** 4,622

**RUC Recommendation:** 1.75      **Referred to CPT** May 2021      **Referred to CPT Asst**       **Published in CPT Asst:**

**2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 0.33  
**2024 Fac PE RVU:** 0.33  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**64447** Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

**First Identified:** October 2008

**2022 Medicare Utilization:** 340,001

**2024 Work RVU:** 1.34  
**2024 NF PE RVU:** 2.03  
**2024 Fac PE RVU:** 0.42  
**Result:** Decrease

**RUC Recommendation:** 1.34

**Referred to CPT** May 2021  
**Referred to CPT Asst**  **Published in CPT Asst:** Dec 2011 & Apr 2012

**64448** Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

**First Identified:** February 2008

**2022 Medicare Utilization:** 28,796

**2024 Work RVU:** 1.68  
**2024 NF PE RVU:** 0.31  
**2024 Fac PE RVU:** 0.31  
**Result:** Increase

**RUC Recommendation:** 1.68

**Referred to CPT** May 2021  
**Referred to CPT Asst**  **Published in CPT Asst:**

**64449** Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS

**First Identified:** September 2007

**2022 Medicare Utilization:** 914

**2024 Work RVU:** 1.27  
**2024 NF PE RVU:** 0.48  
**2024 Fac PE RVU:** 0.48  
**Result:** Decrease

**RUC Recommendation:** 1.55

**Referred to CPT** February 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**64450** Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch **Global:** 000 **Issue:** Somatic Nerve Injections **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:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, APMA, NANS, SIS **First Identified:** October 2009 **2022 Medicare Utilization:** 362,024 **2024 Work RVU:** 0.75 **2024 NF PE RVU:** 1.42 **2024 Fac PE RVU:** 0.41 **Result:** Maintain

**RUC Recommendation:** 0.75 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2013

**64451** Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 22,213 **2024 Work RVU:** 1.52 **2024 NF PE RVU:** 5.18 **2024 Fac PE RVU:** 0.77 **Result:** Maintain

**RUC Recommendation:** 1.52 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**64454** Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 45,000 **2024 Work RVU:** 1.52 **2024 NF PE RVU:** 5 **2024 Fac PE RVU:** 0.79 **Result:** Maintain

**RUC Recommendation:** 1.52 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**64455** Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, APMA, NANS, SIS

**First Identified:** October 2016

**2022 Medicare Utilization:** 65,814

**2024 Work RVU:** 0.75  
**2024 NF PE RVU:** 0.69  
**2024 Fac PE RVU:** 0.18  
**Result:** Maintain

**RUC Recommendation:** 0.75

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

**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

**2022 Medicare Utilization:** 7,227

**2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 2.11  
**2024 Fac PE RVU:** 0.40  
**Result:** Not Part of RAW

**RUC Recommendation:** CPT Assistant article published Jan 2016

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2016

**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

**2022 Medicare Utilization:** 1,947

**2024 Work RVU:** 1.10  
**2024 NF PE RVU:** 0.94  
**2024 Fac PE RVU:** 0.24  
**Result:** Not Part of RAW

**RUC Recommendation:** CPT Assistant article published Jan 2016

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2016



# Status Report: CMS Requests and Relativity Assessment Issues

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**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 **2022 Medicare Utilization:** 1,042 **2024 Work RVU:** 1.90 **2024 NF PE RVU:** 4.77 **2024 Fac PE RVU:** 0.35 **Result:** Not Part of RAW

**RUC Recommendation:** CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:** Jan 2016

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**64470** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009 **Referred to CPT Asst**  **Published in CPT Asst:**

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**64472** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009 **Referred to CPT Asst**  **Published in CPT Asst:**

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**64475** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009 **Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**64476 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**64479 Injection(s), anesthetic agent(s) 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 **2022 Medicare Utilization:** 35,983 **2024 Work RVU:** 2.29  
**2024 NF PE RVU:** 5.48  
**2024 Fac PE RVU:** 1.39  
**Result:** Increase

**RUC Recommendation:** 2.29 **Referred to CPT** June 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**64480 Injection(s), anesthetic agent(s) 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 **2022 Medicare Utilization:** 13,294 **2024 Work RVU:** 1.20  
**2024 NF PE RVU:** 2.73  
**2024 Fac PE RVU:** 0.50  
**Result:** Decrease

**RUC Recommendation:** 1.20 **Referred to CPT** June 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**64483 Injection(s), anesthetic agent(s) 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 **2022 Medicare Utilization:** 880,177 **2024 Work RVU:** 1.90  
**2024 NF PE RVU:** 5.32  
**2024 Fac PE RVU:** 1.24  
**Result:** Decrease

**RUC Recommendation:** 1.90 **Referred to CPT** June 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**64484** Injection(s), anesthetic agent(s) 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

**2022 Medicare Utilization:** 325,687

**2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 2.24  
**2024 Fac PE RVU:** 0.43  
**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** June 2009

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

**64488** Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed) **Global:** 000 **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ANA, ASA

**First Identified:** April 2022

**2022 Medicare Utilization:** 62,861

**2024 Work RVU:** 1.60  
**2024 NF PE RVU:** 2.39  
**2024 Fac PE RVU:** 0.30  
**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**

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

**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:**

**2022 Medicare Utilization:** 228,012

**2024 Work RVU:** 1.82  
**2024 NF PE RVU:** 3.79  
**2024 Fac PE RVU:** 1.14

**RUC Recommendation:** 1.82

**Referred to CPT**

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **2022 Medicare Utilization:** 203,743 **2024 Work RVU:** 1.16 **2024 NF PE RVU:** 1.64 **2024 Fac PE RVU:** 0.48

**RUC Recommendation:** 1.16 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

**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:** **2022 Medicare Utilization:** 960 **2024 Work RVU:** 1.16 **2024 NF PE RVU:** 1.65 **2024 Fac PE RVU:** 0.51

**RUC Recommendation:** 1.16 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

**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:** **2022 Medicare Utilization:** 767,913 **2024 Work RVU:** 1.52 **2024 NF PE RVU:** 3.66 **2024 Fac PE RVU:** 1.03

**RUC Recommendation:** 1.52 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **2022 Medicare Utilization:** 689,688 **2024 Work RVU:** 1.00 **2024 NF PE RVU:** 1.63 **2024 Fac PE RVU:** 0.41

**RUC Recommendation:** 1.00 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

**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:** **2022 Medicare Utilization:** 2,562 **2024 Work RVU:** 1.00 **2024 NF PE RVU:** 1.63 **2024 Fac PE RVU:** 0.44

**RUC Recommendation:** 1.00 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Decrease

**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 **2022 Medicare Utilization:** 5,787 **2024 Work RVU:** 1.22 **2024 NF PE RVU:** 3.06 **2024 Fac PE RVU:** 0.96

**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

**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      **2022 Medicare Utilization:** 12,518

**2024 Work RVU:** 1.35  
**2024 NF PE RVU:** 5.44  
**2024 Fac PE RVU:** 1.06  
**Result:** PE Only

**RUC Recommendation:** PE Review - no change      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**64550** Application of surface (transcutaneous) neurostimulator (eg, TENS unit)      **Global:**      **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      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** June 2017  
**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      **2022 Medicare Utilization:** 42

**2024 Work RVU:** 6.13  
**2024 NF PE RVU:** 107.38  
**2024 Fac PE RVU:** 5.06  
**Result:** Increase

**RUC Recommendation:** 6.13      **Referred to CPT** September 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 37 **Specialty Developing Recommendation:** AANS, CNS, ASA

**First Identified:** February 2008

**2022 Medicare Utilization:** 9,610

**2024 Work RVU:** 5.76

**2024 NF PE RVU:** 57.29

**2024 Fac PE RVU:** 3.30

**Result:** Increase

**RUC Recommendation:** 5.76. Article published Jan2016 and addressed issues.

**Referred to CPT** September 2016

**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 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 24 **Specialty Developing Recommendation:** AANS, CNS

**First Identified:** October 2008

**2022 Medicare Utilization:** 26,286

**2024 Work RVU:** 5.44

**2024 NF PE RVU:** 15.82

**2024 Fac PE RVU:** 2.88

**Result:** Decrease

**RUC Recommendation:** 5.44. 99214 visit appropriate. Remove from screen.

**Referred to CPT** September 2016

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

**64565** Percutaneous implantation of neurostimulator electrode array; neuromuscular **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

**64566** Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming **Global:** 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 / High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 37 **Specialty Developing Recommendation:** ACOG, AUA

**First Identified:** July 2013

**2022 Medicare Utilization:** 159,314

**2024 Work RVU:** 0.60  
**2024 NF PE RVU:** 2.82  
**2024 Fac PE RVU:** 0.22  
**Result:** Maintain

**RUC Recommendation:** 0.60

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

**64568** Open 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:** February 2009

**2022 Medicare Utilization:** 251

**2024 Work RVU:** 9.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 7.31  
**Result:** Decrease

**RUC Recommendation:** 11.19

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**64573** Deleted from CPT **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**64581** Open 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 **2022 Medicare Utilization:** 6,897

**2024 Work RVU:** 12.20  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 5.74  
**Result:** Decrease

**RUC Recommendation:** 12.20. 99214 visit appropriate. Remove from screen.

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

**64590** Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver **Global:** 010 **Issue:** Skin Adhesives (PE Only) **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million / Different Performing Specialty from Survey/ RUC recommendation process, not part of RAW screens / PE Skin Adhesives / Different Performing Specialty from Survey5 **Complete?** Yes

**Most Recent RUC Meeting:** April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA

**First Identified:** April 2022 **2022 Medicare Utilization:** 15,943

**2024 Work RVU:** 5.10  
**2024 NF PE RVU:** 7.44  
**2024 Fac PE RVU:** 3.00  
**Result:** Remove from Screen

**RUC Recommendation:** New PE Inputs. CPT Assistant Article

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

**64595** Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array **Global:** 010 **Issue:** Skin Adhesives (PE Only) **Screen:** RUC recommendation process, not part of RAW screens / PE Skin Adhesives **Complete?** No

**Most Recent RUC Meeting:** April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA

**First Identified:** April 2022 **2022 Medicare Utilization:** 3,024

**2024 Work RVU:** 3.79  
**2024 NF PE RVU:** 6.59  
**2024 Fac PE RVU:** 2.54  
**Result:**

**RUC Recommendation:** New PE Inputs. CPT Assistant Article

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

# Status Report: CMS Requests and Relativity Assessment Issues

**64596** Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array **Global:** 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS

**First Identified:** September 2022

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Contractor Price

**RUC Recommendation:** Review action plan. Contractor Price.

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

**64597** Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS

**First Identified:** September 2022

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Contractor Price

**RUC Recommendation:** Review action plan. Contractor Price.

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

**64598** Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator **Global:** 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS

**First Identified:** September 2022

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Contractor Price

**RUC Recommendation:** Review action plan. Contractor Price.

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

# Status Report: CMS Requests and Relativity Assessment Issues

**64615** Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine) **Global:** 010 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 23 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, NANS **First Identified:** October 2019 **2022 Medicare Utilization:** 161,627 **2024 Work RVU:** 1.85 **2024 NF PE RVU:** 2.16 **2024 Fac PE RVU:** 1.22 **Result:** Maintain

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

**64622** Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Referred to CPT Asst**  **Published in CPT Asst:**

**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**64626** Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Referred to CPT Asst**  **Published in CPT Asst:**

**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Referred to CPT Asst**  **Published in CPT Asst:**

**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?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 86,733 **2024 Work RVU:** 3.32 **2024 NF PE RVU:** 9.51 **2024 Fac PE RVU:** 2.10

**RUC Recommendation:** 3.42 **Referred to CPT** May 2015 **Referred to CPT Asst**  **Published in CPT Asst:** Feb 2015 **Result:** Decrease

# 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?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 95,086 **2024 Work RVU:** 1.32 **2024 NF PE RVU:** 6.22 **2024 Fac PE RVU:** 0.54

**RUC Recommendation:** 1.32 **Referred to CPT** May 2015 **Referred to CPT Asst**  **Published in CPT Asst:** Feb 2015 **Result:** Maintain

**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?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 352,439 **2024 Work RVU:** 3.32 **2024 NF PE RVU:** 9.62 **2024 Fac PE RVU:** 2.11

**RUC Recommendation:** 3.42 **Referred to CPT** May 2015 **Referred to CPT Asst**  **Published in CPT Asst:** Feb 2015 **Result:** Decrease

**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?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 381,076 **2024 Work RVU:** 1.16 **2024 NF PE RVU:** 5.93 **2024 Fac PE RVU:** 0.47

**RUC Recommendation:** 1.16 **Referred to CPT** May 2015 **Referred to CPT Asst**  **Published in CPT Asst:** Feb 2015 **Result:** Maintain

# 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 **2022 Medicare Utilization:** 72,404 **2024 Work RVU:** 1.98 **2024 NF PE RVU:** 5.27 **2024 Fac PE RVU:** 1.37 **Result:** Decrease

**RUC Recommendation:** 1.23. Remove 99238. **Referred to CPT**  
**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 **2022 Medicare Utilization:** 8,567 **2024 Work RVU:** 6.36 **2024 NF PE RVU:** 8.08 **2024 Fac PE RVU:** 8.08 **Result:** Maintain

**RUC Recommendation:** 6.36 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 628 **2024 Work RVU:** 8.07 **2024 NF PE RVU:** 8.28 **2024 Fac PE RVU:** 8.28 **Result:** Remove from Screen

**RUC Recommendation:** Remove from screen **Referred to CPT** February 2010  
**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 **2022 Medicare Utilization:** 728 **2024 Work RVU:** 9.16 **2024 NF PE RVU:** 10.18 **2024 Fac PE RVU:** 10.18 **Result:** Decrease

**RUC Recommendation:** 9.16 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**65105** Eucleation 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 **2022 Medicare Utilization:** 565 **2024 Work RVU:** 9.93 **2024 NF PE RVU:** **2024 Fac PE RVU:** 17.85 **Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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 **2022 Medicare Utilization:** 22,562 **2024 Work RVU:** 0.49 **2024 NF PE RVU:** 0.33 **2024 Fac PE RVU:** 0.34 **Result:** Decrease

**RUC Recommendation:** 0.49 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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 **2022 Medicare Utilization:** 17,304 **2024 Work RVU:** 0.61 **2024 NF PE RVU:** 0.5 **2024 Fac PE RVU:** 0.42 **Result:** Decrease

**RUC Recommendation:** 0.75 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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# 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 **2022 Medicare Utilization:** 19,828 **2024 Work RVU:** 0.84  
**2024 NF PE RVU:** 1.14  
**2024 Fac PE RVU:** 0.60  
**Result:** Maintain

**RUC Recommendation:** 0.93 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 612 **2024 Work RVU:** 15.36  
**2024 NF PE RVU:** 16.20  
**2024 Fac PE RVU:** 16.20  
**Result:** Decrease

**RUC Recommendation:** 16.00 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**65778** Placement of amniotic membrane on the ocular surface; without sutures **Global:** 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2022 Medicare Utilization:** 54,190 **2024 Work RVU:** 0.84  
**2024 NF PE RVU:** 31.76  
**2024 Fac PE RVU:** 0.42  
**Result:** Decrease

**RUC Recommendation:** 0.84 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**65779** Placement of amniotic membrane on the ocular surface; single layer, sutured      **Global:** 000      **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction      **Screen:** High Volume Growth8      **Complete?** Yes

**Most Recent RUC Meeting:** January 2023      **Tab:** 18      **Specialty Developing Recommendation:** AAO, AOA

**First Identified:** September 2022

**2022 Medicare Utilization:** 526

**2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 32.78  
**2024 Fac PE RVU:** 1.60  
**Result:** Decrease

**RUC Recommendation:** 1.75

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

**65780** Ocular surface reconstruction; amniotic membrane transplantation, multiple layers      **Global:** 090      **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction      **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2023      **Tab:** 18      **Specialty Developing Recommendation:** AAO, AOA

**First Identified:** October 2008

**2022 Medicare Utilization:** 1,548

**2024 Work RVU:** 7.03  
**2024 NF PE RVU:** 10.04  
**2024 Fac PE RVU:** 10.04  
**Result:** Decrease

**RUC Recommendation:** 7.03

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 14,671

**2024 Work RVU:** 1.53  
**2024 NF PE RVU:** 1.91  
**2024 Fac PE RVU:** 0.98  
**Result:** Decrease

**RUC Recommendation:** 1.53

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**65805** Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**65820** Goniotomy **Global:** 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO

**First Identified:** April 2023

**2022 Medicare Utilization:** 33,233

**2024 Work RVU:** 8.91

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 14.93

**Result:**

**RUC Recommendation:** Review action plan. Request to remove from referral to CPT as code bundling solution no longer necessary (performed together less than 75%)

**Referred to 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

**2022 Medicare Utilization:** 129,556

**2024 Work RVU:** 3.00

**2024 NF PE RVU:** 4.07

**2024 Fac PE RVU:** 2.85

**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT** February 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 4,824

**2024 Work RVU:** 13.94

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 17.49

**Result:** Decrease

**RUC Recommendation:** 13.94

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 1,836

**2024 Work RVU:** 14.84

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 19.52

**Result:** Decrease

**RUC Recommendation:** 14.81

**Referred to CPT**

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

**66174** Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent      **Global:** 090      **Issue:** Dilation of Aqueous Outflow Canal      **Screen:** New Technology/ New Service      **Complete?** No

**Most Recent RUC Meeting:** September 2023

**Tab:** 22      **Specialty Developing Recommendation:** AAO

**First Identified:** April 2010

**2022 Medicare Utilization:** 19,414

**2024 Work RVU:** 7.62

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 10.36

**Result:** Decrease

**RUC Recommendation:** Review action plan. Request to remove from referral to CPT as code bundling solution no longer necessary (performed together less than 75%). 8.53

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**66175** Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent **Global:** 090 **Issue:** Dilation of Aqueous Outflow Cana **Screen:** New Technology/ New Service **Complete?** No

**Most Recent RUC Meeting:** September 2023

**Tab:** 22 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2020

**2022 Medicare Utilization:** 418

**2024 Work RVU:** 9.34

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 11.48

**Result:** Decrease

**RUC Recommendation:** Review action plan. Request to remove from referral to CPT as code bundling solution no longer necessary (performed together less than 75%). 10.25

**Referred to CPT** February 2024

**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

**2022 Medicare Utilization:** 709

**2024 Work RVU:** 14.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 17.01

**Result:** Decrease

**RUC Recommendation:** 14.00

**Referred to CPT** October 2013

**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 / 090-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 37 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2022 Medicare Utilization:** 9,127

**2024 Work RVU:** 15.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 17.65

**Result:** Decrease

**RUC Recommendation:** Maintain. 15.00

**Referred to CPT** October 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / 090-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2022 Medicare Utilization:** 6,916

**RUC Recommendation:** Maintain. 13.20 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 13.20  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 16.37  
**Result:** Maintain

**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 **2022 Medicare Utilization:** 521

**RUC Recommendation:** 9.58 **Referred to CPT** October 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 9.58  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 13.25  
**Result:** Decrease

**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 / 090-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 1,520

**RUC Recommendation:** Maintain. 10.58 **Referred to CPT** October 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 10.58  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 13.90  
**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**66711** Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens      **Global:** 090      **Issue:** Cyclophotocoagulation      **Screen:** Codes Reported Together 75%or More-Part4      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019      **Tab:** 11      **Specialty Developing Recommendation:** AAO

**First Identified:** October 2017      **2022 Medicare Utilization:** 676

**2024 Work RVU:** 5.62  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.05  
**Result:** Decrease

**RUC Recommendation:** 6.36

**Referred to CPT** May 2018  
**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 Visits2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2020      **Tab:** 37      **Specialty Developing Recommendation:** AAO

**First Identified:** February 2008      **2022 Medicare Utilization:** 48,797

**2024 Work RVU:** 3.00  
**2024 NF PE RVU:** 5.69  
**2024 Fac PE RVU:** 3.79  
**Result:** Decrease

**RUC Recommendation:** Maintain. 3.00

**Referred to CPT** February 2010  
**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      **2022 Medicare Utilization:** 625,427

**2024 Work RVU:** 3.42  
**2024 NF PE RVU:** 6.31  
**2024 Fac PE RVU:** 5.62  
**Result:** Maintain

**RUC Recommendation:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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; without endoscopic cyclophotocoagulation **Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO

**First Identified:** September 2007 **2022 Medicare Utilization:** 140,997

**2024 Work RVU:** 10.25  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 11.07  
**Result:** Decrease

**RUC Recommendation:** Review action plan. Request to remove from referral to CPT as code bundling solution no longer necessary (performed together less than 75%). 10.25

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Sep 2009

**66983** Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure) **Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** January 2019 **2022 Medicare Utilization:** 38

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Contractor Price

**RUC Recommendation:** Contractor Price

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**66984** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation **Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 / Codes Reported Together 75% or More-Part6 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO

**First Identified:** February 2008 **2022 Medicare Utilization:** 1,485,103

**2024 Work RVU:** 7.35  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 8.24  
**Result:** Decrease

**RUC Recommendation:** Review action plan. Request to remove from referral to CPT as code bundling solution no longer necessary (performed together less than 75%).

**Referred to CPT**

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

**66987** 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; with endoscopic cyclophotocoagulation **Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

**First Identified:** January 2019 **2022 Medicare Utilization:** 542

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 13.15

**Referred to CPT**

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

**66988** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation **Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** January 2019 **2022 Medicare Utilization:** 3,028

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 10.25

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

**66989** 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; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

**Global:** 090    **Issue:** Cataract Removal with Drainage Device Insertion    **Screen:** High Volume Category III Codes 2019    **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 16    **Specialty Developing Recommendation:** AAO

**First Identified:** January 2021

**2022 Medicare Utilization:** 5,185

**2024 Work RVU:** 12.13

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 12.29

**Result:** Maintain

**RUC Recommendation:** 12.13

**Referred to CPT:** October 2020

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

**66991** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

**Global:** 090    **Issue:** Cataract Removal with Drainage Device Insertion    **Screen:** High Volume Category III Codes 2019    **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 16    **Specialty Developing Recommendation:** AAO

**First Identified:** January 2021

**2022 Medicare Utilization:** 41,677

**2024 Work RVU:** 9.23

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 10.35

**Result:** Maintain

**RUC Recommendation:** 9.23

**Referred to CPT:** October 2020

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / Codes Reported Together 75% or More-Part5

**Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** February 2008

**2022 Medicare Utilization:** 3,989,677

**2024 Work RVU:** 1.44

**2024 NF PE RVU:** 1.82

**2024 Fac PE RVU:** 1.16

**Result:** Maintain

**RUC Recommendation:** 1.44

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 17,654

**2024 Work RVU:** 12.13

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 13.50

**Result:** Decrease

**RUC Recommendation:** 12.13

**Referred to CPT**

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

**67038** Deleted from CPT

**Global:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2007

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 3,693

**RUC Recommendation:** 13.20 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 13.20  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 14.19  
**Result:** Decrease

**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 **2022 Medicare Utilization:** 5,876

**RUC Recommendation:** 14.50 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 14.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 15.02  
**Result:** Decrease

**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 **2022 Medicare Utilization:** 10,569

**RUC Recommendation:** 16.33 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 16.33  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 16.20  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 22,448

**2024 Work RVU:** 16.33

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 16.20

**Result:** Decrease

**RUC Recommendation:** 16.33

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 245

**2024 Work RVU:** 17.40

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 16.89

**Result:** Decrease

**RUC Recommendation:** 17.40

**Referred to CPT**

**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

**2022 Medicare Utilization:** 316

**2024 Work RVU:** 3.50

**2024 NF PE RVU:** 6.23

**2024 Fac PE RVU:** 4.70

**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT** May 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 3,557

**2024 Work RVU:** 3.39  
**2024 NF PE RVU:** 5.19  
**2024 Fac PE RVU:** 4.52  
**Result:** Decrease

**RUC Recommendation:** 3.84

**Referred to CPT** May 2015  
**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

**2022 Medicare Utilization:** 409

**2024 Work RVU:** 16.00  
**2024 NF PE RVU:** 15.99  
**2024 Fac PE RVU:** 15.99  
**Result:** Decrease

**RUC Recommendation:** 16.00. Reduce 99238 to 0.5

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 15,275

**2024 Work RVU:** 17.13  
**2024 NF PE RVU:** 16.71  
**2024 Fac PE RVU:** 16.71  
**Result:** Decrease

**RUC Recommendation:** 17.13

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**67110** Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopathy) **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 **2022 Medicare Utilization:** 2,304

**2024 Work RVU:** 10.25  
**2024 NF PE RVU:** 15.46  
**2024 Fac PE RVU:** 13.12  
**Result:** Maintain

**RUC Recommendation:** 10.25. Remove 99238

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014  
**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 **2022 Medicare Utilization:** 10,182

**2024 Work RVU:** 19.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 18.83  
**Result:** Decrease

**RUC Recommendation:** 19.00

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**67141** Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy **Global:** 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** January 2020

**2022 Medicare Utilization:** 1,171

**2024 Work RVU:** 2.53

**2024 NF PE RVU:** 5.34

**2024 Fac PE RVU:** 3.72

**Result:** Decrease

**RUC Recommendation:** 2.53

**Referred to CPT** May 2020

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

**67145** Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation **Global:** 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** October 2019

**2022 Medicare Utilization:** 29,855

**2024 Work RVU:** 2.53

**2024 NF PE RVU:** 4.54

**2024 Fac PE RVU:** 3.72

**Result:** Decrease

**RUC Recommendation:** 2.53

**Referred to CPT** May 2020

**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

**2022 Medicare Utilization:** 38,623

**2024 Work RVU:** 6.36

**2024 NF PE RVU:** 8.48

**2024 Fac PE RVU:** 7.95

**Result:** Decrease

**RUC Recommendation:** 6.36

**Referred to CPT**

**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      **2022 Medicare Utilization:** 1,885      **2024 Work RVU:** 6.36      **2024 NF PE RVU:** 8.94      **2024 Fac PE RVU:** 7.96      **Result:** Decrease

**RUC Recommendation:** 6.36      **Referred to CPT**      **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      **2022 Medicare Utilization:** 75      **2024 Work RVU:** 0.47      **2024 NF PE RVU:** 0.35      **2024 Fac PE RVU:** 0.30      **Result:** Maintain

**RUC Recommendation:** 0.47      **Referred to CPT**      **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      **2022 Medicare Utilization:** 40,257      **2024 Work RVU:** 4.39      **2024 NF PE RVU:** 5.37      **2024 Fac PE RVU:** 4.24      **Result:** Remove from Screen

**RUC Recommendation:** Remove from screen      **Referred to CPT**      **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      **2022 Medicare Utilization:** 638      **2024 Work RVU:** 8.38  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 11.47  
**Result:** Maintain

**RUC Recommendation:** 10.17      **Referred to CPT**      October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**67311 Strabismus surgery, recession or resection procedure; 1 horizontal muscle**      **Global:** 090      **Issue:** Strabismus Surgery      **Screen:** ZZZ Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** October 2020      **Tab:** 18      **Specialty Developing Recommendation:** AAO, AAP      **First Identified:** April 2020      **2022 Medicare Utilization:** 4,714      **2024 Work RVU:** 5.93  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 7.16  
**Result:** Decrease

**RUC Recommendation:** 5.93      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**67312 Strabismus surgery, recession or resection procedure; 2 horizontal muscles**      **Global:** 090      **Issue:** Strabismus Surgery      **Screen:** ZZZ Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** October 2020      **Tab:** 18      **Specialty Developing Recommendation:** AAO, AAP      **First Identified:** April 2020      **2022 Medicare Utilization:** 1,244      **2024 Work RVU:** 9.50  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.47  
**Result:** Decrease

**RUC Recommendation:** 9.50      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**67314** Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique) **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** April 2020

**2022 Medicare Utilization:** 2,320

**2024 Work RVU:** 5.93  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 7.16  
**Result:** Decrease

**RUC Recommendation:** 5.93

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

**67316** Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique) **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** April 2020

**2022 Medicare Utilization:** 107

**2024 Work RVU:** 10.31  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 10.02  
**Result:** Decrease

**RUC Recommendation:** 10.31

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

**67318** Strabismus surgery, any procedure, superior oblique muscle **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** April 2020

**2022 Medicare Utilization:** 134

**2024 Work RVU:** 9.80  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 9.88  
**Result:** Decrease

**RUC Recommendation:** 9.80

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

**67320** Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** October 2019

**2022 Medicare Utilization:** 308

**2024 Work RVU:** 3.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.90  
**Result:** Decrease

**RUC Recommendation:** 3.00

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

# Status Report: CMS Requests and Relativity Assessment Issues

**67331** Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** October 2019

**2022 Medicare Utilization:** 944

**2024 Work RVU:** 2.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.45

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT**

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

**67332** Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** October 2019

**2022 Medicare Utilization:** 1,400

**2024 Work RVU:** 3.50

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.22

**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT**

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

**67334** Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** October 2019

**2022 Medicare Utilization:** 92

**2024 Work RVU:** 2.06

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.32

**Result:** Decrease

**RUC Recommendation:** 2.06

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**67335** Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** October 2019 **2022 Medicare Utilization:** 1,398

**2024 Work RVU:** 3.23  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 2.03  
**Result:** Increase

**RUC Recommendation:** 3.23

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

**67340** Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** October 2019 **2022 Medicare Utilization:** 59

**2024 Work RVU:** 5.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.21  
**Result:** Decrease

**RUC Recommendation:** 5.00

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 5,723

**2024 Work RVU:** 1.18  
**2024 NF PE RVU:** 1.03  
**2024 Fac PE RVU:** 0.63  
**Result:** Decrease

**RUC Recommendation:** 1.18

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 71 2024 Work RVU: 1.18 2024 NF PE RVU: 1.29 2024 Fac PE RVU: 0.86 Result: Decrease

RUC Recommendation: 1.18 Referred to CPT 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 2022 Medicare Utilization: 19,697 2024 Work RVU: 0.75 2024 NF PE RVU: 0.72 2024 Fac PE RVU: 0.58 Result: Decrease

RUC Recommendation: 0.84 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 173,837 2024 Work RVU: 0.32 2024 NF PE RVU: 0.22 2024 Fac PE RVU: 0.32 Result: Decrease

RUC Recommendation: 0.32 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 1,353 **2024 Work RVU:** 3.75  
**2024 NF PE RVU:** 10.54  
**2024 Fac PE RVU:** 5.74  
**Result:** Maintain

**RUC Recommendation:** 3.75 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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 **2022 Medicare Utilization:** 181 **2024 Work RVU:** 2.03  
**2024 NF PE RVU:** 7.28  
**2024 Fac PE RVU:** 3.79  
**Result:** Decrease

**RUC Recommendation:** 2.03 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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 **2022 Medicare Utilization:** 1,028 **2024 Work RVU:** 5.48  
**2024 NF PE RVU:** 12.29  
**2024 Fac PE RVU:** 6.85  
**Result:** Maintain

**RUC Recommendation:** 5.48 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 19,453

**2024 Work RVU:** 5.93  
**2024 NF PE RVU:** 12.22  
**2024 Fac PE RVU:** 7.14  
**Result:** Decrease

**RUC Recommendation:** 5.93

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

**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 **2022 Medicare Utilization:** 2,698

**2024 Work RVU:** 3.47  
**2024 NF PE RVU:** 10.56  
**2024 Fac PE RVU:** 5.59  
**Result:** Maintain

**RUC Recommendation:** 3.47

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

**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 **2022 Medicare Utilization:** 75

**2024 Work RVU:** 2.03  
**2024 NF PE RVU:** 7.01  
**2024 Fac PE RVU:** 3.79  
**Result:** Decrease

**RUC Recommendation:** 2.03

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 690 **2024 Work RVU:** 5.48 **2024 NF PE RVU:** 12.31 **2024 Fac PE RVU:** 6.87 **Result:** Decrease

**RUC Recommendation:** 5.48 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 9,060 **2024 Work RVU:** 5.93 **2024 NF PE RVU:** 12.99 **2024 Fac PE RVU:** 7.15 **Result:** Maintain

**RUC Recommendation:** 5.93 **Referred to CPT** **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 **2022 Medicare Utilization:** 6,534 **2024 Work RVU:** 0.85 **2024 NF PE RVU:** 0.97 **2024 Fac PE RVU:** 0.52 **Result:** Maintain

**RUC Recommendation:** Revised parenthetical **Referred to CPT** February 2013 **Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 5,018 **2024 Work RVU:** 0.49  
**2024 NF PE RVU:** 0.71  
**2024 Fac PE RVU:** 0.48  
**Result:** Maintain

**RUC Recommendation:** 0.49 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 22,991 **2024 Work RVU:** 0.82  
**2024 NF PE RVU:** 2.02  
**2024 Fac PE RVU:** 1.51  
**Result:** Maintain

**RUC Recommendation:** 1.00 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 22,242 **2024 Work RVU:** 1.54  
**2024 NF PE RVU:** 3.16  
**2024 Fac PE RVU:** 2.15  
**Result:** Decrease

**RUC Recommendation:** 1.54 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>68811</b>	<b>Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia</b>		<b>Global:</b> 010	<b>Issue:</b>		<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> September 2014	<b>2022 Medicare Utilization:</b> 331	<b>2024 Work RVU:</b> 1.74 <b>2024 NF PE RVU:</b> <b>2024 Fac PE RVU:</b> 2.13 <b>Result:</b> Decrease	
<b>RUC Recommendation:</b> 2.03				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>68815</b>	<b>Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent</b>		<b>Global:</b> 010	<b>Issue:</b> Dilation and Probing of Lacrimal and Nasolacrimal Duct		<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> January 2014	<b>2022 Medicare Utilization:</b> 6,655	<b>2024 Work RVU:</b> 2.70 <b>2024 NF PE RVU:</b> 8.29 <b>2024 Fac PE RVU:</b> 3.70 <b>Result:</b> Decrease	
<b>RUC Recommendation:</b> 3.00				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>68816</b>	<b>Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation</b>		<b>Global:</b> 010	<b>Issue:</b>		<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> September 2014	<b>2022 Medicare Utilization:</b> 153	<b>2024 Work RVU:</b> 2.10 <b>2024 NF PE RVU:</b> 23.03 <b>2024 Fac PE RVU:</b> 2.40 <b>Result:</b> Decrease	
<b>RUC Recommendation:</b> 2.35				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>69100</b>	<b>Biopsy external ear</b>		<b>Global:</b> 000	<b>Issue:</b> Biopsy of Ear		<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b>	AAD	<b>First Identified:</b> October 2008	<b>2022 Medicare Utilization:</b> 162,021	<b>2024 Work RVU:</b> 0.81 <b>2024 NF PE RVU:</b> 1.97 <b>2024 Fac PE RVU:</b> 0.48 <b>Result:</b> Maintain	
<b>RUC Recommendation:</b> 0.81				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 47,747

**2024 Work RVU:** 0.77  
**2024 NF PE RVU:** 1.54  
**2024 Fac PE RVU:** 0.54  
**Result:** Maintain

**RUC Recommendation:** 0.77

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

**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 **2022 Medicare Utilization:** 1,439,777

**2024 Work RVU:** 0.61  
**2024 NF PE RVU:** 0.75  
**2024 Fac PE RVU:** 0.28  
**Result:** Decrease

**RUC Recommendation:** 0.58.

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**69400** Eustachian tube inflation, transnasal; with catheterization **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**69401** Eustachian tube inflation, transnasal; without catheterization **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**69405** Eustachian tube catheterization, transtympanic **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 37,608 **2024 Work RVU:** 1.57  
**2024 NF PE RVU:** 4.31  
**2024 Fac PE RVU:** 2.22  
**Result:** Maintain

**RUC Recommendation:** 1.57 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 23,868 **2024 Work RVU:** 2.06  
**2024 NF PE RVU:** 4.51  
**2024 Fac PE RVU:** 1.37  
**Result:** Decrease

**RUC Recommendation:** Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010  
**Referred to CPT Asst**  **Published in CPT Asst:** May 2011

# Status Report: CMS Requests and Relativity Assessment Issues

**69802** Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy      **Global:**      **Issue:** Labryinthotomy      **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only)      **Complete?** Yes

**Most Recent**      **Tab:** 16      **Specialty Developing**      AAO-HNS  
**RUC Meeting:** April 2010      **Recommendation:**

**First**      **2022**  
**Identified:**      **Medicare**  
**Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      February 2011  
**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**      **Tab:** M      **Specialty Developing**      AAO-HNS  
**RUC Meeting:** February 2008      **Recommendation:**

**First**      **2022**  
**Identified:** September 2007      **Medicare**  
**Utilization:**      4,193

**2024 Work RVU:**      17.73  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**      16.24  
**Result:** Maintain

**RUC Recommendation:** 17.60

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

**70030** Radiologic examination, eye, for detection of foreign body      **Global:** XXX      **Issue:** X-Ray of Eye      **Screen:** CMS-Other - Utilization over 20,000 Part1      **Complete?** Yes

**Most Recent**      **Tab:** 28      **Specialty Developing**  
**RUC Meeting:** January 2020      **Recommendation:**

**First**      **2022**  
**Identified:** January 2019      **Medicare**  
**Utilization:**      19,427

**2024 Work RVU:**      0.18  
**2024 NF PE RVU:**      0.78  
**2024 Fac PE RVU:**      NA  
**Result:** Increase

**RUC Recommendation:** 0.18

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



# Status Report: CMS Requests and Relativity Assessment Issues

**70250 Radiologic examination, skull; less than 4 views**      **Global:** XXX    **Issue:** X-Ray Exam – Skull    **Screen:** CMS-Other - Utilization over 30,000    **Complete?** Yes

**Most Recent RUC Meeting:** January 2019    **Tab:** 25    **Specialty Developing Recommendation:** ACR, ASNR    **First Identified:** October 2017    **2022 Medicare Utilization:** 39,351

**2024 Work RVU:** 0.18  
**2024 NF PE RVU:** 0.89  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.20    **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

**70260 Radiologic examination, skull; complete, minimum of 4 views**      **Global:** XXX    **Issue:** X-Ray Exam – Skull    **Screen:** CMS-Other - Utilization over 30,000    **Complete?** Yes

**Most Recent RUC Meeting:** January 2019    **Tab:** 25    **Specialty Developing Recommendation:** ACR, ASNR    **First Identified:** October 2017    **2022 Medicare Utilization:** 7,741

**2024 Work RVU:** 0.28  
**2024 NF PE RVU:** 1.04  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.29    **Referred to CPT**  
**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    **2022 Medicare Utilization:** 648

**2024 Work RVU:** 0.16  
**2024 NF PE RVU:** 1.04  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** RUC to submit letter to CMS specifying the inappropriate reporting of this service with the hand-held device in Texas.    **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**70360** Radiologic examination; neck, soft tissue **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2022 Medicare Utilization:** 37,844 **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.74 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.20 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**70371** Complex dynamic pharyngeal and speech evaluation by cine or video recording **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2022 Medicare Utilization:** 754 **2024 Work RVU:** 0.84 **2024 NF PE RVU:** 2.39 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** CPT Assistant article published, addressed issues identified. **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:** July 2014

**70373** Laryngography, contrast, radiological supervision and interpretation **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** CPT Assistant article published. **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:** July 2014



# 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 / CMS Request - Final Rule for 2019 **Complete?** Yes

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**Most Recent RUC Meeting:** April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2022 Medicare Utilization:** 5,054,448 **2024 Work RVU:** 0.85  
**2024 NF PE RVU:** 2.36  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.85 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**70460** Computed tomography, head or brain; with contrast material(s) **Global:** XXX **Issue:** CT Head/Brain

**Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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**Most Recent RUC Meeting:** April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2022 Medicare Utilization:** 18,899 **2024 Work RVU:** 1.13  
**2024 NF PE RVU:** 3.36  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.13 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

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**Most Recent RUC Meeting:** April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2022 Medicare Utilization:** 61,447 **2024 Work RVU:** 1.27  
**2024 NF PE RVU:** 3.98  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.27 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**70480** Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2017

**2022 Medicare Utilization:** 50,681

**2024 Work RVU:** 1.28  
**2024 NF PE RVU:** 3.52  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.28

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

**70481** Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2017

**2022 Medicare Utilization:** 9,497

**2024 Work RVU:** 1.13  
**2024 NF PE RVU:** 4.35  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.13

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

**70482** Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2017

**2022 Medicare Utilization:** 4,103

**2024 Work RVU:** 1.27  
**2024 NF PE RVU:** 5.13  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.27

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 478,315 **2024 Work RVU:** 0.85 **2024 NF PE RVU:** 3.04 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.85 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 27,343 **2024 Work RVU:** 1.13 **2024 NF PE RVU:** 3.47 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.17 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 3,206 **2024 Work RVU:** 1.27 **2024 NF PE RVU:** 4.31 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.30 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 61,888 **2024 Work RVU:** 1.28 **2024 NF PE RVU:** 3.25 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.28 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 254,652      **2024 Work RVU:** 1.38  
**2024 NF PE RVU:** 4.2  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.38      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 21,596      **2024 Work RVU:** 1.62  
**2024 NF PE RVU:** 5.08  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.62      **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

**70496** Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing      **Global:** XXX    **Issue:** Computed Tomographic Arteriography - Head and Neck      **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5      **Complete?** No

**Most Recent RUC Meeting:** September 2022      **Tab:** 13      **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** February 2008      **2022 Medicare Utilization:** 630,855      **2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 6.62  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Refer to CPT for code bundling solution. 1.75      **Referred to CPT** May 2024  
**Referred to CPT Asst**     **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**70498** Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** Computed Tomographic Arteriography - Head and Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** February 2008

**2022 Medicare Utilization:** 655,679

**2024 Work RVU:** 1.75

**2024 NF PE RVU:** 6.61

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** Refer to CPT for code bundling solution. 1.75

**Referred to CPT** May 2024

**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

**2022 Medicare Utilization:** 9,027

**2024 Work RVU:** 1.35

**2024 NF PE RVU:** 5.54

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.35

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 738

**2024 Work RVU:** 1.62

**2024 NF PE RVU:** 6.55

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.62

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 64,328 **2024 Work RVU:** 2.15 **2024 NF PE RVU:** 8.16 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 2.15 **Referred to CPT**  
**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:** September 2022 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 187,401 **2024 Work RVU:** 1.20 **2024 NF PE RVU:** 5.36 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Review action plan. 1.20 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 3,106 **2024 Work RVU:** 1.20 **2024 NF PE RVU:** 5.72 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.20 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 19,586 **2024 Work RVU:** 1.48 **2024 NF PE RVU:** 8.59 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.48 **Referred to CPT**  
**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 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 64,182 **2024 Work RVU:** 1.20 **2024 NF PE RVU:** 5.37 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Review action plan. 1.20 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 13,081 **2024 Work RVU:** 1.50 **2024 NF PE RVU:** 5.99 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 1.50 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 42,918

**2024 Work RVU:** 1.80  
**2024 NF PE RVU:** 8.73  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.80

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,072,270

**2024 Work RVU:** 1.48  
**2024 NF PE RVU:** 4.47  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.48

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

**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

**2022 Medicare Utilization:** 17,490

**2024 Work RVU:** 1.78  
**2024 NF PE RVU:** 6.44  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.78

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 943,751 **2024 Work RVU:** 2.29 **2024 NF PE RVU:** 7.38 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 2.36 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**71010** Radiologic examination, chest; single view, frontal **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

**71015** Radiologic examination, chest; stereo, frontal **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**71020** Radiologic examination, chest, 2 views, frontal and lateral;

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

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

**71021** Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

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

**71022** Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

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**71023** Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy      **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:** July 2015      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2016      **Referred to CPT Asst**  **Published in CPT Asst:**

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**71030** Radiologic examination, chest, complete, minimum of 4 views;      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2016      **Referred to CPT Asst**  **Published in CPT Asst:**

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**71034** Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2016      **Referred to CPT Asst**  **Published in CPT Asst:**

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**71035** Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2016      **Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**71045** Radiologic examination, chest; single view **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:** February 2016 **2022 Medicare Utilization:** 13,857,156 **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.57 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.18 **Referred to CPT** February 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

**71046** Radiologic examination, chest; 2 views **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:** February 2016 **2022 Medicare Utilization:** 6,158,080 **2024 Work RVU:** 0.22 **2024 NF PE RVU:** 0.77 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.22 **Referred to CPT** February 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

**71047** Radiologic examination, chest; 3 views **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:** February 2016 **2022 Medicare Utilization:** 12,579 **2024 Work RVU:** 0.27 **2024 NF PE RVU:** 0.98 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.27 **Referred to CPT** February 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

**71048** Radiologic examination, chest; 4 or more views **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:** February 2016 **2022 Medicare Utilization:** 7,817 **2024 Work RVU:** 0.31 **2024 NF PE RVU:** 1.04 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.31 **Referred to CPT** February 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**71090** Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 126,789 **2024 Work RVU:** 0.22 **2024 NF PE RVU:** 0.86 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.22 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 247,342 **2024 Work RVU:** 0.27 **2024 NF PE RVU:** 0.98 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.27 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 20,431 **2024 Work RVU:** 0.29  
**2024 NF PE RVU:** 1.01  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.29 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 27,294 **2024 Work RVU:** 0.32  
**2024 NF PE RVU:** 1.23  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.32 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**71250** Computed tomography, thorax, diagnostic; without contrast material **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 2,268,146 **2024 Work RVU:** 1.08  
**2024 NF PE RVU:** 2.94  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.16 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**71260** Computed tomography, thorax, diagnostic; with contrast material(s)      **Global:** XXX    **Issue:** Screening CT of Thorax    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** October 2019    **Tab:** 07    **Specialty Developing Recommendation:** ACR    **First Identified:** July 2015    **2022 Medicare Utilization:** 1,641,425    **2024 Work RVU:** 1.16  
**2024 NF PE RVU:** 3.9  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.38    **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

**71270** Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections      **Global:** XXX    **Issue:** Screening CT of Thorax    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** October 2019    **Tab:** 07    **Specialty Developing Recommendation:** ACR    **First Identified:** July 2015    **2022 Medicare Utilization:** 52,341    **2024 Work RVU:** 1.25  
**2024 NF PE RVU:** 4.71  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

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

**71271** Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)      **Global:** XXX    **Issue:** Screening CT of Thorax    **Screen:** CMS-Other - Utilization over 30,000-Part2    **Complete?** Yes

**Most Recent RUC Meeting:** October 2019    **Tab:** 07    **Specialty Developing Recommendation:**    **First Identified:** May 2019    **2022 Medicare Utilization:** 358,112    **2024 Work RVU:** 1.08  
**2024 NF PE RVU:** 3.07  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.16    **Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,426,486

**2024 Work RVU:** 1.82  
**2024 NF PE RVU:** 6.71  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.82

**Referred to CPT**  
**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:** January 2019

**Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** April 2016

**2022 Medicare Utilization:** 94,308

**2024 Work RVU:** 0.16  
**2024 NF PE RVU:** 0.55  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.16

**Referred to CPT**  
**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:** January 2019

**Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** October 2010

**2022 Medicare Utilization:** 552,527

**2024 Work RVU:** 0.22  
**2024 NF PE RVU:** 0.95  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.22

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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:** January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2022 Medicare Utilization:** 319,562

**RUC Recommendation:** 0.27 **Referred to CPT** October 2011

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

**2024 Work RVU:** 0.27  
**2024 NF PE RVU:** 1.32  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

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**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:** January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2022 Medicare Utilization:** 59,046

**RUC Recommendation:** 0.30 **Referred to CPT** October 2011

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

**2024 Work RVU:** 0.30  
**2024 NF PE RVU:** 1.55  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

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**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:** January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2022 Medicare Utilization:** 266,493

**RUC Recommendation:** 0.20 **Referred to CPT**

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

**2024 Work RVU:** 0.20  
**2024 NF PE RVU:** 0.77  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

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# 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: January 2019
Tab: 27 Specialty Developing Recommendation: AAOS, ACR, ASNR
First Identified: April 2016
2022 Medicare Utilization: 142,321
2024 Work RVU: 0.23
2024 NF PE RVU: 0.94
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.23 Referred to CPT

Referred to CPT Asst  Published in CPT Asst:

**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: January 2019
Tab: 27 Specialty Developing Recommendation: AAOS, ACR, ASNR
First Identified: October 2016
2022 Medicare Utilization: 11,215
2024 Work RVU: 0.25
2024 NF PE RVU: 1.07
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.25 Referred to CPT

Referred to CPT Asst  Published in CPT Asst:

**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: January 2019
Tab: 27 Specialty Developing Recommendation: AAOS, ACR, ASNR
First Identified: October 2016
2022 Medicare Utilization: 42,662
2024 Work RVU: 0.21
2024 NF PE RVU: 0.81
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.21 Referred to CPT

Referred to CPT Asst  Published in CPT Asst:

# 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:** January 2019

**Tab: 27 Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** February 2010

**2022 Medicare Utilization:** 1,537,302

**2024 Work RVU:** 0.22

**2024 NF PE RVU:** 0.96

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.22

**Referred to CPT** October 2010

**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:** January 2019

**Tab: 27 Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** October 2009

**2022 Medicare Utilization:** 726,844

**2024 Work RVU:** 0.26

**2024 NF PE RVU:** 1.28

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.26

**Referred to CPT** October 2010

**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:** January 2019

**Tab: 27 Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** February 2010

**2022 Medicare Utilization:** 84,552

**2024 Work RVU:** 0.30

**2024 NF PE RVU:** 1.51

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.30

**Referred to CPT** October 2010

**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:** January 2019      **Tab:** 27      **Specialty Developing Recommendation:** AAOS, ACR, ASNR      **First Identified:** February 2010      **2022 Medicare Utilization:** 44,877      **2024 Work RVU:** 0.22      **2024 NF PE RVU:** 0.98      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 0.22      **Referred to CPT**      October 2010      **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:** April 2018      **Tab:** 18      **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** October 2008      **2022 Medicare Utilization:** 1,400,600      **2024 Work RVU:** 1.00      **2024 NF PE RVU:** 2.94      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 1.07      **Referred to CPT**      **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:** April 2018      **Tab:** 18      **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** February 2009      **2022 Medicare Utilization:** 16,849      **2024 Work RVU:** 1.22      **2024 NF PE RVU:** 3.89      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 1.22      **Referred to CPT**      **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:** April 2018      **Tab:** 18      **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** February 2009      **2022 Medicare Utilization:** 1,757      **2024 Work RVU:** 1.27      **2024 NF PE RVU:** 4.72      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 1.27      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**72128** Computed tomography, thoracic spine; without contrast material      **Global:** XXX    **Issue:** CT Spine      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent RUC Meeting:** April 2018      **Tab:** 18    **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** October 2008      **2022 Medicare Utilization:** 216,061      **2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 2.93  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.00      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**72129** Computed tomography, thoracic spine; with contrast material      **Global:** XXX    **Issue:** CT Spine      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent RUC Meeting:** April 2018      **Tab:** 18    **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** February 2009      **2022 Medicare Utilization:** 35,078      **2024 Work RVU:** 1.22  
**2024 NF PE RVU:** 3.92  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

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

**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:** April 2018      **Tab:** 18    **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** February 2009      **2022 Medicare Utilization:** 1,277      **2024 Work RVU:** 1.27  
**2024 NF PE RVU:** 4.76  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.27      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**72131** Computed tomography, lumbar spine; without contrast material      **Global:** XXX    **Issue:** CT Spine      **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2018      **Tab:** 18    **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** February 2009      **2022 Medicare Utilization:** 507,769      **2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 2.91  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.00      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**72132** Computed tomography, lumbar spine; with contrast material      **Global:** XXX    **Issue:** CT Spine      **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2018      **Tab:** 18    **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** February 2009      **2022 Medicare Utilization:** 59,350      **2024 Work RVU:** 1.22  
**2024 NF PE RVU:** 3.9  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

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

**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 / CMS-Other - Utilization over 30,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2018      **Tab:** 18    **Specialty Developing Recommendation:** ACR, ASNR      **First Identified:** February 2009      **2022 Medicare Utilization:** 3,516      **2024 Work RVU:** 1.27  
**2024 NF PE RVU:** 4.73  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.27      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 539,537      **2024 Work RVU:** 1.48  
**2024 NF PE RVU:** 4.3  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.48      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**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      **2022 Medicare Utilization:** 2,550      **2024 Work RVU:** 1.78      **2024 NF PE RVU:** 6.59      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 1.78      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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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      **2022 Medicare Utilization:** 213,221      **2024 Work RVU:** 1.48      **2024 NF PE RVU:** 4.29      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 1.48      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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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      **2022 Medicare Utilization:** 2,352      **2024 Work RVU:** 1.78      **2024 NF PE RVU:** 6.52      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 1.78      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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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      **2022 Medicare Utilization:** 1,236,516      **2024 Work RVU:** 1.48      **2024 NF PE RVU:** 4.32      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 1.48      **Referred to CPT**      **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      **2022 Medicare Utilization:** 4,470      **2024 Work RVU:** 1.78      **2024 NF PE RVU:** 6.44      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 1.78      **Referred to CPT**      **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      **2022 Medicare Utilization:** 110,978      **2024 Work RVU:** 2.29      **2024 NF PE RVU:** 7.43      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 2.29      **Referred to CPT**      **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

**2022 Medicare Utilization:** 97,740

**2024 Work RVU:** 2.29  
**2024 NF PE RVU:** 7.45  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.29

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 208,724

**2024 Work RVU:** 2.29  
**2024 NF PE RVU:** 7.41  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.29

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

**72170** Radiologic examination, pelvis; 1 or 2 views **Global:** XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2010

**2022 Medicare Utilization:** 714,774

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.65  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** October 2014  
**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:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 57,488 **2024 Work RVU:** 0.25 **2024 NF PE RVU:** 1 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.25 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 2,706 **2024 Work RVU:** 1.81 **2024 NF PE RVU:** 7.43 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.81 **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 181,245 **2024 Work RVU:** 1.09 **2024 NF PE RVU:** 2.93 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.09 **Referred to CPT** October 2009 **Referred to CPT Asst**  **Published in CPT Asst:**

# 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      **2022 Medicare Utilization:** 31,631      **2024 Work RVU:** 1.16  
**2024 NF PE RVU:** 5.81  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.16      **Referred to CPT** October 2009  
**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      **2022 Medicare Utilization:** 4,787      **2024 Work RVU:** 1.22  
**2024 NF PE RVU:** 6.48  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.22      **Referred to CPT** October 2009  
**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      **2022 Medicare Utilization:** 80,188      **2024 Work RVU:** 1.46  
**2024 NF PE RVU:** 5.51  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.46      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 2,468      **2024 Work RVU:** 1.73  
**2024 NF PE RVU:** 6.43  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.73      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 282,485      **2024 Work RVU:** 2.20  
**2024 NF PE RVU:** 8.05  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.20      **Referred to CPT**  
**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:** January 2019    **Tab:** 29    **Specialty Developing Recommendation:** AAOS, ACR      **First Identified:** October 2016      **2022 Medicare Utilization:** 13,432      **2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.81  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.20      **Referred to CPT**  
**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:** January 2019    **Tab:** 29    **Specialty Developing Recommendation:** AAOS, ACR      **First Identified:** October 2016      **2022 Medicare Utilization:** 38,895      **2024 Work RVU:** 0.23  
**2024 NF PE RVU:** 0.93  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.26      **Referred to CPT**  
**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:** January 2019    **Tab:** 29    **Specialty Developing Recommendation:** AAOS, ACR      **First Identified:** April 2016      **2022 Medicare Utilization:** 100,542      **2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.79  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.20      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 308      **2024 Work RVU:** 0.91  
**2024 NF PE RVU:** 2.38  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.91      **Referred to CPT** October 2013  
**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      **2022 Medicare Utilization:** 75      **2024 Work RVU:** 0.91  
**2024 NF PE RVU:** 2.26  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.91      **Referred to CPT** October 2013  
**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

**2022 Medicare Utilization:** 1,897

**2024 Work RVU:** 0.83

**2024 NF PE RVU:** 2.39

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.83

**Referred to CPT** October 2013

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

**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

**2022 Medicare Utilization:** 406

**2024 Work RVU:** 1.33

**2024 NF PE RVU:** 3.16

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.33

**Referred to CPT** October 2013

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

**72275** Epidurography, radiological supervision and interpretation

**Global:** XXX **Issue:** Epidurography

**Screen:** Different Performing Specialty from Survey3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 37 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS

**First Identified:** October 2009

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2020

**Referred to CPT Asst**  **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

# 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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**73000** Radiologic examination; clavicle, complete

**Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab: 17** **Specialty Developing Recommendation:** ACR, AAOS

**First Identified:** October 2017 **2022 Medicare Utilization:** 90,561

**2024 Work RVU:** 0.16  
**2024 NF PE RVU:** 0.8  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.16

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

# Status Report: CMS Requests and Relativity Assessment Issues

**73010** Radiologic examination; scapula, complete **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2022 Medicare Utilization:** 43,139 **2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.53  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.17 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**73020** Radiologic examination, shoulder; 1 view **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2022 Medicare Utilization:** 99,075 **2024 Work RVU:** 0.15  
**2024 NF PE RVU:** 0.48  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.15 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**73030** Radiologic examination, shoulder; complete, minimum of 2 views **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** Low Value-High Volume / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2010 **2022 Medicare Utilization:** 2,553,512 **2024 Work RVU:** 0.18  
**2024 NF PE RVU:** 0.85  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.18 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**73050** Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2022 Medicare Utilization:** 6,025 **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.67 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.18 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 302,091 **2024 Work RVU:** 0.16 **2024 NF PE RVU:** 0.78 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.16 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2022 Medicare Utilization:** 188,018 **2024 Work RVU:** 0.16 **2024 NF PE RVU:** 0.7 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.16 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**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:** January 2019    **Tab:** 30    **Specialty Developing Recommendation:** AAOS, ACR, ASSH    **First Identified:** October 2009    **2022 Medicare Utilization:** 379,493

**RUC Recommendation:** 0.17    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.8  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

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**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:** January 2019    **Tab:** 30    **Specialty Developing Recommendation:** AAOS, ACR, ASSH    **First Identified:** April 2016    **2022 Medicare Utilization:** 207,500

**RUC Recommendation:** 0.16    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

**2024 Work RVU:** 0.16  
**2024 NF PE RVU:** 0.7  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

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**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    **2022 Medicare Utilization:** 215,304

**RUC Recommendation:** 0.16    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

**2024 Work RVU:** 0.16  
**2024 NF PE RVU:** 0.84  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

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# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 979,641

**2024 Work RVU:** 0.17

**2024 NF PE RVU:** 1.05

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

**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

**2022 Medicare Utilization:** 230,852

**2024 Work RVU:** 0.16

**2024 NF PE RVU:** 0.77

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.16

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 1,222,532

**2024 Work RVU:** 0.17

**2024 NF PE RVU:** 0.93

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 335,611 **2024 Work RVU:** 0.13  
**2024 NF PE RVU:** 1  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.13 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 136,051 **2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 3.9  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.09 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 19,399 **2024 Work RVU:** 1.16  
**2024 NF PE RVU:** 4.94  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

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

**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 **2022 Medicare Utilization:** 1,735 **2024 Work RVU:** 1.22  
**2024 NF PE RVU:** 6.36  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 6,967

**2024 Work RVU:** 1.81  
**2024 NF PE RVU:** 7.2  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Survey with all CTA codes for October 2013.

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 31,726

**2024 Work RVU:** 1.35  
**2024 NF PE RVU:** 7.92  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** CPT Assistant published.

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Feb 2011

**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

**2022 Medicare Utilization:** 427,765

**2024 Work RVU:** 1.35  
**2024 NF PE RVU:** 4.82  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.35

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

# Status Report: CMS Requests and Relativity Assessment Issues

**73500** Radiologic examination, hip, unilateral; 1 view **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 211,832 **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.79 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.17 **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 2,413,547 **2024 Work RVU:** 0.22 **2024 NF PE RVU:** 1.19 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.22 **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 47,886

**2024 Work RVU:** 0.27  
**2024 NF PE RVU:** 1.51  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.27

**Referred to CPT:** October 2014

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

**73510** Radiologic examination, hip, unilateral; complete, minimum of 2 views **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT:** October 2014

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

**73520** Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT:** October 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 139,203      **2024 Work RVU:** 0.22      **2024 NF PE RVU:** 1      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 0.22      **Referred to CPT** October 2014      **Referred to CPT Asst**       **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 170,217      **2024 Work RVU:** 0.29      **2024 NF PE RVU:** 1.31      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 0.29      **Referred to CPT** October 2014      **Referred to CPT Asst**       **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 101,443      **2024 Work RVU:** 0.31      **2024 NF PE RVU:** 1.52      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 0.31      **Referred to CPT** October 2014      **Referred to CPT Asst**       **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**73540** Radiologic examination, pelvis and hips, infant or child, minimum of 2 views **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**73542** Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**Referred to CPT Asst**  **Published in CPT Asst:** Deleted from CPT

**73550** Radiologic examination, femur, 2 views **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 30,051 **2024 Work RVU:** 0.16  
**2024 NF PE RVU:** 0.7  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.16 **Referred to CPT** October 2014  
**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 **2022 Medicare Utilization:** 505,953 **2024 Work RVU:** 0.18  
**2024 NF PE RVU:** 0.87  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.18 **Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 1,401,750 **2024 Work RVU:** 0.16  
**2024 NF PE RVU:** 0.85  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.16 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 2,245,081 **2024 Work RVU:** 0.18  
**2024 NF PE RVU:** 1.03  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.18 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 436,482 2024 Work RVU: 0.16 2024 NF PE RVU: 0.77 2024 Fac PE RVU: NA Result: Decrease

RUC Recommendation: 0.16 Referred to CPT 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 2022 Medicare Utilization: 194,585 2024 Work RVU: 0.16 2024 NF PE RVU: 0.79 2024 Fac PE RVU: NA Result: Maintain

RUC Recommendation: 0.16 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 1,119,294 2024 Work RVU: 0.17 2024 NF PE RVU: 0.91 2024 Fac PE RVU: NA Result: Maintain

RUC Recommendation: 0.17 Referred to CPT 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 2022 Medicare Utilization: 418,010 2024 Work RVU: 0.16 2024 NF PE RVU: 0.68 2024 Fac PE RVU: NA Result: Maintain

RUC Recommendation: 0.16 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 2,541,907 **2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.84  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.17 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** January 2019 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2022 Medicare Utilization:** 61,267 **2024 Work RVU:** 0.16  
**2024 NF PE RVU:** 0.68  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.16 **Referred to CPT**  
**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:** January 2019 **Tab:** 32 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2022 Medicare Utilization:** 96,920 **2024 Work RVU:** 0.13  
**2024 NF PE RVU:** 0.73  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.13 **Referred to CPT**  
**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:** April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 359,925 **2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 2.92  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.00 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2022 Medicare Utilization:** 48,594 **2024 Work RVU:** 1.16 **2024 NF PE RVU:** 3.89 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.16 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2022 Medicare Utilization:** 4,870 **2024 Work RVU:** 1.22 **2024 NF PE RVU:** 4.71 **2024 Fac PE RVU:** NA **Result:** Maintain

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

**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 **2022 Medicare Utilization:** 18,907 **2024 Work RVU:** 1.90 **2024 NF PE RVU:** 7.9 **2024 Fac PE RVU:** NA **Result:** Remove from Screen

**RUC Recommendation:** Survey for October 2013. Remove from screen **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 130,912 **2024 Work RVU:** 1.35 **2024 NF PE RVU:** 5.45 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.35 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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    **2022 Medicare Utilization:** 976    **2024 Work RVU:** 1.62    **2024 NF PE RVU:** 6.39    **2024 Fac PE RVU:** NA    **Result:** Maintain

**RUC Recommendation:** 1.62    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

**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    **2022 Medicare Utilization:** 60,134    **2024 Work RVU:** 2.15    **2024 NF PE RVU:** 8.11    **2024 Fac PE RVU:** NA    **Result:** Maintain

**RUC Recommendation:** 2.15    **Referred to CPT**    **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    **2022 Medicare Utilization:** 598,710    **2024 Work RVU:** 1.35    **2024 NF PE RVU:** 4.81    **2024 Fac PE RVU:** NA    **Result:** Maintain

**RUC Recommendation:** 1.35    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**74000** Radiologic examination, abdomen; single anteroposterior view **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

**74010** Radiologic examination, abdomen; anteroposterior and additional oblique and cone 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:** July 2015 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2016 **Referred to CPT Asst**  **Published in CPT Asst:**

**74018** Radiologic examination, abdomen; 1 view **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:** February 2016 **2022 Medicare Utilization:** 1,874,682 **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.71 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.18 **Referred to CPT** February 2016 **Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**74019** Radiologic examination, abdomen; 2 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:** February 2016 **2022 Medicare Utilization:** 275,467 **2024 Work RVU:** 0.23  
**2024 NF PE RVU:** 0.85  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.23 **Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74020** Radiologic examination, abdomen; complete, including decubitus and/or erect 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:** July 2015 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74021** Radiologic examination, abdomen; 3 or more 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:** February 2016 **2022 Medicare Utilization:** 36,927 **2024 Work RVU:** 0.27  
**2024 NF PE RVU:** 1  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.27 **Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74022** Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a 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 **2022 Medicare Utilization:** 124,177 **2024 Work RVU:** 0.32  
**2024 NF PE RVU:** 1.15  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.32 **Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 59,980 **2024 Work RVU:** 1.19

**RUC Recommendation:** Review PE. 0.35 **Referred to CPT** October 2009 **2024 NF PE RVU:** 2.94 **2024 Fac PE RVU:** NA

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Maintain

**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 **2022 Medicare Utilization:** 76,112 **2024 Work RVU:** 1.27

**RUC Recommendation:** 0.42 **Referred to CPT** October 2009 **2024 NF PE RVU:** 5.82 **2024 Fac PE RVU:** NA

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Maintain

**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 **2022 Medicare Utilization:** 93,507 **2024 Work RVU:** 1.40

**RUC Recommendation:** 1.40 **Referred to CPT** October 2009 **2024 NF PE RVU:** 6.58 **2024 Fac PE RVU:** NA

**Referred to CPT Asst**  **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **2022 Medicare Utilization:** 342,167 **2024 Work RVU:** 2.20 **2024 NF PE RVU:** 9.35 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 2.20 **Referred to CPT** **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 **2022 Medicare Utilization:** 28,396 **2024 Work RVU:** 1.82 **2024 NF PE RVU:** 7.46 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.82 **Referred to CPT** October 2010 **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 **2022 Medicare Utilization:** 2,190,688 **2024 Work RVU:** 1.74 **2024 NF PE RVU:** 3.78 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.74 **Referred to CPT** October 2009 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 3,110,250

**RUC Recommendation:** 1.82      **Referred to CPT** October 2009      **2024 Work RVU:** 1.82  
**Referred to CPT Asst**     **Published in CPT Asst:**      **2024 NF PE RVU:** 7.41  
**Result:** Decrease      **2024 Fac PE RVU:** NA

**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      **2022 Medicare Utilization:** 461,097

**RUC Recommendation:** 2.01      **Referred to CPT** October 2009      **2024 Work RVU:** 2.01  
**Referred to CPT Asst**     **Published in CPT Asst:**      **2024 NF PE RVU:** 8.34  
**Result:** Decrease      **2024 Fac PE RVU:** NA

**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      **2022 Medicare Utilization:** 101,709

**RUC Recommendation:** 1.46      **Referred to CPT**      **2024 Work RVU:** 1.46  
**Referred to CPT Asst**     **Published in CPT Asst:**      **2024 NF PE RVU:** 4.48  
**Result:** Maintain      **2024 Fac PE RVU:** NA

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 3,838      **2024 Work RVU:** 1.73  
**2024 NF PE RVU:** 7.48  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.73      **Referred to CPT**  
**Referred to CPT Asst**       **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 415,444      **2024 Work RVU:** 2.20  
**2024 NF PE RVU:** 8.09  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.20      **Referred to CPT**  
**Referred to CPT Asst**       **Published in CPT Asst:**

**74210** Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study      **Global:** XXX      **Issue:** X-Ray Exam – Upper GI      **Screen:** CMS-Other - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019      **Tab:** 12      **Specialty Developing Recommendation:** ACR      **First Identified:** October 2016      **2022 Medicare Utilization:** 991      **2024 Work RVU:** 0.59  
**2024 NF PE RVU:** 2.21  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.59      **Referred to CPT**  
**Referred to CPT Asst**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**74220** Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study      **Global:** XXX      **Issue:** X-Ray Exam – Upper GI      **Screen:** CMS-Other - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 12      **Specialty Developing Recommendation:** ACR

**First Identified:** April 2016

**2022 Medicare Utilization:** 93,312

**2024 Work RVU:** 0.60  
**2024 NF PE RVU:** 2.28  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.60

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

**74221** Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study      **Global:** XXX      **Issue:** X-Ray Exam – Upper GI      **Screen:** CMS-Other - Utilization over 30,000-Part2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 12      **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2022 Medicare Utilization:** 65,558

**2024 Work RVU:** 0.70  
**2024 NF PE RVU:** 2.54  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.70

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

**74230** Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study      **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

**2022 Medicare Utilization:** 297,036

**2024 Work RVU:** 0.53  
**2024 NF PE RVU:** 3.17  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.53

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

# Status Report: CMS Requests and Relativity Assessment Issues

**74240** Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2022 Medicare Utilization:** 64,318

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 2.83  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74241** Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74245** Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**74246** Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017 **2022 Medicare Utilization:** 46,283

**2024 Work RVU:** 0.90  
**2024 NF PE RVU:** 3.21  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.90

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** April 2011 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74248** Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination) **Global:** ZZZ **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 12 **Specialty Developing Recommendation:**

**First Identified:** October 2018 **2022 Medicare Utilization:** 13,994

**2024 Work RVU:** 0.70  
**2024 NF PE RVU:** 1.72  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.70

**Referred to CPT** February 2019-EC  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**74249** Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74250** Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2022 Medicare Utilization:** 43,530

**2024 Work RVU:** 0.81  
**2024 NF PE RVU:** 2.79  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.81

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74251** Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2022 Medicare Utilization:** 267

**2024 Work RVU:** 1.17  
**2024 NF PE RVU:** 9.63  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.17

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**74260** Duodenography, hypotonic **Global:** **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74270** Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 18,364 **2024 Work RVU:** 1.04  
**2024 NF PE RVU:** 3.5  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.04 **Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74280** Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:** 4,872 **2024 Work RVU:** 1.26  
**2024 NF PE RVU:** 5.24  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.26 **Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**74300** Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2022 Medicare Utilization:** 18,854 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.32 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74301** Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ACS, SAGES, SIR **First Identified:** October 2018 **2022 Medicare Utilization:** 84 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.21 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74305** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**74320** Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74327** Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**74328** Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

**First Identified:** October 2018 **2022 Medicare Utilization:** 59,438

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.47

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

# Status Report: CMS Requests and Relativity Assessment Issues

**74329** Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

**First Identified:** October 2018

**2022 Medicare Utilization:** 2,412

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.50

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

**74330** Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

**First Identified:** October 2018

**2022 Medicare Utilization:** 9,243

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.70

**Referred to 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

**2022 Medicare Utilization:** 2,816

**2024 Work RVU:** 0.49  
**2024 NF PE RVU:** 3.51  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.49

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 140,712

**2024 Work RVU:** 0.52  
**2024 NF PE RVU:** 1.79  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.52

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

# Status Report: CMS Requests and Relativity Assessment Issues

**74425** Urography, antegrade, radiological supervision and interpretation **Global:** XXX **Issue:** Urography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 1,153 **2024 Work RVU:** 0.51 **2024 NF PE RVU:** 3.53 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.51, editorially revised **Referred to CPT** September 2019 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**74485** Dilation of ureter(s) or urethra, radiological supervision and interpretation      **Global:** XXX    **Issue:** Dilation of Urinary Tract      **Screen:** Codes Reported Together 75% or More-Part2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2018      **Tab:** 12    **Specialty Developing Recommendation:**      **First Identified:** September 2017      **2022 Medicare Utilization:** 1,157      **2024 Work RVU:** 0.83  
**2024 NF PE RVU:** 2.71  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.83      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**75561** Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;      **Global:** XXX    **Issue:**      **Screen:** High Volume Growth7      **Complete?** Yes

**Most Recent RUC Meeting:** January 2021      **Tab:** 29    **Specialty Developing Recommendation:**      **First Identified:** October 2020      **2022 Medicare Utilization:** 39,904      **2024 Work RVU:** 2.60  
**2024 NF PE RVU:** 8.47  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

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

**75571** Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium      **Global:** XXX    **Issue:** RAW      **Screen:** High Volume Growth8      **Complete?** Yes

**Most Recent RUC Meeting:** September 2022      **Tab:** 13    **Specialty Developing Recommendation:** ACC, ACR, SCCT      **First Identified:** April 2022      **2022 Medicare Utilization:** 61,908      **2024 Work RVU:** 0.58  
**2024 NF PE RVU:** 2.44  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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) **Global:** XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 29 **Specialty Developing Recommendation:**

**First Identified:** October 2020

**2022 Medicare Utilization:** 43,954

**2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 5.14  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Maintain

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

**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:** **Screen:** CMS Request - Final Rule for 2013 / High Volume Growth7 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 29 **Specialty Developing Recommendation:** ACR, SIR, ACC

**First Identified:** May 2013

**2022 Medicare Utilization:** 128,542

**2024 Work RVU:** 2.40  
**2024 NF PE RVU:** 7.35  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Maintain

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

**75625** Aortography, abdominal, by serialography, radiological supervision and interpretation **Global:** XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS

**First Identified:** October 2017

**2022 Medicare Utilization:** 70,808

**2024 Work RVU:** 1.44  
**2024 NF PE RVU:** 2.13  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.75

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



# Status Report: CMS Requests and Relativity Assessment Issues

**75630** Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation      **Global:** XXX      **Issue:** Abdominal Aortography      **Screen:** CMS-Other - Utilization over 30,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 19      **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS

**First Identified:** October 2017

**2022 Medicare Utilization:** 16,292

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:** 2.47  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 2.00

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

**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

**2022 Medicare Utilization:** 100,384

**2024 Work RVU:** 2.40  
**2024 NF PE RVU:** 10.06  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 2.40

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

**75650** Angiography, carotid, cervical, bilateral, radiological supervision and interpretation      **Global:**      **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**75671** Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation **Global:** **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 **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**75680** Angiography, carotid, cervical, bilateral, radiological supervision and interpretation **Global:** **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 **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**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:** January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 120,526

**RUC Recommendation:** Refer to CPT Assistant and review after 2 years of data after publication available. 1.75 **Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** July 2021

**2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 2.5  
**2024 Fac PE RVU:** NA  
**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 50,511

**2024 Work RVU:** 1.97  
**2024 NF PE RVU:** 2.68  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.97

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

**75722** Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

**75724** Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**75726** Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation      **Global:** XXX    **Issue:** Angiography      **Screen:** CMS-Other - Utilization over 30,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2018    **Tab:** 20    **Specialty Developing Recommendation:** SCAI, SIR, SVS    **First Identified:** October 2017    **2022 Medicare Utilization:** 35,816    **2024 Work RVU:** 2.05  
**2024 NF PE RVU:** 2.87  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 2.05      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** Angiography      **Screen:** CMS-Other - Utilization over 30,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2018    **Tab:** 20    **Specialty Developing Recommendation:** SCAI, SIR, SVS    **First Identified:** October 2017    **2022 Medicare Utilization:** 73,343    **2024 Work RVU:** 1.01  
**2024 NF PE RVU:** 1.79  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.01      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**75790** Deleted from CPT      **Global:**    **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    **2022 Medicare Utilization:**    **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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:**

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**75820** Venography, extremity, unilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 29 **Specialty Developing Recommendation:**

**First Identified:** January 2019

**2022 Medicare Utilization:** 19,807

**2024 Work RVU:** 1.05

**2024 NF PE RVU:** 2.09

**2024 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 1.05

**Referred to CPT**

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

**75822** Venography, extremity, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 29 **Specialty Developing Recommendation:**

**First Identified:** October 2019

**2022 Medicare Utilization:** 9,519

**2024 Work RVU:** 1.48

**2024 NF PE RVU:** 2.38

**2024 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 1.48

**Referred to 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 **2022 Medicare Utilization:** 236 **2024 Work RVU:** 1.44 **2024 NF PE RVU:** 2.53 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**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 **2022 Medicare Utilization:** 565 **2024 Work RVU:** 1.44 **2024 NF PE RVU:** 2.56 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**75894** Transcatheter therapy, embolization, any method, radiological supervision and interpretation **Global:** XXX **Issue:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, ACR, CNS **First Identified:** February 2010 **2022 Medicare Utilization:** 10,938 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Refer to CPT to create a code bundling solution. **Referred to CPT** February 2024  
**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 February 2015 May 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

**75898** Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis **Global:** XXX **Issue:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, ACR, CNS **First Identified:** February 2010 **2022 Medicare Utilization:** 14,757 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Contractor Price

**RUC Recommendation:** Refer to CPT for code bundling solution **Referred to CPT** February 2024 February 2014 February 2015 **Referred to CPT Asst**  **Published in CPT Asst:** Sep 2019

**75940** Percutaneous placement of IVC filter, radiological supervision and interpretation **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**75945** Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      October 2014      **Referred to CPT Asst**       **Published in CPT Asst:**

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**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:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      October 2014      **Referred to CPT Asst**       **Published in CPT Asst:**

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**75952** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, 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      **First Identified:** October 2015      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

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# 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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**75954** Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, 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

**First Identified:** January 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**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:** **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:** February 2013

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

# 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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2011

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

**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:** **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:**

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

**75978** Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015  
**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015  
**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 **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012 **2022 Medicare Utilization:** 19,940

**2024 Work RVU:** 0.83  
**2024 NF PE RVU:** 1.96  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.83

**Referred to CPT** RAW will assess Oct 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**75992 Deleted from CPT**

**Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS

**First Identified:** February 2008

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**75993 Deleted from CPT**

**Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS

**First Identified:** February 2008

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**75994 Revised to Category III**

**Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS

**First Identified:** April 2008

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**75995 Revised to Category III**

**Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS

**First Identified:** April 2008

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**75996** Revised to Category III

**Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS

**First Identified:** April 2008

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 95,065

**2024 Work RVU:** 0.30  
**2024 NF PE RVU:** 0.94  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.30

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

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**76098** Radiological examination, surgical specimen **Global:** XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 70,486 **2024 Work RVU:** 0.31  
**2024 NF PE RVU:** 0.94  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.31 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 6,731 **2024 Work RVU:** 0.58  
**2024 NF PE RVU:** 2.06  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# 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:** 3D Rendering **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 23 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2017 **2022 Medicare Utilization:** 295,784 **2024 Work RVU:** 0.20 **2024 NF PE RVU:** 0.53 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.20 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**76377** 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation **Global:** XXX **Issue:** 3D Rendering with Interpretation and Report **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2019 **2022 Medicare Utilization:** 181,386 **2024 Work RVU:** 0.79 **2024 NF PE RVU:** 1.48 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.79 **Referred to CPT**  
**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:** Ophthalmic 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 **2022 Medicare Utilization:** 13,552 **2024 Work RVU:** 0.70 **2024 NF PE RVU:** 1.34 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.70 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**76511** Ophthalmic ultrasound, diagnostic; quantitative A-scan only **Global:** XXX **Issue:** Ophthalmic 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 **2022 Medicare Utilization:** 4,389

**2024 Work RVU:** 0.64  
**2024 NF PE RVU:** 1.05  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.64 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**76512** Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) **Global:** XXX **Issue:** Ophthalmic 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 **2022 Medicare Utilization:** 212,142

**2024 Work RVU:** 0.56  
**2024 NF PE RVU:** 0.86  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.56 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**76513** Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmic Ultrasound Anterior Segment **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 17 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2022 Medicare Utilization:** 15,437

**2024 Work RVU:** 0.60  
**2024 NF PE RVU:** 1.63  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.60 and CPT Assistant article published **Referred to CPT** September 2019  
**Referred to CPT Asst**  **Published in CPT Asst:** Apr 2013

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 427,839

**2024 Work RVU:** 0.14  
**2024 NF PE RVU:** 0.18  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.17

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

**76516** Ophthalmic biometry by ultrasound echography, A-scan; **Global:** XXX **Issue:** Ophthalmic 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

**2022 Medicare Utilization:** 2,053

**2024 Work RVU:** 0.40  
**2024 NF PE RVU:** 0.98  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.40

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

**76519** Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation **Global:** XXX **Issue:** Ophthalmic 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

**2022 Medicare Utilization:** 121,152

**2024 Work RVU:** 0.54  
**2024 NF PE RVU:** 1.48  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.54

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 877,129

**2024 Work RVU:** 0.56  
**2024 NF PE RVU:** 2.71  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.56

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

# Status Report: CMS Requests and Relativity Assessment Issues

**76604** Ultrasound, chest (includes mediastinum), real time with image documentation **Global:** XXX **Issue:** Ultrasound Exam - Chest **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017 **2022 Medicare Utilization:** 109,997

**2024 Work RVU:** 0.59  
**2024 NF PE RVU:** 1.08  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.59

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 713,350

**2024 Work RVU:** 0.73  
**2024 NF PE RVU:** 2.3  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.73

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 722,609

**2024 Work RVU:** 0.68  
**2024 NF PE RVU:** 1.82  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.68

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**76645** Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

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**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 **2022 Medicare Utilization:** 426,120 **2024 Work RVU:** 0.58 **2024 NF PE RVU:** 1.17 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.58 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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:** ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 8,984 **2024 Work RVU:** 0.77 **2024 NF PE RVU:** 1.76 **2024 Fac PE RVU:** NA **Result:** Remove from Screen

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

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**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 **2022 Medicare Utilization:** 378,661 **2024 Work RVU:** 0.69 **2024 NF PE RVU:** 2.84 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.69 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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 **2022 Medicare Utilization:** 359,324 **2024 Work RVU:** 0.69 **2024 NF PE RVU:** 2.43 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.69 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 192,721 **2024 Work RVU:** 0.50 **2024 NF PE RVU:** 0.95 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.50 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 127,554 **2024 Work RVU:** 0.64 **2024 NF PE RVU:** 2.32 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.64 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**76872** Ultrasound, transrectal; **Global:** XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 193,924 **2024 Work RVU:** 0.69 **2024 NF PE RVU:** 5.31 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Refer to CPT. 0.69 **Referred to CPT** February 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**76880 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**76881 Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation** **Global:** XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2022 Medicare Utilization:** 180,090 **2024 Work RVU:** 0.90  
**2024 NF PE RVU:** 0.66  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** New PE Inputs. 0.90 **Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

**76882 Ultrasound, limited, joint or focal evaluation of 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:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2022 Medicare Utilization:** 290,107 **2024 Work RVU:** 0.69  
**2024 NF PE RVU:** 1.16  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** New PE Inputs. 0.69 **Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**76883** Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity **Global:** XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** New Technology/New Services / CMS Request- Final Rule for 2023 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023

**Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA

**First Identified:** October 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 1.21  
**2024 NF PE RVU:** 0.86  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** New PE Inputs. 1.21

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

**76930** Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 04 **Specialty Developing Recommendation:** ACC

**First Identified:** July 2013

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018  
**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

**2022 Medicare Utilization:** 1,009

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.67

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 630

**2024 Work RVU:** 1.99  
**2024 NF PE RVU:** 5.58  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Maintain

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

**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) **Global:** ZZZ **Issue:** Ultrasound Guidance for Vascular Access **Screen:** Identified in RUC review of other services **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 07 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** January 2018

**2022 Medicare Utilization:** 619,323

**2024 Work RVU:** 0.30  
**2024 NF PE RVU:** 0.81  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.30

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

**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

**2022 Medicare Utilization:** 1,247

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 2.00

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

# Status Report: CMS Requests and Relativity Assessment Issues

**76942** Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **Global:** XXX **Issue:** Somatic Nerve Injections **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** April 2011 **2022 Medicare Utilization:** 1,150,470 **2024 Work RVU:** 0.67 **2024 NF PE RVU:** 1.03 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.67 **Referred to CPT** May 2021 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 6 **2024 Work RVU:** 0.67 **2024 NF PE RVU:** 1.73 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.85 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**76950** Ultrasonic guidance for placement of radiation therapy fields **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 4,938 **2024 Work RVU:** 1.34 **2024 NF PE RVU:** 1.43 **2024 Fac PE RVU:** NA **Result:** Maintain

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

**76970** Ultrasound study follow-up (specify) **Global:** **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2020 **Referred to CPT Asst**  **Published in CPT Asst:**

**76978** Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion **Global:** XXX **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** No

**Most Recent RUC Meeting:** April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2022 Medicare Utilization:** 978 **2024 Work RVU:** 1.62 **2024 NF PE RVU:** 4.93 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT Assistant **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:** Aug 2023

# Status Report: CMS Requests and Relativity Assessment Issues

**76979** Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** No

**Most Recent RUC Meeting:** April 2023

**Tab:** 15 **Specialty Developing Recommendation:**

**First Identified:** January 2018

**2022 Medicare Utilization:** 32

**2024 Work RVU:** 0.85  
**2024 NF PE RVU:** 3.38  
**2024 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Refer to CPT Assistant

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Aug 2023

**76984** Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic **Global:** XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS

**First Identified:** May 2022

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 0.60

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

**76987** Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report **Global:** XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS

**First Identified:** May 2022

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 1.90

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

# Status Report: CMS Requests and Relativity Assessment Issues

**76988** Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only **Global:** XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:** **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** **Result:** Decrease

**RUC Recommendation:** 1.20 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**76989** Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only **Global:** XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:** **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** **Result:** Decrease

**RUC Recommendation:** 1.55 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**76998** Ultrasonic guidance, intraoperative **Global:** XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, ACS, ASBrS, STS **First Identified:** January 2019 **2022 Medicare Utilization:** 28,182 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.20 **Referred to CPT** May 2022  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

**First Identified:** January 2012

**2022 Medicare Utilization:** 247,811

**2024 Work RVU:** 0.38  
**2024 NF PE RVU:** 2.53  
**2024 Fac PE RVU:** NA

**RUC Recommendation:** 0.38

**Referred to CPT** October 2015

**Result:** Maintain

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

**77002** Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Somatic Nerve Injections **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 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS

**First Identified:** January 2012

**2022 Medicare Utilization:** 558,622

**2024 Work RVU:** 0.54  
**2024 NF PE RVU:** 2.9  
**2024 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 paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS

**First Identified:** October 2010

**2022 Medicare Utilization:** 24,918

**2024 Work RVU:** 0.60  
**2024 NF PE RVU:** 2.51  
**2024 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:** **2022 Medicare Utilization:** 4,084 **2024 Work RVU:** 1.21 **2024 NF PE RVU:** 5.34 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT** **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 Guidance Needle Placement **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75% or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2022 Medicare Utilization:** 134,199 **2024 Work RVU:** 1.50 **2024 NF PE RVU:** 2.57 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.50 **Referred to CPT** February 2019 **Referred to CPT Asst**  **Published in CPT Asst:**

**77014** Computed tomography guidance for placement of radiation therapy fields **Global:** XXX **Issue:** Radiation Treatment Delivery **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:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2022 Medicare Utilization:** 2,520,778 **2024 Work RVU:** 0.85 **2024 NF PE RVU:** 2.69 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Refer to CPT. Remove from screen **Referred to CPT** May 2024 **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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**77046** Magnetic resonance imaging, breast, without contrast material; 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:** June 2017

**2022 Medicare Utilization:** 238

**2024 Work RVU:** 1.45

**2024 NF PE RVU:** 5.03

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.45

**Referred to CPT** June 2017

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



# Status Report: CMS Requests and Relativity Assessment Issues

**77047** Magnetic resonance imaging, breast, without contrast material; 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:** June 2017    **2022 Medicare Utilization:** 3,300    **2024 Work RVU:** 1.60  
**2024 NF PE RVU:** 5.05  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.60    **Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **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:** June 2017    **2022 Medicare Utilization:** 928    **2024 Work RVU:** 2.10  
**2024 NF PE RVU:** 8.12  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 2.10    **Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** 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:** June 2017    **2022 Medicare Utilization:** 107,171    **2024 Work RVU:** 2.30  
**2024 NF PE RVU:** 8.12  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 2.30    **Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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:** **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**77055** Mammography; unilateral **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77056** Mammography; bilateral

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**77057** Screening mammography, bilateral (2-view study of each breast)

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**77058** Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral

**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:** July 2015 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77059** Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral      **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:** July 2015

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

**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

**2022 Medicare Utilization:** 699,591

**2024 Work RVU:** 0.81

**2024 NF PE RVU:** 2.9

**2024 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.81

**Referred to CPT** October 2015

**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

**2022 Medicare Utilization:** 556,274

**2024 Work RVU:** 1.00

**2024 NF PE RVU:** 3.69

**2024 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 1.00

**Referred to CPT** October 2015

**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

**2022 Medicare Utilization:** 5,666,028

**2024 Work RVU:** 0.76

**2024 NF PE RVU:** 3.03

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.76

**Referred to CPT** October 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77073** Bone length studies (orthoroentgenogram, scanogram) Global: XXX Issue: X-Ray Exam - Bone Screen: CMS-Other - Utilization over 30,000 Complete? Yes

Most Recent RUC Meeting: April 2018 Tab: 25 Specialty Developing Recommendation: AAOS, ACR First Identified: October 2017 2022 Medicare Utilization: 62,871 2024 Work RVU: 0.26 2024 NF PE RVU: 1.07 2024 Fac PE RVU: NA Result: Decrease

RUC Recommendation: 0.26 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

**77074** Radiologic examination, osseous survey; limited (eg, for metastases) Global: XXX Issue: X-Ray Exam - Bone Screen: CMS-Other - Utilization over 30,000 Complete? Yes

Most Recent RUC Meeting: April 2018 Tab: 25 Specialty Developing Recommendation: ACR First Identified: October 2017 2022 Medicare Utilization: 2,732 2024 Work RVU: 0.44 2024 NF PE RVU: 1.49 2024 Fac PE RVU: NA Result: Decrease

RUC Recommendation: 0.44 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

**77075** Radiologic examination, osseous survey; complete (axial and appendicular skeleton) Global: XXX Issue: X-Ray Exam - Bone Screen: CMS-Other - Utilization over 30,000 Complete? Yes

Most Recent RUC Meeting: April 2018 Tab: 25 Specialty Developing Recommendation: ACR First Identified: October 2017 2022 Medicare Utilization: 28,156 2024 Work RVU: 0.55 2024 NF PE RVU: 2.39 2024 Fac PE RVU: NA Result: Increase

RUC Recommendation: 0.55 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

**77076** Radiologic examination, osseous survey, infant Global: XXX Issue: X-Ray Exam - Bone Screen: CMS-Other - Utilization over 30,000 Complete? Yes

Most Recent RUC Meeting: April 2018 Tab: 25 Specialty Developing Recommendation: ACR First Identified: October 2017 2022 Medicare Utilization: 15 2024 Work RVU: 0.70 2024 NF PE RVU: 2.46 2024 Fac PE RVU: NA Result: Maintain

RUC Recommendation: 0.70 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**77077** Joint survey, single view, 2 or more joints (specify) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 34,387 **2024 Work RVU:** 0.33 **2024 NF PE RVU:** 1.05 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.33 **Referred to CPT** **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **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 **2022 Medicare Utilization:** 2,532,885 **2024 Work RVU:** 0.20 **2024 NF PE RVU:** 0.95 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.20 **Referred to CPT** May 2013 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77081** Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)      **Global:** XXX      **Issue:** Dual-energy X-Ray Absorptiometry (DXA)      **Screen:** Negative IWPUT      **Complete?** Yes

**Most Recent RUC Meeting:** January 2018      **Tab:** 25      **Specialty Developing Recommendation:**      **First Identified:** April 2017      **2022 Medicare Utilization:** 84,437      **2024 Work RVU:** 0.20      **2024 NF PE RVU:** 0.73      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 0.20      **Referred to CPT**      **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:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** May 2013      **Referred to CPT Asst**       **Published in CPT Asst:**

**77083** Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2010      **Referred to CPT Asst**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 2022 Medicare Utilization: 98,754

**2024 Work RVU:** 0.30  
**2024 NF PE RVU:** 1.27  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.30

**Referred to CPT** May 2013  
**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:** 2022 Medicare Utilization: 1,413

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.82  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** May 2013  
**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      **2022 Medicare Utilization:** 9,653

**2024 Work RVU:** 1.30  
**2024 NF PE RVU:** 0.73  
**2024 Fac PE RVU:** 0.73  
**Result:** Decrease

**RUC Recommendation:** 1.30

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 2,999

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:** 1.1  
**2024 Fac PE RVU:** 1.10  
**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 280,552

**2024 Work RVU:** 3.14  
**2024 NF PE RVU:** 1.63  
**2024 Fac PE RVU:** 1.63  
**Result:** Maintain

**RUC Recommendation:** 3.14

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

**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 **2022 Medicare Utilization:** 406,305

**2024 Work RVU:** 0.70  
**2024 NF PE RVU:** 7.34  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.70

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 5,544 **2024 Work RVU:** 1.05 **2024 NF PE RVU:** 12.12 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.05 **Referred to CPT:** October 2012 **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 **2022 Medicare Utilization:** 171,643 **2024 Work RVU:** 1.56 **2024 NF PE RVU:** 11.77 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.56 **Referred to CPT:** October 2012 **Referred to CPT Asst:**  **Published in CPT Asst:**

**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:** **2022 Medicare Utilization:** 34,246 **2024 Work RVU:** 2.00 **2024 NF PE RVU:** 10.14 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 2.00 **Referred to CPT:** October 2012 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 112,013 **2024 Work RVU:** 4.29 **2024 NF PE RVU:** 9.88 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 4.29 **Referred to CPT:** October 2012, October 2014 **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 **2022 Medicare Utilization:** 1,171,954 **2024 Work RVU:** 0.62 **2024 NF PE RVU:** 1.32 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.62 **Referred to CPT:** February 2014, October 2014 **Referred to CPT Asst:**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 167,261 **2024 Work RVU:** 7.99 **2024 NF PE RVU:** 46.68 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 7.99. CPT Assistant article published. **Referred to CPT:** **Referred to CPT Asst:**  **Published in CPT Asst:** Nov 2009

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**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 **2022 Medicare Utilization:** 964

**2024 Work RVU:** 1.40  
**2024 NF PE RVU:** 2.97  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.40

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 26,401

**2024 Work RVU:** 2.90  
**2024 NF PE RVU:** 5.56  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.90

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77310** Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest) **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 4,136

**2024 Work RVU:** 1.40  
**2024 NF PE RVU:** 5.88  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 2,079

**2024 Work RVU:** 1.83  
**2024 NF PE RVU:** 7.75  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.83

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 4,319

**2024 Work RVU:** 2.90  
**2024 NF PE RVU:** 10.67  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.90

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**77326** Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources) **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77327** Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources) **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 63,894

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.7  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.54

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 10,855

**2024 Work RVU:** 0.75

**2024 NF PE RVU:** 3.32

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.84

**Referred to CPT**

**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

**2022 Medicare Utilization:** 698,395

**2024 Work RVU:** 1.15

**2024 NF PE RVU:** 2.56

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.24

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 349,305

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 2.59

**2024 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 184,716

**2024 Work RVU:** 4.29

**2024 NF PE RVU:** 9.5

**2024 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**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

**2022 Medicare Utilization:** 97

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**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:** October 2012

**2022 Medicare Utilization:** 614

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 28.39

**2024 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 40,662

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 29.6

**2024 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**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 **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

**Most Recent RUC Meeting:** September 2023

**Tab:** 22

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** January 2014

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** Refer to CPT. PE Only, revised introductory guidelines

**Referred to CPT** May 2024

**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 **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

**Most Recent RUC Meeting:** September 2023

**Tab:** 22

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** January 2014

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** Refer to CPT. PE Only, revised introductory guidelines

**Referred to CPT** May 2024

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77387** Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed      **Global:** XXX      **Issue:** Radiation Treatment Delivery      **Screen:** Services with Stand-Alone PE Procedure Time      **Complete?** No

**Most Recent**      **Tab:** 22      **Specialty Developing**      ACRO, ASTRO  
**RUC Meeting:** September 2023      **Recommendation:**

**First Identified:** January 2014

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 0.58

**Referred to CPT**      May 2024

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

**77401** Radiation treatment delivery, superficial and/or ortho voltage, per day      **Global:** XXX      **Issue:** Radiation Treatment Delivery (PE Only)      **Screen:** High Volume Growth5      **Complete?** Yes

**Most Recent**      **Tab:** 31      **Specialty Developing**  
**RUC Meeting:** January 2020      **Recommendation:**

**First Identified:** October 2018

**2022 Medicare Utilization:** 284,336

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 1.24  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**      May 2019

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

**77402** Radiation treatment delivery, >=1 MeV; simple      **Global:** XXX      **Issue:** Radiation Treatment Delivery      **Screen:** Services with Stand-Alone PE Procedure Time      **Complete?** No

**Most Recent**      **Tab:** 22      **Specialty Developing**      ACRO, ASTRO  
**RUC Meeting:** September 2023      **Recommendation:**

**First Identified:** October 2012

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** Refer to CPT. PE Only, revised introductory guidelines

**Referred to CPT**      May 2024

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

# 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:**      **Issue:** Radiation Treatment Delivery - PE Only      **Screen:** Services with Stand-Alone PE Procedure Time      **Complete?** Yes

**Most Recent**      **Tab:** 14      **Specialty Developing**      ACRO, ASTRO  
**RUC Meeting:** January 2014      **Recommendation:**

**First Identified:** October 2012      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2013  
**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:**      **Issue:** Radiation Treatment Delivery - PE Only      **Screen:** Services with Stand-Alone PE Procedure Time      **Complete?** Yes

**Most Recent**      **Tab:** 14      **Specialty Developing**      ACRO, ASTRO  
**RUC Meeting:** January 2014      **Recommendation:**

**First Identified:** October 2012      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2013  
**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:**      **Issue:** Radiation Treatment Delivery - PE Only      **Screen:** Services with Stand-Alone PE Procedure Time      **Complete?** Yes

**Most Recent**      **Tab:** 14      **Specialty Developing**      ACRO, ASTRO  
**RUC Meeting:** January 2014      **Recommendation:**

**First Identified:** October 2012      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2013  
**Referred to CPT Asst**            **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**77407** Radiation treatment delivery, >=1 MeV; intermediate **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:** **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:** PE Only

**RUC Recommendation:** Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** May 2024

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

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**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2013

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

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**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2013

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

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# 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:**      **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2013

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

**77412** Radiation treatment delivery, >=1 MeV; complex      **Global:** XXX      **Issue:** Radiation Treatment Delivery      **Screen:** Services with Stand-Alone PE Procedure Time      **Complete?** No

**Most Recent RUC Meeting:** September 2023

**Tab:** 22      **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2022 Medicare Utilization:**

**2024 Work RVU:**      0.00

**2024 NF PE RVU:**      0

**2024 Fac PE RVU:**      0.00

**Result:** PE Only

**RUC Recommendation:** Refer to CPT. PE Only, revised introductory guidelines

**Referred to CPT**      May 2024

**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:**      **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2013

**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:** **Issue:** Radiation Treatment Delivery **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2013 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Contractor Price **Referred to CPT** **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 **2022 Medicare Utilization:** **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:** Maintain

**RUC Recommendation:** Contractor Price **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 914,002 **2024 Work RVU:** 3.37  
**2024 NF PE RVU:** 2.07  
**2024 Fac PE RVU:** 2.07  
**Result:** Decrease

**RUC Recommendation:** 3.45. Remove from high E/M screen. **Referred to CPT** June 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 44,169 **2024 Work RVU:** 11.87  
**2024 NF PE RVU:** 6.34  
**2024 Fac PE RVU:** 6.34  
**Result:** Remove from Screen

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

**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 **2022 Medicare Utilization:** 82,000 **2024 Work RVU:** 2.03  
**2024 NF PE RVU:** 2.12  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.03 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77520** Proton treatment delivery; simple, without compensation

**Global:** XXX **Issue:** Proton Beam Treatment Delivery (PE Only)

**Screen:** Contractor Priced High Volume1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2018

**2022 Medicare Utilization:** 181

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

**77522** Proton treatment delivery; simple, with compensation

**Global:** XXX **Issue:** Proton Beam Treatment Delivery (PE Only)

**Screen:** Contractor Priced High Volume1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

**First Identified:** January 2018

**2022 Medicare Utilization:** 7,240

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

**77523** Proton treatment delivery; intermediate

**Global:** XXX **Issue:** Proton Beam Treatment Delivery (PE Only)

**Screen:** High Volume Growth4 / Contractor Priced High Volume1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2016

**2022 Medicare Utilization:** 65,902

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77525** Proton treatment delivery; complex **Global:** XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2022 Medicare Utilization:** 11,709 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 9,924 **2024 Work RVU:** 1.31 **2024 NF PE RVU:** 14.92 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 4,607 **2024 Work RVU:** 1.05 **2024 NF PE RVU:** 6.36 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.05 **Referred to CPT** October 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

# 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

**2022 Medicare Utilization:** 5,488

**2024 Work RVU:** 1.40

**2024 NF PE RVU:** 9.46

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.40

**Referred to CPT** October 2014

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

**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

**2022 Medicare Utilization:** 15,451

**2024 Work RVU:** 1.95

**2024 NF PE RVU:** 8.36

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.95

**Referred to CPT** October 2014

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

**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

**2022 Medicare Utilization:** 10,180

**2024 Work RVU:** 3.80

**2024 NF PE RVU:** 14.1

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 3.80

**Referred to CPT** October 2014

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

# 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      **2022 Medicare Utilization:** 3,159

**2024 Work RVU:** 5.40  
**2024 NF PE RVU:** 21.33  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 5.40

**Referred to CPT**      October 2014  
**Referred to CPT Asst**            **Published in CPT Asst:**

**77776 Interstitial radiation source application; simple**      **Global:**      **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      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      February 2015  
**Referred to CPT Asst**            **Published in CPT Asst:**

**77777 Interstitial radiation source application; intermediate**      **Global:**      **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      **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      February 2015  
**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      **2022 Medicare Utilization:** 3,250      **2024 Work RVU:** 8.78  
**2024 NF PE RVU:** 18.32  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 8.78      **Referred to CPT** February 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**77781** Deleted from CPT      **Global:**      **Issue:** Brachytherapy      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent RUC Meeting:** October 2008      **Tab:** 26      **Specialty Developing Recommendation:** ASTRO      **First Identified:** October 2008      **2022 Medicare Utilization:**      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

**77782** Deleted from CPT      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

**77784** Deleted from CPT      **Global:**      **Issue:** Brachytherapy      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent RUC Meeting:** February 2008      **Tab:** S      **Specialty Developing Recommendation:** ASTRO      **First Identified:** February 2008      **2022 Medicare Utilization:**      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**77785 Remote afterloading high dose rate radionuclide brachytherapy; 1 channel**      **Global:**      **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:**      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      October 2014      **Referred to CPT Asst**       **Published in CPT Asst:**

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**77786 Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels**      **Global:**      **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:**      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      October 2014      **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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

**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

**2022 Medicare Utilization:** 39

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0.52

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.00

**Referred to CPT** February 2015

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

**78000 Thyroid uptake; single determination**

**Global:** **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:**

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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



# Status Report: CMS Requests and Relativity Assessment Issues

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**78001** Thyroid uptake; multiple determinations **Global:** **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:** **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

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**78003** Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies) **Global:** **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:** **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

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**78006** Thyroid imaging, with uptake; single determination **Global:** **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:** **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

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**78007** Thyroid imaging, with uptake; multiple determinations **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**78010** Thyroid imaging; only **Global:** **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:** **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**78011** Thyroid imaging; with vascular flow **Global:** **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:** **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012  
**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:** **2022 Medicare Utilization:** 952 **2024 Work RVU:** 0.19  
**2024 NF PE RVU:** 2.2  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.19 **Referred to CPT** February 2012  
**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:** **2022 Medicare Utilization:** 804 **2024 Work RVU:** 0.37  
**2024 NF PE RVU:** 4.71  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.37 **Referred to CPT** February 2012  
**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:**

**2022 Medicare Utilization:** 11,032

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 5.97  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.50

**Referred to CPT** February 2012

**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?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM

**First Identified:** April 2011

**2022 Medicare Utilization:** 9,359

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 7.19  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.80

**Referred to CPT**

**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?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM

**First Identified:** April 2011

**2022 Medicare Utilization:** 6,434

**2024 Work RVU:** 1.20  
**2024 NF PE RVU:** 8.3  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.20

**Referred to CPT**

**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?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2022 Medicare Utilization:** 11,283 **2024 Work RVU:** 1.60 **2024 NF PE RVU:** 10.19 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.60 **Referred to CPT** **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **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:** **2022 Medicare Utilization:** 51,282 **2024 Work RVU:** 0.74 **2024 NF PE RVU:** 8.07 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.74 **Referred to CPT** **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:** **2022 Medicare Utilization:** 37,289 **2024 Work RVU:** 0.90 **2024 NF PE RVU:** 10.93 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.90 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 261 **2024 Work RVU:** 0.98 **2024 NF PE RVU:** 9.69 **2024 Fac PE RVU:** NA **Result:** Not Part of RAW

**RUC Recommendation:** CPT Assistant article published **Referred to CPT**  
**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 **2022 Medicare Utilization:** 233 **2024 Work RVU:** 1.08 **2024 NF PE RVU:** 11.06 **2024 Fac PE RVU:** NA **Result:** Not Part of RAW

**RUC Recommendation:** CPT Assistant article published **Referred to CPT**  
**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 **2022 Medicare Utilization:** 15,876 **2024 Work RVU:** 0.99 **2024 NF PE RVU:** 8.46 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.99 **Referred to CPT**  
**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

**2022  
Medicare  
Utilization:** 3,852

**2024 Work RVU:** 0.62  
**2024 NF PE RVU:** 5.52  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.62

**Referred to CPT**  
**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

**2022  
Medicare  
Utilization:** 679

**2024 Work RVU:** 0.83  
**2024 NF PE RVU:** 6.57  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.83

**Referred to CPT**  
**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

**2022  
Medicare  
Utilization:** 193,289

**2024 Work RVU:** 0.86  
**2024 NF PE RVU:** 7.14  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.86

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

# Status Report: CMS Requests and Relativity Assessment Issues

**78429** Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 1,025 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 1.76 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**78430** Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 478 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 1.67 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**78431** Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 87,173 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 1.90 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**78432** Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2022 Medicare Utilization:** 26

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 2.07

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

**78433** Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2022 Medicare Utilization:** 1,876

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 2.26

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

**78434** Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2022 Medicare Utilization:** 72,932

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.63

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 22,908 **2024 Work RVU:** 1.38 **2024 NF PE RVU:** 7.91 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 1.40 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 1,326,697 **2024 Work RVU:** 1.62 **2024 NF PE RVU:** 11.24 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.75 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 1,466 **2024 Work RVU:** 1.00 **2024 NF PE RVU:** 6.92 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.00 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 5,291 **2024 Work RVU:** 1.34 **2024 NF PE RVU:** 10.47 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.34 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**78459** Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 658 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 1.61 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**78460 Deleted from CPT** **Global:** **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:** **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**78461 Deleted from CPT** **Global:** **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:** **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 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:**

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**78464 Deleted from CPT** **Global:** **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:** **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 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:**

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**78465 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 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:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 9,798 **2024 Work RVU:** 0.98 **2024 NF PE RVU:** 5.25 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.98

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

**78478** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

**78480** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**78491** Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2022 Medicare Utilization:** 384

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.56

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

**78492** Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** October 2016

**2022 Medicare Utilization:** 113,774

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.80

**Referred to CPT** May 2018  
**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

**2022 Medicare Utilization:** 249

**2024 Work RVU:** 0.49  
**2024 NF PE RVU:** 4.63  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.49

**Referred to CPT** October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**78580 Pulmonary perfusion imaging (eg, particulate)**      **Global:** XXX    **Issue:** Pulmonary Imaging      **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth8      **Complete?** No

**Most Recent RUC Meeting:** September 2022    **Tab:** 13    **Specialty Developing Recommendation:** SNM, ACR      **First Identified:** February 2010      **2022 Medicare Utilization:** 69,975      **2024 Work RVU:** 0.74  
**2024 NF PE RVU:** 5.68  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Review action plan. 0.74      **Referred to CPT**    October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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      **2022 Medicare Utilization:** 51,181      **2024 Work RVU:** 1.07  
**2024 NF PE RVU:** 7.93  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.07      **Referred to CPT**    October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**78584 Pulmonary perfusion imaging, particulate, with ventilation; single breath**      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**    October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**78585** Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

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**78586** Pulmonary ventilation imaging, aerosol; single projection **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

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**78587** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

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**78588** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**78591 Deleted from CPT**

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**78593 Deleted from CPT**

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**78594 Deleted from CPT**

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**78596 Deleted from CPT**

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 2,183 **2024 Work RVU:** 0.75 **2024 NF PE RVU:** 4.7 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.75 **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 1,266 **2024 Work RVU:** 0.85 **2024 NF PE RVU:** 7.33 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.85 **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

**78803** Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging **Global:** XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2022 Medicare Utilization:** 35,894 **2024 Work RVU:** 1.09 **2024 NF PE RVU:** 9.23 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 1.20 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:** Dec 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 626,249

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Reaffirmed RUC recommendation

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

**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 **2022 Medicare Utilization:** 11,274

**2024 Work RVU:** 1.96  
**2024 NF PE RVU:** 2.31  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Article published Feb 2012

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Feb 2012

**80500** Clinical pathology consultation; limited, without review of patient's history and medical records **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

**First Identified:** January 2019 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**80502** Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

**First Identified:** January 2021 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

**80503** Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation. **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

**First Identified:** January 2021 **2022 Medicare Utilization:** 22,690

**2024 Work RVU:** 0.43  
**2024 NF PE RVU:** 0.35  
**2024 Fac PE RVU:** 0.20  
**Result:** Decrease

**RUC Recommendation:** 0.50

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

**80504** Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation. **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

**First Identified:** January 2021 **2022 Medicare Utilization:** 3,676

**2024 Work RVU:** 0.91  
**2024 NF PE RVU:** 0.62  
**2024 Fac PE RVU:** 0.44  
**Result:** Decrease

**RUC Recommendation:** 0.91

**Referred to CPT** October 2020  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**80505** Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation. **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2022 Medicare Utilization:** 2,772 **2024 Work RVU:** 1.71 **2024 NF PE RVU:** 1.04 **2024 Fac PE RVU:** 0.82 **Result:** Decrease

**RUC Recommendation:** 1.80 **Referred to CPT:** October 2020 **Referred to CPT Asst:**  **Published in CPT Asst:**

**80506** Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2022 Medicare Utilization:** 1,890 **2024 Work RVU:** 0.80 **2024 NF PE RVU:** 0.42 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.80 **Referred to CPT:** October 2020 **Referred to CPT Asst:**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 160,824 **2024 Work RVU:** 0.45 **2024 NF PE RVU:** 0.22 **2024 Fac PE RVU:** 0.22 **Result:** Maintain

**RUC Recommendation:** 0.45 **Referred to CPT:** **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**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 **2022 Medicare Utilization:** 129,491 **2024 Work RVU:** 0.94  
**2024 NF PE RVU:** 1.09  
**2024 Fac PE RVU:** 0.42  
**Result:** Increase

**RUC Recommendation:** 1.00 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**85390** Fibrinolysins or coagulopathy screen, interpretation and report **Global:** XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2022 Medicare Utilization:** 26,869 **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Increase

**RUC Recommendation:** 0.75 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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 **2022 Medicare Utilization:** 33,535 **2024 Work RVU:** 0.56  
**2024 NF PE RVU:** 1.68  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.56 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 1,246

**2024 Work RVU:** 0.37  
**2024 NF PE RVU:** 1.74  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.56

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

**88107** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 178,673

**2024 Work RVU:** 0.44  
**2024 NF PE RVU:** 1.6  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.56

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

# Status Report: CMS Requests and Relativity Assessment Issues

**88112** Cytopathology, selective cellular enhancement technique with interpretation (eg, Global: XXX Issue: Cytopathology Concentration Technique- liquid based slide preparation method), except cervical or vaginal PE Only Screen: CMS High Expenditure Procedural Codes1 / Final Rule for 2015 Complete? Yes

**Most Recent** Tab: 36 Specialty Developing ACR, CAP  
**RUC Meeting:** April 2015 Recommendation:

**First Identified:** September 2011  
**2022 Medicare Utilization:** 743,800

**2024 Work RVU:** 0.56  
**2024 NF PE RVU:** 1.46  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** New PE Inputs. 0.56

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

**88120** Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with Global: XXX Issue: RAW review Screen: CMS Request - Final morphometric analysis, 3-5 molecular probes, each specimen; manual Rule for 2013 Complete? Yes

**Most Recent** Tab: 19 Specialty Developing  
**RUC Meeting:** October 2017 Recommendation:

**First Identified:** November 2012  
**2022 Medicare Utilization:** 42,054

**2024 Work RVU:** 1.20  
**2024 NF PE RVU:** 16.14  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Utilization shift is appropriate.

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

**88121** Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with Global: XXX Issue: RAW review Screen: CMS Request - Final morphometric analysis, 3-5 molecular probes, each specimen; using computer- assisted technology Rule for 2013 Complete? Yes

**Most Recent** Tab: 19 Specialty Developing  
**RUC Meeting:** October 2017 Recommendation:

**First Identified:** November 2012  
**2022 Medicare Utilization:** 20,338

**2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 11.54  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Utilization shift is appropriate.

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

# Status Report: CMS Requests and Relativity Assessment Issues

**88141** Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician      **Global:** XXX    **Issue:** Cytopathology Cervical/Vaginal    **Screen:** CMS-Other - Utilization over 30,000    **Complete?** Yes

**Most Recent RUC Meeting:** April 2018      **Tab:** 26    **Specialty Developing Recommendation:** CAP      **First Identified:** October 2017      **2022 Medicare Utilization:** 43,300      **2024 Work RVU:** 0.26  
**2024 NF PE RVU:** 0.45  
**2024 Fac PE RVU:** 0.45  
**Result:** Maintain

**RUC Recommendation:** 0.42      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 4,853      **2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 1.86  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 3,844      **2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 1.91  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 566 **2024 Work RVU:** 0.76 **2024 NF PE RVU:** 3.06 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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 - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab:** **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 94,171 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 2.32 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs. Removed from FR 2018 as misvalued. **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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 - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab:** **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 1,966,902 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.71 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs. Removed from FR 2018 as misvalued. **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

2022 Medicare Utilization: 27,897

2024 Work RVU: 0.74

2024 NF PE RVU: 0.28

2024 Fac PE RVU: 0.28

Result: Decrease

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst  Published in CPT Asst:

**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

2022 Medicare Utilization: 38,457

2024 Work RVU: 1.20

2024 NF PE RVU: 0.55

2024 Fac PE RVU: 0.55

Result: Decrease

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst  Published in CPT Asst:

**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

2022 Medicare Utilization: 236,357

2024 Work RVU: 1.70

2024 NF PE RVU: 0.67

2024 Fac PE RVU: 0.67

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 166,076

**2024 Work RVU:** 0.08

**2024 NF PE RVU:** 0.39

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.08 and new PE inputs

**Referred to CPT**

**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

**2022 Medicare Utilization:** 58,536

**2024 Work RVU:** 0.13

**2024 NF PE RVU:** 0.85

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.13 and new PE inputs

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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** **Tab:** 24 **Specialty Developing** AAD, AGA, CAP, **First** **2022** **2024 Work RVU:** 0.22  
**RUC Meeting:** January 2012 **Recommendation:** ASGE **Identified:** October 2008 **Medicare** **2024 NF PE RVU:** 1.05  
**Utilization:** 779,959 **2024 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:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 15,836,017

**2024 Work RVU:** 0.75

**2024 NF PE RVU:** 1.38

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.75 and new PE inputs

**Referred to CPT**

**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/curetings 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 **2022 Medicare Utilization:** 897,943 **2024 Work RVU:** 1.59 **2024 NF PE RVU:** 6.98 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.59 and new PE inputs **Referred to CPT**  
**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 **2022 Medicare Utilization:** 131,272 **2024 Work RVU:** 2.80 **2024 NF PE RVU:** 10.09 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 2.80 and new PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 1,163,061      **2024 Work RVU:** 0.54  
**2024 NF PE RVU:** 2.82  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.54      **Referred to CPT** June 2010  
**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      **2022 Medicare Utilization:** 1,236,949      **2024 Work RVU:** 0.24  
**2024 NF PE RVU:** 2.23  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.24      **Referred to CPT** June 2010  
**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      **2022 Medicare Utilization:** 21,903      **2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 2.18  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.45      **Referred to CPT** June 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**88318 Deleted from CPT**      **Global:**      **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:**      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** June 2010      **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:**      **2022 Medicare Utilization:** 12,731      **2024 Work RVU:** 0.53      **2024 NF PE RVU:** 3.54      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 0.53      **Referred to CPT** June 2010      **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      **2022 Medicare Utilization:** 163,519      **2024 Work RVU:** 1.63      **2024 NF PE RVU:** 1.18      **2024 Fac PE RVU:** 0.73      **Result:** Maintain

**RUC Recommendation:** 1.63      **Referred to CPT**      **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      **2022 Medicare Utilization:** 33,571      **2024 Work RVU:** 1.83      **2024 NF PE RVU:** 1.59      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 1.83      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 11,300

**2024 Work RVU:** 2.85  
**2024 NF PE RVU:** 1.66  
**2024 Fac PE RVU:** 0.95  
**Result:** Increase

**RUC Recommendation:** 2.85

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 22,555

**2024 Work RVU:** 0.67  
**2024 NF PE RVU:** 0.94  
**2024 Fac PE RVU:** 0.32  
**Result:** Maintain

**RUC Recommendation:** 0.67

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 333,252

**2024 Work RVU:** 1.19  
**2024 NF PE RVU:** 1.81  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.19

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 122,479

**2024 Work RVU:** 0.59  
**2024 NF PE RVU:** 1.02  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.59

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 58,951

**2024 Work RVU:** 1.20  
**2024 NF PE RVU:** 1.51  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.20

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

**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:** ZZZ **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

**2022 Medicare Utilization:** 28,643

**2024 Work RVU:** 0.73  
**2024 NF PE RVU:** 0.92  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.73

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

**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

**2022 Medicare Utilization:** 3,299,705

**2024 Work RVU:** 0.56  
**2024 NF PE RVU:** 2.15  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.65

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 2,105,463      **2024 Work RVU:** 0.70  
**2024 NF PE RVU:** 2.46  
**2024 Fac PE RVU:** NA  
**RUC Recommendation:** 0.70      **Referred to CPT:** May 2012  
**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:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**RUC Recommendation:** Deleted from CPT      **Referred to CPT:**  
**Referred to CPT Asst:**       **Published in CPT Asst:**      **Result:** Deleted from CPT

**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      **2022 Medicare Utilization:** 165,839      **2024 Work RVU:** 0.77  
**2024 NF PE RVU:** 4.4  
**2024 Fac PE RVU:** NA  
**RUC Recommendation:** 0.77      **Referred to CPT:**  
**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    **2022 Medicare Utilization:** 52,971    **2024 Work RVU:** 0.74  
**2024 NF PE RVU:** 3.73  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.74    **Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**88347** Immunofluorescent study, each antibody; indirect method      **Global:**    **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    **2022 Medicare Utilization:**    **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT    **Referred to CPT** October 2014  
**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    **2022 Medicare Utilization:** 14,060    **2024 Work RVU:** 1.51  
**2024 NF PE RVU:** 12.91  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs    **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**88349** Electron microscopy; scanning **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** Oct 2013 **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 **2022 Medicare Utilization:** 230,286 **2024 Work RVU:** 0.59  
**2024 NF PE RVU:** 2.81  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.70 **Referred to CPT** October 2014 **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 **2022 Medicare Utilization:** 20,476 **2024 Work RVU:** 2.80  
**2024 NF PE RVU:** 4.18  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.80 **Referred to CPT** **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

**2022 Medicare Utilization:** 623,440

**2024 Work RVU:** 0.85  
**2024 NF PE RVU:** 2.74  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.85

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 145,417

**2024 Work RVU:** 0.95  
**2024 NF PE RVU:** 2.61  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.95

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 36,647

**2024 Work RVU:** 0.70  
**2024 NF PE RVU:** 3.28  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.88

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 57,466 **2024 Work RVU:** 0.88 **2024 NF PE RVU:** 4.41 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.88 **Referred to CPT** May 2013 **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 **2022 Medicare Utilization:** 2,587 **2024 Work RVU:** 1.24 **2024 NF PE RVU:** 6.87 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.24 **Referred to CPT** May 2013 **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 **2022 Medicare Utilization:** 3,964 **2024 Work RVU:** 0.73 **2024 NF PE RVU:** 2.6 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.86 **Referred to CPT** May 2013 **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 **2022 Medicare Utilization:** 16,333 **2024 Work RVU:** 0.88 **2024 NF PE RVU:** 3.53 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.88 **Referred to CPT:** May 2013 **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 **2022 Medicare Utilization:** 5,203 **2024 Work RVU:** 0.58 **2024 NF PE RVU:** 1.44 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.86 **Referred to CPT:** **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:** **2022 Medicare Utilization:** 142,874 **2024 Work RVU:** 0.93 **2024 NF PE RVU:** 7.68 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.04 **Referred to CPT:** **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 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:** May 2013

**2022 Medicare Utilization:** 121,925

**2024 Work RVU:** 1.40  
**2024 NF PE RVU:** 10.42  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.40

**Referred to CPT** May 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

**88381** Microdissection (ie, sample preparation of microscopically identified target); manual **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ASC, AP

**First Identified:** April 2022

**2022 Medicare Utilization:** 56,078

**2024 Work RVU:** 0.53  
**2024 NF PE RVU:** 5.46  
**2024 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Review action plan

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

**90460** Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA

**First Identified:** July 2020

**2022 Medicare Utilization:** 146

**2024 Work RVU:** 0.24  
**2024 NF PE RVU:** 0.43  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.24

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

# Status Report: CMS Requests and Relativity Assessment Issues

**90461** Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 19

**Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA

**First Identified:** July 2020

**2022 Medicare Utilization:** 30

**2024 Work RVU:** 0.18

**2024 NF PE RVU:** 0.07

**2024 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.18

**Referred to CPT**

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

**90465 Deleted from CPT**

**Global:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**90467 Deleted from CPT**

**Global:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**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 / CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2022 Medicare Utilization:** 344,382 **2024 Work RVU:** 0.17 **2024 NF PE RVU:** 0.44 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.17 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 / CMS Request – Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2022 Medicare Utilization:** 29,042 **2024 Work RVU:** 0.15 **2024 NF PE RVU:** 0.28 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.15 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 / CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2022 Medicare Utilization:** 1 **2024 Work RVU:** 0.17 **2024 NF PE RVU:** 0.32 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.17 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.15  
**2024 NF PE RVU:** 0.2  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.15

**Referred to CPT**  
**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 / High Volume Growth6 **Complete?** No

**Most Recent RUC Meeting:** September 2023

**Tab:** 22 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013

**2022 Medicare Utilization:** 333,763

**2024 Work RVU:** 0.33  
**2024 NF PE RVU:** 0.1  
**2024 Fac PE RVU:** 0.05  
**Result:** Increase

**RUC Recommendation:** Refer to CPT Review in 3 years. 0.33

**Referred to CPT** October 2020  
**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

**2022 Medicare Utilization:** 690,443

**2024 Work RVU:** 3.84  
**2024 NF PE RVU:** 1.23  
**2024 Fac PE RVU:** 0.49  
**Result:** Increase

**RUC Recommendation:** 3.00

**Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**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 **2022 Medicare Utilization:** 520,437 **2024 Work RVU:** 4.16 **2024 NF PE RVU:** 1.49 **2024 Fac PE RVU:** 0.75 **Result:** Increase

**RUC Recommendation:** 3.25 **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

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**90801** Psychiatric diagnostic interview examination **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

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**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

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# 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:** **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent** **Tab:** 30 **Specialty Developing**  
**RUC Meeting:** January 2012 **Recommendation:**

**First** **2022**  
**Identified:** September 2011 **Medicare**  
**Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012  
**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:** **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent** **Tab:** 30 **Specialty Developing**  
**RUC Meeting:** January 2012 **Recommendation:**

**First** **2022**  
**Identified:** September 2011 **Medicare**  
**Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012  
**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:** **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent** **Tab:** 30 **Specialty Developing**  
**RUC Meeting:** January 2012 **Recommendation:**

**First** **2022**  
**Identified:** September 2011 **Medicare**  
**Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1,966,574

**2024 Work RVU:** 1.78

**2024 NF PE RVU:** 0.52

**2024 Fac PE RVU:** 0.22

**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT** February 2012

**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

**2022 Medicare Utilization:** 1,371,093

**2024 Work RVU:** 1.57

**2024 NF PE RVU:** 0.52

**2024 Fac PE RVU:** 0.28

**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT** February 2012

**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

**2022 Medicare Utilization:** 3,755,636

**2024 Work RVU:** 2.35

**2024 NF PE RVU:** 0.69

**2024 Fac PE RVU:** 0.30

**Result:** Increase

**RUC Recommendation:** 2.00

**Referred to CPT** February 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 423,970

**2024 Work RVU:** 1.99  
**2024 NF PE RVU:** 0.66  
**2024 Fac PE RVU:** 0.36  
**Result:** Increase

**RUC Recommendation:** 1.90

**Referred to CPT** February 2012  
**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

**2022 Medicare Utilization:** 6,073,697

**2024 Work RVU:** 3.47  
**2024 NF PE RVU:** 1.01  
**2024 Fac PE RVU:** 0.44  
**Result:** Increase

**RUC Recommendation:** 3.00

**Referred to CPT** February 2012  
**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

**2022 Medicare Utilization:** 94,952

**2024 Work RVU:** 2.62  
**2024 NF PE RVU:** 0.89  
**2024 Fac PE RVU:** 0.49  
**Result:** Increase

**RUC Recommendation:** 2.50

**Referred to CPT** February 2012  
**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 **2022 Medicare Utilization:** 18,399 **2024 Work RVU:** 3.28  
**2024 NF PE RVU:** 1.02  
**2024 Fac PE RVU:** 0.49  
**Result:** Increase

**RUC Recommendation:** 3.13 **Referred to CPT** February 2012  
**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 **2022 Medicare Utilization:** 6,138 **2024 Work RVU:** 1.57  
**2024 NF PE RVU:** 0.53  
**2024 Fac PE RVU:** 0.29  
**Result:** Increase

**RUC Recommendation:** 1.50 **Referred to CPT** February 2012  
**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 **2022 Medicare Utilization:** 7,261 **2024 Work RVU:** 2.20  
**2024 NF PE RVU:** 0.67  
**2024 Fac PE RVU:** 0.33  
**Result:** Increase

**RUC Recommendation:** 2.10 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 22,452 **2024 Work RVU:** 2.51  
**2024 NF PE RVU:** 0.35  
**2024 Fac PE RVU:** 0.34  
**Result:** Increase

**RUC Recommendation:** 2.40 **Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**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      **2022 Medicare Utilization:** 116,686

**RUC Recommendation:** 2.50      **Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 2.62  
**2024 NF PE RVU:** 0.38  
**2024 Fac PE RVU:** 0.36  
**Result:** Increase

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**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      **2022 Medicare Utilization:** 421,146

**RUC Recommendation:** 0.59      **Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:** 0.62  
**2024 NF PE RVU:** 0.19  
**2024 Fac PE RVU:** 0.08  
**Result:** Maintain

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**90862** Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy      **Global:**      **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      **2022 Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

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# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.48  
**2024 NF PE RVU:** 0.24  
**2024 Fac PE RVU:** 0.19  
**Result:** Increase

**RUC Recommendation:** 0.48

**Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**90868** Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session **Global:** 000 **Issue:** RAW **Screen:** Contractor Priced High Volume / Contractor Priced High Volume2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APA (psychiatry)

**First Identified:** January 2018

**2022 Medicare Utilization:** 240,106

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 89,143

**2024 Work RVU:** 2.50  
**2024 NF PE RVU:** 2.58  
**2024 Fac PE RVU:** 0.52  
**Result:** Increase

**RUC Recommendation:** 2.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**90901** Biofeedback training by any modality Global: 000 Issue: RAW Screen: High Volume Growth9 Complete? No

Most Recent RUC Meeting: September 2023 Tab: 22 Specialty Developing Recommendation: First Identified: April 2023 2022 Medicare Utilization: 48,132 2024 Work RVU: 0.41  
2024 NF PE RVU: 0.8  
2024 Fac PE RVU: 0.14  
Result:

RUC Recommendation: Survey April 2024 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**90911** Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry Global: Issue: Biofeedback Training Screen: Negative IWPUT Complete? Yes

Most Recent RUC Meeting: January 2019 Tab: 15 Specialty Developing Recommendation: ACOG, AUA First Identified: April 2017 2022 Medicare Utilization: 2024 Work RVU:  
2024 NF PE RVU:  
2024 Fac PE RVU:  
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT Referred to CPT September 2018  
Referred to CPT Asst  Published in CPT Asst:

**90912** Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient Global: 000 Issue: Biofeedback Training Screen: Negative IWPUT Complete? No

Most Recent RUC Meeting: January 2019 Tab: 15 Specialty Developing Recommendation: First Identified: September 2018 2022 Medicare Utilization: 24,229 2024 Work RVU: 0.90  
2024 NF PE RVU: 1.47  
2024 Fac PE RVU: 0.31  
Result: Increase

RUC Recommendation: Survey with 90901. 0.90 Referred to CPT February 2019-EC  
Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**90913** Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** No

**Most Recent RUC Meeting:** January 2019

**Tab:** 15 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:** 14,465

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.43  
**2024 Fac PE RVU:** 0.18  
**Result:** Increase

**RUC Recommendation:** Survey with 90901. 0.50

**Referred to CPT** February 2019-EC  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 696,670

**2024 Work RVU:** 1.48  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.53  
**Result:** Increase

**RUC Recommendation:** 1.48

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 30,666

**2024 Work RVU:** 2.11  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.78  
**Result:** Maintain

**RUC Recommendation:** 2.11

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 123,896

**2024 Work RVU:** 1.56  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.88  
**Result:** Increase

**RUC Recommendation:** 1.56

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 10,059

**2024 Work RVU:** 2.52  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.92  
**Result:** Increase

**RUC Recommendation:** 2.52

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

**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 **2022 Medicare Utilization:** 61

**2024 Work RVU:** 23.92  
**2024 NF PE RVU:** 9.18  
**2024 Fac PE RVU:** 9.18  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 8

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**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

**2022 Medicare Utilization:** 17

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 422

**2024 Work RVU:** 20.86  
**2024 NF PE RVU:** 7.57  
**2024 Fac PE RVU:** 7.57  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 111

**2024 Work RVU:** 10.32  
**2024 NF PE RVU:** 4.49  
**2024 Fac PE RVU:** 4.49  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**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 **2022 Medicare Utilization:** 72

**2024 Work RVU:** 6.64  
**2024 NF PE RVU:** 3.29  
**2024 Fac PE RVU:** 3.29  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 1,196

**2024 Work RVU:** 15.46  
**2024 NF PE RVU:** 6.35  
**2024 Fac PE RVU:** 6.35  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 406

**2024 Work RVU:** 9.87  
**2024 NF PE RVU:** 4.35  
**2024 Fac PE RVU:** 4.35  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**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 **2022 Medicare Utilization:** 283

**2024 Work RVU:** 6.19  
**2024 NF PE RVU:** 3.09  
**2024 Fac PE RVU:** 3.09  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**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 **2022 Medicare Utilization:** 1,402,405

**2024 Work RVU:** 6.77  
**2024 NF PE RVU:** 3.32  
**2024 Fac PE RVU:** 3.32  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised physician and clinical staff time

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 494,092

**2024 Work RVU:** 5.52  
**2024 NF PE RVU:** 2.86  
**2024 Fac PE RVU:** 2.86  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised physician and clinical staff time

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

**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 **2022 Medicare Utilization:** 155,332

**2024 Work RVU:** 3.57  
**2024 NF PE RVU:** 2.23  
**2024 Fac PE RVU:** 2.23  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 132

**2024 Work RVU:** 12.09  
**2024 NF PE RVU:** 5.14  
**2024 Fac PE RVU:** 5.14  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 682

**2024 Work RVU:** 10.25  
**2024 NF PE RVU:** 4.52  
**2024 Fac PE RVU:** 4.52  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**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

**2022 Medicare Utilization:** 1,031

**2024 Work RVU:** 9.80  
**2024 NF PE RVU:** 4.39  
**2024 Fac PE RVU:** 4.39  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**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

**2022 Medicare Utilization:** 323,474

**2024 Work RVU:** 5.52  
**2024 NF PE RVU:** 2.86  
**2024 Fac PE RVU:** 2.86  
**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 3,794

**2024 Work RVU:** 1.10  
**2024 NF PE RVU:** 10.91  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

**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

**2022 Medicare Utilization:** 42,423

**2024 Work RVU:** 2.24  
**2024 NF PE RVU:** 19.58  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.49

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 142

**2024 Work RVU:** 0.90  
**2024 NF PE RVU:** 25.3  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.00

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

# Status Report: CMS Requests and Relativity Assessment Issues

**91120** Rectal sensation, tone, and compliance test (ie, response to graded balloon distention) **Global:** XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** April 2023 **2022 Medicare Utilization:** 9,330 **2024 Work RVU:** 0.97 **2024 NF PE RVU:** 13.97 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT to bundle **Referred to CPT:** May 2024 **Referred to CPT Asst:**  **Published in CPT Asst:**

**91122** Anorectal manometry **Global:** 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** April 2023 **2022 Medicare Utilization:** 17,726 **2024 Work RVU:** 1.77 **2024 NF PE RVU:** 6.39 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT to bundle **Referred to CPT:** May 2024 **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:** **2022 Medicare Utilization:** 89 **2024 Work RVU:** 0.52 **2024 NF PE RVU:** 12.57 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT:** **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:**      **2022 Medicare Utilization:** 64

**RUC Recommendation:** New PE Inputs      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

**2024 Work RVU:** 0.66  
**2024 NF PE RVU:** 13.1  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**92065** Orthoptic training; performed by a physician or other qualified health care professional      **Global:** XXX    **Issue:** Orthoptic Training      **Screen:** Harvard Valued - Utilization over 30,000-Part4      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 10      **Specialty Developing Recommendation:** AAO, AOA (optometry)      **First Identified:** October 2019      **2022 Medicare Utilization:** 28,649

**RUC Recommendation:** 0.71      **Referred to CPT** February 2021 May 2020-Tab 37      **Referred to CPT Asst**       **Published in CPT Asst:**

**2024 Work RVU:** 0.71  
**2024 NF PE RVU:** 0.47  
**2024 Fac PE RVU:** 0.27  
**Result:** Increase

**92066** Orthoptic training; under supervision of a physician or other qualified health care professional      **Global:** XXX    **Issue:** Orthoptic Training      **Screen:** Harvard Valued - Utilization over 30,000-Part4      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021      **Tab:** 10      **Specialty Developing Recommendation:** AAO, AOA (optometry)      **First Identified:** February 2021      **2022 Medicare Utilization:**

**RUC Recommendation:** New PE Inputs      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.78  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

# 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

**2022 Medicare Utilization:** 77,430

**2024 Work RVU:** 0.30  
**2024 NF PE RVU:** 0.68  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.30

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 102,781

**2024 Work RVU:** 0.40  
**2024 NF PE RVU:** 0.99  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.40

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 2,653,897

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 1.38  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 23,374 **2024 Work RVU:** 0.61 **2024 NF PE RVU:** 1.92 **2024 Fac PE RVU:** 0.32 **Result:** Decrease

**RUC Recommendation:** 0.61 **Referred to CPT** **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 **2022 Medicare Utilization:** 2,647,877 **2024 Work RVU:** 0.40 **2024 NF PE RVU:** 0.67 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.50 **Referred to CPT** October 2009 **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 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2022 Medicare Utilization:** 7,625,266 **2024 Work RVU:** 0.45 **2024 NF PE RVU:** 0.74 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.50 **Referred to CPT** October 2009 **Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**92135 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

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

**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 **2022 Medicare Utilization:** 1,553,667 **2024 Work RVU:** 0.54  
**2024 NF PE RVU:** 0.85  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.54 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92140 Provocative tests for glaucoma, with interpretation and report, without tonography** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**92201** Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS

**First Identified:** February 2018

**2022 Medicare Utilization:** 470,308

**2024 Work RVU:** 0.40  
**2024 NF PE RVU:** 0.32  
**2024 Fac PE RVU:** 0.25  
**Result:** Decrease

**RUC Recommendation:** 0.40

**Referred to CPT** February 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92202** Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS

**First Identified:** February 2018

**2022 Medicare Utilization:** 692,251

**2024 Work RVU:** 0.26  
**2024 NF PE RVU:** 0.19  
**2024 Fac PE RVU:** 0.16  
**Result:** Decrease

**RUC Recommendation:** 0.26

**Referred to CPT** February 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92225** Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial **Global:** **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS

**First Identified:** April 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**92226** Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent **Global:** **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2018 **Referred to CPT Asst**  **Published in CPT Asst:**

**92227** Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 1,025 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.52 **2024 Fac PE RVU:** NA **Result:** Remove from screen

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

**92228** Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 5,758 **2024 Work RVU:** 0.32 **2024 NF PE RVU:** 0.55 **2024 Fac PE RVU:** NA **Result:** Remove from screen

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

**92229** Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 1,426 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 1.22 **2024 Fac PE RVU:** NA **Result:** Remove from screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 292,734

**2024 Work RVU:** 0.75  
**2024 NF PE RVU:** 4.1  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.75

**Referred to CPT** October 2015  
**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

**2022 Medicare Utilization:** 7,696

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 4.76  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.80

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 30,533

**2024 Work RVU:** 0.95  
**2024 NF PE RVU:** 7.44  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.95

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 3,262,549 **2024 Work RVU:** 0.40  
**2024 NF PE RVU:** 0.69  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.40 **Referred to CPT**  
**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 Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2022 Medicare Utilization:** 1,556 **2024 Work RVU:** 0.81  
**2024 NF PE RVU:** 2.68  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** CPT Assistant article published. **Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

**92273 Electroretinography (ERG), with interpretation and report; full field (ie, fERG, flash ERG, Ganzfeld ERG)** **Global:** XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2022 Medicare Utilization:** 95,837 **2024 Work RVU:** 0.69  
**2024 NF PE RVU:** 3.06  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT Assistant. 0.80 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**92274** Electroretinography (ERG), with interpretation and report; multifocal (mfERG)      **Global:** XXX      **Issue:** Electroretinography      **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019      **Complete?** Yes

**Most Recent RUC Meeting:** January 2024      **Tab:** 16      **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS      **First Identified:** September 2017      **2022 Medicare Utilization:** 3,580      **2024 Work RVU:** 0.61      **2024 NF PE RVU:** 2.05      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** Refer to CPT Assistant. 0.72      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

**92275** Electroretinography with interpretation and report      **Global:**      **Issue:** Electroretinography      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2018      **Tab:** 17      **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)      **First Identified:** July 2015      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** June 2017      **Referred to CPT Asst**       **Published in CPT Asst:**

**92284** Diagnostic dark adaptation examination with interpretation and report      **Global:** XXX      **Issue:** Dark Adaption Eye Exam      **Screen:** Harvard Valued - Utilization over 30,000-Part5      **Complete?** No

**Most Recent RUC Meeting:** September 2023      **Tab:** 22      **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS      **First Identified:** October 2020      **2022 Medicare Utilization:** 39,431      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 1.11      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** Refer to CPT and CPT Assistant.      **Referred to CPT** February 2024      **Referred to CPT Asst**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**92285** External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, 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

**2022 Medicare Utilization:** 394,233

**2024 Work RVU:** 0.05

**2024 NF PE RVU:** 0.63

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.05 and new PE inputs

**Referred to CPT** February 2010

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

**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

**2022 Medicare Utilization:** 98,478

**2024 Work RVU:** 0.40

**2024 NF PE RVU:** 0.75

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.40

**Referred to CPT** October 2011

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

**92287** Anterior segment imaging with interpretation and report; with fluorescein angiography **Global:** XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:**

**2022 Medicare Utilization:** 4,594

**2024 Work RVU:** 0.40

**2024 NF PE RVU:** 3.86

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.40

**Referred to CPT** October 2011

**Referred to CPT Asst**  **Published in CPT Asst:** Mar 2013

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 234,114

**2024 Work RVU:** 0.18  
**2024 NF PE RVU:** 0.68  
**2024 Fac PE RVU:** 0.08  
**Result:** Maintain

**RUC Recommendation:** 0.18 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92506** Evaluation of speech, language, voice, communication, and/or auditory processing **Global:** **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:** **2022 Medicare Utilization:**

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

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**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 **2022 Medicare Utilization:** 550,374

**2024 Work RVU:** 1.30  
**2024 NF PE RVU:** 0.96  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**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:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 2022      **Medicare Utilization:** 3,031

**2024 Work RVU:** 0.33  
**2024 NF PE RVU:** 0.39  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.43 work RVU and clinical staff time removed

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

**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:** 2022      **Medicare Utilization:** 293

**2024 Work RVU:** 2.24  
**2024 NF PE RVU:** 1.69  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.75

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** 2022      **Medicare Utilization:** 4,003

**2024 Work RVU:** 1.92  
**2024 NF PE RVU:** 1.35  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT** October 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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/ High Volume Growth9 **Complete?** Yes

**Most Recent RUC Meeting:** April 2023 **Tab:** 15 **Specialty Developing Recommendation:** ASHA

**First Identified:** 2022 **Medicare Utilization:** 30,789

**2024 Work RVU:** 3.84  
**2024 NF PE RVU:** 2.9  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** Refer to CPT Assistant. 3.36

**Referred to CPT:** October 2012  
**Referred to CPT Asst:**  **Published in CPT Asst:** Apr 2024

**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:** 2022 **Medicare Utilization:** 19,542

**2024 Work RVU:** 1.92  
**2024 NF PE RVU:** 1.3  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.75

**Referred to CPT:** October 2012  
**Referred to CPT Asst:**  **Published in CPT Asst:**

**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?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS

**First Identified:** NA **2022 Medicare Utilization:** 202,921

**2024 Work RVU:** 1.34  
**2024 NF PE RVU:** 1.17  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 51,886

**2024 Work RVU:** 0.60  
**2024 NF PE RVU:** 0.57  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT** October 2014  
**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

**2022 Medicare Utilization:** 5,720

**2024 Work RVU:** 0.30  
**2024 NF PE RVU:** 0.35  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.55

**Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:**

**2022 Medicare Utilization:** 69,977

**2024 Work RVU:** 1.50  
**2024 NF PE RVU:** 1.67  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 11,381      **2024 Work RVU:** 0.40  
**2024 NF PE RVU:** 0.33  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.40      **Referred to CPT** February 2009  
**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      **2022 Medicare Utilization:** 15,961      **2024 Work RVU:** 0.48  
**2024 NF PE RVU:** 0.36  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.48      **Referred to CPT** February 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92543** Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 2,964      **2024 Work RVU:** 0.27  
**2024 NF PE RVU:** 0.24  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.27      **Referred to CPT** February 2009  
**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      **2022 Medicare Utilization:** 4,274      **2024 Work RVU:** 0.25  
**2024 NF PE RVU:** 0.23  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.25      **Referred to CPT** February 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:** 36,034      **2024 Work RVU:** 0.29  
**2024 NF PE RVU:** 3.66  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Editorial change only      **Referred to CPT** February 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 22,811 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.32 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Editorial change only **Referred to CPT** February 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**92548** Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; **Global:** XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA **First Identified:** February 2014 **2022 Medicare Utilization:** 29,891 **2024 Work RVU:** 0.67 **2024 NF PE RVU:** 0.71 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.76 **Referred to CPT** September 2018 / February 2014 **Referred to CPT Asst**  **Published in CPT Asst:**

**92549** Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT) **Global:** XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 6,326 **2024 Work RVU:** 0.87 **2024 NF PE RVU:** 1.04 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.96 **Referred to CPT** September 2018 **Referred to CPT Asst**  **Published in CPT Asst:**

# 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:**

**2022 Medicare Utilization:** 183,937

**2024 Work RVU:** 0.35  
**2024 NF PE RVU:** 0.29  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.35

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 1,158,835

**2024 Work RVU:** 0.60  
**2024 NF PE RVU:** 0.47  
**2024 Fac PE RVU:** 0.32  
**Result:** Decrease

**RUC Recommendation:** 0.60 work RVU and clinical staff time removed

**Referred to CPT** February 2009  
**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

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.1  
**2024 Fac PE RVU:** 0.07  
**Result:** Increase

**RUC Recommendation:** 0.17

**Referred to CPT** February 2011  
**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

**2022 Medicare Utilization:** 876,262

**2024 Work RVU:** 0.20

**2024 NF PE RVU:** 0.28

**2024 Fac PE RVU:** 0.11

**Result:** Decrease

**RUC Recommendation:** 0.20 work RVU and clinical staff time removed

**Referred to CPT** February 2009

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

**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

**2022 Medicare Utilization:** 2,572

**2024 Work RVU:** 0.29

**2024 NF PE RVU:** 0.15

**2024 Fac PE RVU:** 0.14

**Result:** Decrease

**RUC Recommendation:** 0.29 work RVU and clinical staff time removed

**Referred to CPT** February 2009

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

**92569** Deleted from CPT

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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



# 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:** 2022 **Medicare Utilization:** 28,837 **2024 Work RVU:** 0.55 **2024 NF PE RVU:** 0.39 **2024 Fac PE RVU:** 0.29 **Result:** Decrease

**RUC Recommendation:** 0.55 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92584** Electrocochleography **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2022 Medicare Utilization:** 9,735 **2024 Work RVU:** 1.00 **2024 NF PE RVU:** 2.28 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 1.00 **Referred to CPT**  
**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:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** October 2017 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2019  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92586** Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2019  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 40,518

**2024 Work RVU:** 0.35  
**2024 NF PE RVU:** 0.27  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.45

**Referred to CPT:** October 2010

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

**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:**

**2022 Medicare Utilization:** 80,237

**2024 Work RVU:** 0.55  
**2024 NF PE RVU:** 0.42  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.60

**Referred to CPT:** February 2011

**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

**2022 Medicare Utilization:** 1,865

**2024 Work RVU:** 1.26  
**2024 NF PE RVU:** 0.87  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.48 work RVU and clinical staff time removed

**Referred to CPT:**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 2022 Medicare Utilization:

**2024 Work RVU:** 1.75  
**2024 NF PE RVU:** 0.85  
**2024 Fac PE RVU:** 0.68  
**Result:** Increase

**RUC Recommendation:** 1.75

**Referred to CPT** February 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** 2022 Medicare Utilization:

**2024 Work RVU:** 1.40  
**2024 NF PE RVU:** 0.87  
**2024 Fac PE RVU:** 0.54  
**Result:** Decrease

**RUC Recommendation:** 1.40 work RVU and clinical staff time removed

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

**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:** 2022 Medicare Utilization: 512

**2024 Work RVU:** 1.85  
**2024 NF PE RVU:** 1.82  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.85 work RVU and clinical staff time removed

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 2022 **Medicare Utilization:** 243

**2024 Work RVU:** 0.70  
**2024 NF PE RVU:** 0.74  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.70 work RVU and clinical staff time removed

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

**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:** 2022 **Medicare Utilization:** 13,105

**2024 Work RVU:** 1.50  
**2024 NF PE RVU:** 1.56  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.50 work RVU and clinical staff time removed

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

**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?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS

**First Identified:** NA **2022 Medicare Utilization:** 28,330

**2024 Work RVU:** 1.30  
**2024 NF PE RVU:** 1.22  
**2024 Fac PE RVU:** 0.76  
**Result:** Decrease

**RUC Recommendation:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 9,955

**2024 Work RVU:** 1.34  
**2024 NF PE RVU:** 1.35  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.34 work RVU and clinical staff time removed

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

**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:** **2022 Medicare Utilization:**

**2024 Work RVU:** 0.65  
**2024 NF PE RVU:** 0.26  
**2024 Fac PE RVU:** 0.25  
**Result:** Increase

**RUC Recommendation:** 0.65

**Referred to CPT** February 2011  
**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 **2022 Medicare Utilization:** 852

**2024 Work RVU:** 1.50  
**2024 NF PE RVU:** 1.09  
**2024 Fac PE RVU:** 0.79  
**Result:** Decrease

**RUC Recommendation:** 1.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 42

**2024 Work RVU:** 0.35  
**2024 NF PE RVU:** 0.29  
**2024 Fac PE RVU:** 0.19  
**Result:** Decrease

**RUC Recommendation:** 0.35

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

**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

**2022 Medicare Utilization:** 7,606

**2024 Work RVU:** 1.15  
**2024 NF PE RVU:** 0.82  
**2024 Fac PE RVU:** 0.61  
**Result:** Decrease

**RUC Recommendation:** 1.15

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

**92626** Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 30 **Specialty Developing Recommendation:** AAA, ASHA

**First Identified:** NA

**2022 Medicare Utilization:** 19,283

**2024 Work RVU:** 1.40  
**2024 NF PE RVU:** 1.14  
**2024 Fac PE RVU:** 0.76  
**Result:** Decrease

**RUC Recommendation:** 1.40

**Referred to CPT** May 2018  
**Referred to CPT Asst**  **Published in CPT Asst:** July 2014

# Status Report: CMS Requests and Relativity Assessment Issues

**92627** Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); 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 2018

**Tab:** 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS

**First Identified:** NA

**2022 Medicare Utilization:** 5,334

**2024 Work RVU:** 0.33  
**2024 NF PE RVU:** 0.27  
**2024 Fac PE RVU:** 0.18  
**Result:** Decrease

**RUC Recommendation:** 0.33

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 11

**2024 Work RVU:** 1.76  
**2024 NF PE RVU:** 1.44  
**2024 Fac PE RVU:** 0.96  
**Result:** Decrease

**RUC Recommendation:** 1.76

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

**92650** Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

**First Identified:** February 2019

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.25  
**2024 NF PE RVU:** 0.54  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.25

**Referred to CPT** February 2019  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**92651** Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

**First Identified:** February 2019

**2022 Medicare Utilization:** 790

**2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 1.43  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.00

**Referred to CPT** February 2019  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92652** Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

**First Identified:** February 2019

**2022 Medicare Utilization:** 5,069

**2024 Work RVU:** 1.50  
**2024 NF PE RVU:** 1.78  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT** February 2019  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92653** Auditory evoked potentials; neurodiagnostic, with interpretation and report **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 06 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ACNS, ASHA

**First Identified:** February 2019

**2022 Medicare Utilization:** 22,574

**2024 Work RVU:** 1.05  
**2024 NF PE RVU:** 1.38  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.05

**Referred to CPT** February 2019  
**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

**2022 Medicare Utilization:** 19,059

**2024 Work RVU:** 9.85  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 3.37  
**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:**      **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 4.00      **Referred to CPT** October 2011  
**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      **2022 Medicare Utilization:** 1,613      **2024 Work RVU:** 11.74  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 4.02  
**Result:** Decrease

**RUC Recommendation:** 11.00      **Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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      **2022 Medicare Utilization:**      **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 5.00      **Referred to CPT** October 2011  
**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      **2022 Medicare Utilization:** 192,605      **2024 Work RVU:** 10.96  
**2024 NF PE RVU:**      **2024 Fac PE RVU:** 3.75  
**Result:** Decrease

**RUC Recommendation:** 10.49      **Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 4.44

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 14,719

**2024 Work RVU:** 12.29  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.20  
**Result:** Decrease

**RUC Recommendation:** 12.32

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 5.50

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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    **2022 Medicare Utilization:** 12,338    **2024 Work RVU:** 10.95    **2024 NF PE RVU:**    **2024 Fac PE RVU:** 3.75    **Result:** Decrease

**RUC Recommendation:** 10.49    **Referred to CPT:** October 2011    **Referred to CPT Asst:**     **Published in CPT Asst:**

**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    **2022 Medicare Utilization:**    **2024 Work RVU:** 0.00    **2024 NF PE RVU:** 0    **2024 Fac PE RVU:** 0.00    **Result:** Decrease

**RUC Recommendation:** 6.00    **Referred to CPT:** October 2011    **Referred to CPT Asst:**     **Published in CPT Asst:**

**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    **2022 Medicare Utilization:** 30,763    **2024 Work RVU:** 12.31    **2024 NF PE RVU:**    **2024 Fac PE RVU:** 4.21    **Result:** Decrease

**RUC Recommendation:** 12.32    **Referred to CPT:** October 2011    **Referred to CPT Asst:**     **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 7,473

**2024 Work RVU:** 12.31  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 4.20  
**Result:** Decrease

**RUC Recommendation:** 12.32

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 6.00

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 199,137

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:** 2.44  
**2024 Fac PE RVU:** 1.03  
**Result:** Maintain

**RUC Recommendation:** 2.25

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 2,209

**2024 Work RVU:** 3.28  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.13  
**Result:** Maintain

**RUC Recommendation:** Remove from screen

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

**92980** Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011  
**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**92982** Percutaneous transluminal coronary balloon angioplasty; single vessel

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011  
**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011  
**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 **2022 Medicare Utilization:** 2,014

**2024 Work RVU:** 22.60  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 11.22  
**Result:** Remove from Screen

**RUC Recommendation:** Deleted from CPT

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

# Status Report: CMS Requests and Relativity Assessment Issues

**92992** Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization) **Global:** **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

**First Identified:** October 2018 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2019  
**Referred to CPT Asst**  **Published in CPT Asst:**

**92993** Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization) **Global:** **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

**First Identified:** October 2018 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2019  
**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011  
**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:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93000** Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report      **Global:** XXX      **Issue:** Complete Electrocardiogram      **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2019      **Tab:** 20      **Specialty Developing Recommendation:** ACC      **First Identified:** September 2011      **2022 Medicare Utilization:** 10,199,595      **2024 Work RVU:** 0.17      **2024 NF PE RVU:** 0.24      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 0.17      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**93005** Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report      **Global:** XXX      **Issue:** Complete Electrocardiogram      **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** April 2019      **Tab:** 20      **Specialty Developing Recommendation:** ACC      **First Identified:** February 2008      **2022 Medicare Utilization:** 410,510      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 0.18      **2024 Fac PE RVU:** NA      **Result:** PE Only

**RUC Recommendation:** 0.00      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**93010** Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only      **Global:** XXX      **Issue:** Complete Electrocardiogram      **Screen:** MPC List / CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** April 2019      **Tab:** 20      **Specialty Developing Recommendation:** ACC      **First Identified:** October 2010      **2022 Medicare Utilization:** 15,687,869      **2024 Work RVU:** 0.17      **2024 NF PE RVU:** 0.06      **2024 Fac PE RVU:** 0.06      **Result:** Maintain

**RUC Recommendation:** 0.17      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**93012 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93014 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2022 Medicare Utilization:** 815,131

**2024 Work RVU:** 0.75

**2024 NF PE RVU:** 1.37

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.75. CPT Assistant published.

**Referred to CPT** October 2010

**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2010

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 772,953 **2024 Work RVU:** 0.45 **2024 NF PE RVU:** 0.16 **2024 Fac PE RVU:** 0.16 **Result:** Maintain

**RUC Recommendation:** 0.45 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 74,416 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 1.11 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**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 **2022 Medicare Utilization:** 918,865 **2024 Work RVU:** 0.30 **2024 NF PE RVU:** 0.1 **2024 Fac PE RVU:** 0.10 **Result:** Maintain

**RUC Recommendation:** 0.30 **Referred to CPT** October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:** Jan 2010

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 78 **2024 Work RVU:** 0.75 **2024 NF PE RVU:** 2.96 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 76,436 **2024 Work RVU:** 0.15 **2024 NF PE RVU:** 0.22 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.15 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 11,534 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.18 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.00 (PE only) **Referred to CPT**  
**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 **2022 Medicare Utilization:** 280,815 **2024 Work RVU:** 0.15 **2024 NF PE RVU:** 0.04 **2024 Fac PE RVU:** 0.04 **Result:** Decrease

**RUC Recommendation:** 0.15 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **Global:** XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

**Most Recent RUC Meeting:** April 2023

**Tab:** 15 **Specialty Developing Recommendation:**

**First Identified:** April 2023

**2022 Medicare Utilization:** 10,496

**2024 Work RVU:** 0.17

**2024 NF PE RVU:** 0.29

**2024 Fac PE RVU:** NA

**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**93150** Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

**Most Recent RUC Meeting:** January 2023

**Tab:** 06 **Specialty Developing Recommendation:**

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.85

**2024 NF PE RVU:** 2.08

**2024 Fac PE RVU:** 0.35

**Result:**

**RUC Recommendation:** Review action Plan

**Referred to CPT**

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

**93151** Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

**Most Recent RUC Meeting:** January 2023

**Tab:** 06 **Specialty Developing Recommendation:**

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.80

**2024 NF PE RVU:** 1.75

**2024 Fac PE RVU:** 0.33

**Result:**

**RUC Recommendation:** Review action Plan

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93152** Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

**Most Recent** **Tab:** 06 **Specialty Developing**  
**RUC Meeting:** January 2023 **Recommendation:**

**First**  
**Identified:** January 2023

**2022**  
**Medicare**  
**Utilization:**

**2024 Work RVU:** 1.82  
**2024 NF PE RVU:** 2.77  
**2024 Fac PE RVU:** 0.83  
**Result:**

**RUC Recommendation:** Review action Plan

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

**93153** Interrogation without programming of implanted phrenic nerve stimulator system **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

**Most Recent** **Tab:** 06 **Specialty Developing**  
**RUC Meeting:** January 2023 **Recommendation:**

**First**  
**Identified:** January 2023

**2022**  
**Medicare**  
**Utilization:**

**2024 Work RVU:** 0.43  
**2024 NF PE RVU:** 1.08  
**2024 Fac PE RVU:** 0.17  
**Result:**

**RUC Recommendation:** Review action Plan

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

**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 / Work Neutrality 2021 **Complete?** Yes

**Most Recent** **Tab:** 22 **Specialty Developing** ACC  
**RUC Meeting:** September 2023 **Recommendation:**

**First**  
**Identified:** October 2009

**2022**  
**Medicare**  
**Utilization:** 163,054

**2024 Work RVU:** 0.39  
**2024 NF PE RVU:** 1.74  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.52

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / Work Neutrality 2021 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2009 **2022 Medicare Utilization:** 62,060

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.54  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** N/A no physician work

**Referred to CPT** February 2010  
**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 /Work Neutrality 2021 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2009 **2022 Medicare Utilization:** 107,862

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 1.06  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** N/A no physician work

**Referred to CPT** February 2010  
**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 / Work Neutrality 2021 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2009 **2022 Medicare Utilization:** 213,030

**2024 Work RVU:** 0.39  
**2024 NF PE RVU:** 0.14  
**2024 Fac PE RVU:** 0.14  
**Result:** Remove from screen

**RUC Recommendation:** 0.52

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / High Volume Growth6 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2009 **2022 Medicare Utilization:** 249,275

**2024 Work RVU:** 0.48  
**2024 NF PE RVU:** 0.23  
**2024 Fac PE RVU:** 0.23  
**Result:** Maintain

**RUC Recommendation:** 0.52

**Referred to CPT**  
**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 / High Volume Growth6 / PE Stand-Alone Procedure Time2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2009 **2022 Medicare Utilization:** 335,158

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 24.33  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** Review action plan. PE Only

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

**93230** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93231 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93232 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93233 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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



# Status Report: CMS Requests and Relativity Assessment Issues

**93235 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93236 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93237 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93241** External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

**First Identified:** April 2023

**2022 Medicare Utilization:** 17,555

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 7.21  
**2024 Fac PE RVU:** NA  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

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

**93242** External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording) **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

**First Identified:** April 2023

**2022 Medicare Utilization:** 115,087

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.35  
**2024 Fac PE RVU:** NA  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

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

**93243** External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

**First Identified:** April 2023

**2022 Medicare Utilization:** 199,314

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 6.7  
**2024 Fac PE RVU:** NA  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93244** External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent** **Tab:** 22 **Specialty Developing**  
**RUC Meeting:** September 2023 **Recommendation:**

**First** **2022**  
**Identified:** April 2023 **Medicare**  
**Utilization:** 193,172

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.16  
**2024 Fac PE RVU:** 0.16  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

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

**93245** External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent** **Tab:** 22 **Specialty Developing**  
**RUC Meeting:** September 2023 **Recommendation:**

**First** **2022**  
**Identified:** April 2023 **Medicare**  
**Utilization:** 7,680

**2024 Work RVU:** 0.55  
**2024 NF PE RVU:** 7.56  
**2024 Fac PE RVU:** NA  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

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

**93246** External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording) **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent** **Tab:** 22 **Specialty Developing**  
**RUC Meeting:** September 2023 **Recommendation:**

**First** **2022**  
**Identified:** April 2023 **Medicare**  
**Utilization:** 118,970

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.35  
**2024 Fac PE RVU:** NA  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93247** External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent** **Tab:** 22 **Specialty Developing**  
**RUC Meeting:** September 2023 **Recommendation:**

**First** **2022**  
**Identified:** April 2023 **Medicare**  
**Utilization:** 291,116

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 7.03  
**2024 Fac PE RVU:** NA  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

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

**93248** External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

**Most Recent** **Tab:** 22 **Specialty Developing**  
**RUC Meeting:** September 2023 **Recommendation:**

**First** **2022**  
**Identified:** April 2023 **Medicare**  
**Utilization:** 253,207

**2024 Work RVU:** 0.55  
**2024 NF PE RVU:** 0.18  
**2024 Fac PE RVU:** 0.18  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

**Referred to 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** **Tab:** 25 **Specialty Developing** ACC  
**RUC Meeting:** April 2010 **Recommendation:**

**First** **2022**  
**Identified:** October 2009 **Medicare**  
**Utilization:** 10,036

**2024 Work RVU:** 0.52  
**2024 NF PE RVU:** 4.69  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.52

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 30,235 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.24 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT** February 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 / PE Stand-Alone Procedure Time2 **Complete?** No

**Most Recent RUC Meeting:** April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 38,931 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 4.28 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** Review action plan. PE Inputs. **Referred to CPT** February 2010 **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 **2022 Medicare Utilization:** 84,804 **2024 Work RVU:** 0.52 **2024 NF PE RVU:** 0.17 **2024 Fac PE RVU:** 0.17 **Result:** Maintain

**RUC Recommendation:** 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 or leadless pacemaker system in one cardiac chamber **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

**2022 Medicare Utilization:** 106,695

**2024 Work RVU:** 0.65  
**2024 NF PE RVU:** 1.33  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.65

**Referred to CPT** February 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 756,768

**2024 Work RVU:** 0.77  
**2024 NF PE RVU:** 1.55  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.77

**Referred to CPT** February 2017  
**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

**2022 Medicare Utilization:** 67,605

**2024 Work RVU:** 0.85  
**2024 NF PE RVU:** 1.61  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.85

**Referred to CPT** February 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 72,442

**2024 Work RVU:** 0.85

**2024 NF PE RVU:** 1.48

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.85

**Referred to CPT** February 2017

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

**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

**2022 Medicare Utilization:** 148,782

**2024 Work RVU:** 1.15

**2024 NF PE RVU:** 1.71

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.15

**Referred to CPT** February 2017

**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

**2022 Medicare Utilization:** 182,819

**2024 Work RVU:** 1.25

**2024 NF PE RVU:** 1.84

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.25

**Referred to CPT** February 2017

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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; subcutaneous cardiac rhythm monitor 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

**2022 Medicare Utilization:** 36,157

**2024 Work RVU:** 0.52

**2024 NF PE RVU:** 1.24

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.52

**Referred to CPT** February 2017

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

**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, or leadless 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

**2022 Medicare Utilization:** 27,841

**2024 Work RVU:** 0.30

**2024 NF PE RVU:** 1.03

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.30

**Referred to CPT** February 2017

**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

**2022 Medicare Utilization:** 13,647

**2024 Work RVU:** 0.45

**2024 NF PE RVU:** 1.09

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT** February 2017

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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, or leadless 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 **2022 Medicare Utilization:** 166,997 **2024 Work RVU:** 0.43 **2024 NF PE RVU:** 1.23 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.43 **Referred to CPT:** February 2017 **Referred to CPT Asst:**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 61,363 **2024 Work RVU:** 0.75 **2024 NF PE RVU:** 1.36 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.75 **Referred to CPT:** February 2017 **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 physiologic 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 **2022 Medicare Utilization:** 78,882 **2024 Work RVU:** 0.43 **2024 NF PE RVU:** 1.13 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.43 **Referred to CPT:** February 2017 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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; subcutaneous cardiac rhythm monitor 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

**2022 Medicare Utilization:** 56,650

**2024 Work RVU:** 0.37  
**2024 NF PE RVU:** 1.07  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.37

**Referred to CPT** February 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 1,159

**2024 Work RVU:** 0.43  
**2024 NF PE RVU:** 1.07  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.43

**Referred to CPT** February 2017  
**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

**2022 Medicare Utilization:** 12,341

**2024 Work RVU:** 0.31  
**2024 NF PE RVU:** 0.99  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.31

**Referred to CPT** February 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93294** Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless 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 **2022 Medicare Utilization:** 1,612,239 **2024 Work RVU:** 0.60 **2024 NF PE RVU:** 0.23 **2024 Fac PE RVU:** 0.23 **Result:** Decrease

**RUC Recommendation:** 0.60 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 693,545 **2024 Work RVU:** 0.74 **2024 NF PE RVU:** 0.29 **2024 Fac PE RVU:** 0.29 **Result:** Decrease

**RUC Recommendation:** 0.74 **Referred to CPT**  
**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, leadless 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 **2022 Medicare Utilization:** 1,706,050 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.63 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs and Refer to CPT **Referred to CPT** February 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93297** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic 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:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023

**Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2022 Medicare Utilization:** 595,700

**2024 Work RVU:** 0.52

**2024 NF PE RVU:** 1.26

**2024 Fac PE RVU:**

**Result:** Maintain

**RUC Recommendation:** 0.52 and PE Inputs

**Referred to CPT**

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

**93298** Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor 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:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023

**Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2022 Medicare Utilization:** 1,057,416

**2024 Work RVU:** 0.52

**2024 NF PE RVU:** 2.49

**2024 Fac PE RVU:**

**Result:** Maintain

**RUC Recommendation:** 0.52 and PE Inputs

**Referred to CPT**

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

**93299** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2019

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** Complete Transthoracic Echocardiography (TTE) with Doppler **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 21 **Specialty Developing Recommendation:** ACC, ASE

**First Identified:** July 2015

**2022 Medicare Utilization:** 6,556,291

**2024 Work RVU:** 1.46  
**2024 NF PE RVU:** 4.35  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.46

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 22,997

**2024 Work RVU:** 0.92  
**2024 NF PE RVU:** 3.12  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.92

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 518,514

**2024 Work RVU:** 0.53  
**2024 NF PE RVU:** 2.39  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.53

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 315,122

**2024 Work RVU:** 0.38  
**2024 NF PE RVU:** 1.12  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.38

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

**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

**2022 Medicare Utilization:** 294,668

**2024 Work RVU:** 0.15  
**2024 NF PE RVU:** 0.59  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.15

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 602,818

**2024 Work RVU:** 0.07  
**2024 NF PE RVU:** 0.63  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.07

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 66,435 **2024 Work RVU:** 1.46 **2024 NF PE RVU:** 4.03 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.46; CPT Assistant article published **Referred to CPT:** October 2010 **Referred to CPT Asst:**  **Published in CPT Asst:** Jan 2010

**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 **2022 Medicare Utilization:** 180,025 **2024 Work RVU:** 1.75 **2024 NF PE RVU:** 5.11 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.75 **Referred to CPT:** **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 / Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 42,202 **2024 Work RVU:** 2.47 **2024 NF PE RVU:** 22.57 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** Remove from Modifier -51 exempt list. 3.02 **Referred to CPT:** October 2009 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:**      **2022 Medicare Utilization:** 3,229      **2024 Work RVU:** 4.50  
**2024 NF PE RVU:** 21.12  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 4.32      **Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:**      **2022 Medicare Utilization:** 1,886      **2024 Work RVU:** 5.99  
**2024 NF PE RVU:** 26.66  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 5.98      **Referred to CPT** October 2009  
**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:**      **2022 Medicare Utilization:** 106,882      **2024 Work RVU:** 4.54  
**2024 NF PE RVU:** 21.29  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 4.95      **Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 2022 Medicare Utilization: 19,948

**2024 Work RVU:** 5.29  
**2024 NF PE RVU:** 23.45  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 6.15

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 / Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33 **Specialty Developing Recommendation:** ACC

**First Identified:** 2022 Medicare Utilization: 20,099

**2024 Work RVU:** 5.90  
**2024 NF PE RVU:** 26.19  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** Remove from Modifier -51 Exempt List. 6.00

**Referred to CPT** October 2009  
**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:** 2022 Medicare Utilization: 3,345

**2024 Work RVU:** 6.64  
**2024 NF PE RVU:** 28.31  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 7.66

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **2022 Medicare Utilization:** 388,146 **2024 Work RVU:** 5.60 **2024 NF PE RVU:** 24.04 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 6.51 **Referred to CPT** October 2009 **Referred to CPT Asst**  **Published in CPT Asst:**

**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:** **2022 Medicare Utilization:** 59,598 **2024 Work RVU:** 6.35 **2024 NF PE RVU:** 25.47 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 7.34 **Referred to CPT** October 2009 **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:** **2022 Medicare Utilization:** 72,649 **2024 Work RVU:** 7.10 **2024 NF PE RVU:** 28.21 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 7.88 **Referred to CPT** October 2009 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:**

**2022 Medicare Utilization:** 10,155

**2024 Work RVU:** 7.85  
**2024 NF PE RVU:** 31.09  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:**

**2022 Medicare Utilization:** 7,108

**2024 Work RVU:** 3.73  
**2024 NF PE RVU:** 1.48  
**2024 Fac PE RVU:** 1.48  
**Result:** Decrease

**RUC Recommendation:** 3.73

**Referred to CPT** October 2009  
**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:**

**2022 Medicare Utilization:** 5,281

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:** 0.7  
**2024 Fac PE RVU:** 0.70  
**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 2022 Medicare Utilization: 1,210

**2024 Work RVU:** 1.80  
**2024 NF PE RVU:** 4.61  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.80

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**93501** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 / Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA

**First Identified:** July 2015 **2022 Medicare Utilization:** 51,189

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.39  
**Result:** Decrease

**RUC Recommendation:** 2.00

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93508 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

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**93510 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

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**93511 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93514 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93524 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93526 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93527 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93528 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93529 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93539 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93540 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93541 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93542 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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



# Status Report: CMS Requests and Relativity Assessment Issues

**93543 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93544 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93545 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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



# Status Report: CMS Requests and Relativity Assessment Issues

**93562** Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output **Global:** ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 27 **Specialty Developing Recommendation:**

**First Identified:** October 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Increase

**RUC Recommendation:** 0.95

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

**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:** October 2009

**2022 Medicare Utilization:** 110

**2024 Work RVU:** 1.00  
**2024 NF PE RVU:** 0.35  
**2024 Fac PE RVU:** 0.35  
**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** October 2009  
**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:** Pulmonary Angiography **Screen:** Codes Reported Together 95% or More / Survey Below 30 Threshold **Complete?** No

**Most Recent RUC Meeting:** October 2021

**Tab:** 08 **Specialty Developing Recommendation:** ACC, SCAI

**First Identified:** October 2021

**2022 Medicare Utilization:** 2

**2024 Work RVU:** 1.03  
**2024 NF PE RVU:** 0.35  
**2024 Fac PE RVU:** 0.35  
**Result:** Decrease

**RUC Recommendation:** Review action plan

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:**

**2022 Medicare Utilization:** 52

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.17  
**2024 Fac PE RVU:** 0.17  
**Result:** Decrease

**RUC Recommendation:** 1.90

**Referred to CPT** October 2009  
**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:**

**2022 Medicare Utilization:** 177

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.17  
**2024 Fac PE RVU:** 0.17  
**Result:** Decrease

**RUC Recommendation:** 0.96

**Referred to CPT** October 2009  
**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:**

**2022 Medicare Utilization:** 16,125

**2024 Work RVU:** 0.70  
**2024 NF PE RVU:** 0.24  
**2024 Fac PE RVU:** 0.24  
**Result:** Decrease

**RUC Recommendation:** 0.97

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93568** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial 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:** 2022 Medicare Utilization: 1,204

**2024 Work RVU:** 0.88  
**2024 NF PE RVU:** 0.3  
**2024 Fac PE RVU:** 0.30  
**Result:** Decrease

**RUC Recommendation:** 0.98

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 62,078

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** NA  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.50

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 11,878

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** NA  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.00

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93613** Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2022 Medicare Utilization:** 7,909 **2024 Work RVU:** 5.23 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.08 **Result:** Decrease

**RUC Recommendation:** 5.23 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 6,224 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 11.57 **Referred to CPT** October 2011  
**Referred to CPT Asst**  **Published in CPT Asst:**

**93621** Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth6 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2019 **2022 Medicare Utilization:** 3,608 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.75 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93623** Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pacing Heart Stimulation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2018 **2022 Medicare Utilization:** 38,431 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** Referral to CPT for parenthetical. 2.04 **Referred to CPT** May 2019 **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 Cardioverter-Defibrillator **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 **2022 Medicare Utilization:** 7,279 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 2B. **Referred to CPT** February 2011 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2011 **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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**93653** Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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:** Cardiac Ablation Services Bundling

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2011

**2022 Medicare Utilization:** 27,100

**2024 Work RVU:** 15.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 6.00

**Result:** Decrease

**RUC Recommendation:** 15.00

**Referred to CPT** October 2011

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



# Status Report: CMS Requests and Relativity Assessment Issues

**93654** Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed

**Global:** 000    **Issue:** Cardiac Ablation Services Bundling    **Screen:** Codes Reported Together 75% or More-Part1    **Complete?** Yes

**Most Recent RUC Meeting:** April 2021    **Tab: 07**    **Specialty Developing Recommendation:** ACC, HRS    **First Identified:** October 2011    **2022 Medicare Utilization:** 7,891    **2024 Work RVU:** 18.10    **2024 NF PE RVU:**    **2024 Fac PE RVU:** 7.20    **Result:** Decrease

**RUC Recommendation:** 18.10    **Referred to CPT** October 2011    **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:** Cardiac Ablation Services Bundling    **Screen:** Codes Reported Together 75% or More-Part1 /High Volume Growth7    **Complete?** Yes

**Most Recent RUC Meeting:** April 2021    **Tab: 07**    **Specialty Developing Recommendation:** ACC, HRS    **First Identified:** October 2011    **2022 Medicare Utilization:** 44,633    **2024 Work RVU:** 5.50    **2024 NF PE RVU:**    **2024 Fac PE RVU:** 2.20    **Result:** Decrease

**RUC Recommendation:** 7.00    **Referred to CPT** October 2011    **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93656** Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed

**Global:** 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2011

**2022 Medicare Utilization:** 67,640

**2024 Work RVU:** 17.00

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 6.82

**Result:** Decrease

**RUC Recommendation:** 17.00

**Referred to CPT** October 2020

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

**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:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2011

**2022 Medicare Utilization:** 37,851

**2024 Work RVU:** 5.50

**2024 NF PE RVU:**

**2024 Fac PE RVU:** 2.21

**Result:** Decrease

**RUC Recommendation:** 7.00

**Referred to CPT** October 2011

**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:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth1 / High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** February 2008

**2022 Medicare Utilization:** 26,679

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.53

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93668** Peripheral arterial disease (PAD) rehabilitation, per session **Global:** XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 28 **Specialty Developing Recommendation:** **First Identified:** July 2017 **2022 Medicare Utilization:** 1,183 **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.43  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT**  
**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 **2022 Medicare Utilization:** 3,819 **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.8  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

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

**93731** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**93732** Deleted from CPT **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93733 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**93743 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**93744 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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** **Global:** XXX **Issue:** Ventricular Assist Device (VAD) Interrogation **Screen:** High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 24 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** October 2018 **2022 Medicare Utilization:** 78,765 **2024 Work RVU:** 0.75  
**2024 NF PE RVU:** 0.65  
**2024 Fac PE RVU:** 0.31  
**Result:** Decrease

**RUC Recommendation:** 0.85 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** XXX **Issue:** Home INR Monitoring

**Screen:** High Volume Growth3 / Work Neutrality 2018

**Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 20 **Specialty Developing Recommendation:**

**First Identified:** September 2016

**2022 Medicare Utilization:** 890

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 2.08

**2024 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** Review in 3 years. 0.00 PE Only

**Referred to CPT** September 2016

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

**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:** XXX **Issue:** Home INR Monitoring

**Screen:** High Volume Growth3 / Work Neutrality 2018

**Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 20 **Specialty Developing Recommendation:**

**First Identified:** September 2016

**2022 Medicare Utilization:** 1,483,382

**2024 Work RVU:** 0.18

**2024 NF PE RVU:** 0.15

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** Review in 3 years. 0.18

**Referred to CPT** September 2016

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

**93875 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst**  **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 1,698,816      **2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 4.8  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.80      **Referred to CPT:** October 2010  
**Referred to CPT Asst:**     **Published in CPT Asst:** Addressed in CPT Coding Changes

**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      **2022 Medicare Utilization:** 26,072      **2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 3.16  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.50      **Referred to CPT:**  
**Referred to CPT Asst:**     **Published in CPT Asst:**

**93886 Transcranial Doppler study of the intracranial arteries; complete study**      **Global:** XXX    **Issue:** Transcranial Doppler Studies      **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5      **Complete?** Yes

**Most Recent RUC Meeting:** September 2023      **Tab:** 09    **Specialty Developing Recommendation:** AAN, ACR, ASNR      **First Identified:** February 2010      **2022 Medicare Utilization:** 81,451      **2024 Work RVU:** 0.91  
**2024 NF PE RVU:** 7.24  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.90      **Referred to CPT:** May 2023  
**Referred to CPT Asst:**     **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93888** Transcranial Doppler study of the intracranial arteries; limited study **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 8,259 **2024 Work RVU:** 0.50 **2024 NF PE RVU:** 4.24 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.73 **Referred to CPT:** October 2010 **Referred to CPT Asst:**  **Published in CPT Asst:**

**93890** Transcranial Doppler study of the intracranial arteries; vasoreactivity study **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2022 Medicare Utilization:** 39,570 **2024 Work RVU:** 1.00 **2024 NF PE RVU:** 7.44 **2024 Fac PE RVU:** NA **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT 2025. **Referred to CPT:** May 2023 **Referred to CPT Asst:**  **Published in CPT Asst:**

**93892** Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2022 Medicare Utilization:** 41,305 **2024 Work RVU:** 1.15 **2024 NF PE RVU:** 8.57 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.15 **Referred to CPT:** May 2023 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93893** Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection      **Global:** XXX      **Issue:** Transcranial Doppler Studies      **Screen:**      **Complete?** Yes

**Most Recent RUC Meeting:** September 2023      **Tab:** 09      **Specialty Developing Recommendation:** AAN, ACR, ASNR      **First Identified:**      **2022 Medicare Utilization:** 1,835      **2024 Work RVU:** 1.15      **2024 NF PE RVU:** 10.82      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 1.15      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

**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      **2022 Medicare Utilization:**      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 0      **2024 Fac PE RVU:** NA      **Result:** Not Part of RAW

**RUC Recommendation:** Rescind April 2014 recommendation, contractor price.      **Referred to CPT**      **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      **2022 Medicare Utilization:** 582,728      **2024 Work RVU:** 0.25      **2024 NF PE RVU:** 2.17      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 0.25      **Referred to CPT** February 2010      **Referred to CPT Asst**       **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 324,949

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 3.37  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT** February 2010  
**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

**2022 Medicare Utilization:** 40,889

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 4.21  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.50

**Referred to CPT** February 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 600,464      **2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 6.3  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.80      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 217,657      **2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 3.74  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.60      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 21,965      **2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 5.03  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.80      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 41,366      **2024 Work RVU:** 0.50      **2024 NF PE RVU:** 3.14      **2024 Fac PE RVU:** NA      **Result:** Increase

**RUC Recommendation:** 0.50      **Referred to CPT:** October 2010      **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:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT:** May 2016      **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      **2022 Medicare Utilization:** 1,476,860      **2024 Work RVU:** 0.70      **2024 NF PE RVU:** 4.82      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** 0.70      **Referred to CPT:**      **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

**2022 Medicare Utilization:** 1,491,961

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 3.07  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 202,616

**2024 Work RVU:** 1.16  
**2024 NF PE RVU:** 6.64  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.30

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 148,998

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 3.89  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 242,324

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 4.48  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.97

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

**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

**2022 Medicare Utilization:** 53,565

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 2.96  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.70

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

**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:**      **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93985** Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study      **Global:** XXX      **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity      **Screen:** CMS-Other - Utilization over 30,000-Part2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019      **Tab:** 17      **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2022 Medicare Utilization:** 18,144

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 6.47  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**93986** Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study      **Global:** XXX      **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity      **Screen:** CMS-Other - Utilization over 30,000-Part2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019      **Tab:** 17      **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2022 Medicare Utilization:** 6,266

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 3.77  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.50

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 95,663

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 3.8  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.60

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93X94** Global: Issue: Transcranial Doppler Studies Screen: Complete? Yes

Most Recent RUC Meeting: September 2023 Tab: 09 Specialty Developing Recommendation: AAN, ACR, ASNR First Identified: 2022 Medicare Utilization: 2024 Work RVU: 2024 NF PE RVU: 2024 Fac PE RVU: Result: Decrease

RUC Recommendation: 0.81 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

**93X95** Global: Issue: Transcranial Doppler Studies Screen: Complete? Yes

Most Recent RUC Meeting: September 2023 Tab: 09 Specialty Developing Recommendation: AAN, ACR, ASNR First Identified: 2022 Medicare Utilization: 2024 Work RVU: 2024 NF PE RVU: 2024 Fac PE RVU: Result: Decrease

RUC Recommendation: 0.73 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

**93X96** Global: Issue: Transcranial Doppler Studies Screen: Complete? Yes

Most Recent RUC Meeting: September 2023 Tab: 09 Specialty Developing Recommendation: AAN, ACR, ASNR First Identified: 2022 Medicare Utilization: 2024 Work RVU: 2024 NF PE RVU: 2024 Fac PE RVU: Result: Decrease

RUC Recommendation: 0.85 Referred to CPT 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: Spirometry Screen: Low Value-High Volume Complete? Yes

Most Recent RUC Meeting: October 2019 Tab: 12 Specialty Developing Recommendation: ATS, CHEST First Identified: October 2010 2022 Medicare Utilization: 795,524 2024 Work RVU: 0.17 2024 NF PE RVU: 0.63 2024 Fac PE RVU: NA Result: Maintain

RUC Recommendation: 0.17 Referred to CPT Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 183

**2024 Work RVU:** 0.52  
**2024 NF PE RVU:** 1.13  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

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

**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 **2022 Medicare Utilization:** 55

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.95  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

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

**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 **2022 Medicare Utilization:** 6,674

**2024 Work RVU:** 0.52  
**2024 NF PE RVU:** 0.18  
**2024 Fac PE RVU:** 0.18  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

**94060** Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration      **Global:** XXX    **Issue:** Spirometry      **Screen:** MPC List / CPT Assistant Analysis 2018    **Complete?** Yes

**Most Recent RUC Meeting:** October 2019    **Tab:** 12    **Specialty Developing Recommendation:** ATS, CHEST    **First Identified:** October 2010    **2022 Medicare Utilization:** 770,176    **2024 Work RVU:** 0.22  
**2024 NF PE RVU:** 0.93  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.22      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Mar 2014

**94200** Maximum breathing capacity, maximal voluntary ventilation      **Global:** XXX    **Issue:** Lung Function Test      **Screen:** CMS-Other - Utilization over 30,000    **Complete?** Yes

**Most Recent RUC Meeting:** April 2018    **Tab:** 28    **Specialty Developing Recommendation:** ATS, CHEST    **First Identified:** October 2017    **2022 Medicare Utilization:** 49,239    **2024 Work RVU:** 0.05  
**2024 NF PE RVU:** 0.38  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.05      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**94240** Deleted from CPT      **Global:**    **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    **2022 Medicare Utilization:**    **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2010  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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**94250** Expired gas collection, quantitative, single procedure (separate procedure)      **Global:**      **Issue:** RAW      **Screen:** CMS-Other - Utilization over 20,000 Part1      **Complete?** Yes

**Most Recent RUC Meeting:** October 2019      **Tab:** 17      **Specialty Developing Recommendation:**      **First Identified:** January 2019      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      **Referred to CPT Asst**       **Published in CPT Asst:**

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**94260** Deleted from CPT      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2010      **Referred to CPT Asst**       **Published in CPT Asst:**

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**94350** Deleted from CPT      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2010      **Referred to CPT Asst**       **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**94360 Deleted from CPT**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94370 Determination of airway closing volume, single breath tests**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94400 Breathing response to CO2 (CO2 response curve)**

**Global:** **Issue:** Evaluation of Wheezing

**Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:**

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2019

**Referred to CPT Asst**  **Published in CPT Asst:** Mar 2014

# Status Report: CMS Requests and Relativity Assessment Issues

**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    **2022 Medicare Utilization:** 515    **2024 Work RVU:** 0.40    **2024 NF PE RVU:** 1.96    **2024 Fac PE RVU:** NA    **Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS    **Referred to CPT**

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

**94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)**      **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:** February 2016    **2022 Medicare Utilization:** 7,524    **2024 Work RVU:** 0.70    **2024 NF PE RVU:** 1.93    **2024 Fac PE RVU:** NA    **Result:** Decrease

**RUC Recommendation:** 0.70    **Referred to CPT** February 2016

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

**94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed**      **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:** February 2016    **2022 Medicare Utilization:** 240,300    **2024 Work RVU:** 0.48    **2024 NF PE RVU:** 0.51    **2024 Fac PE RVU:** NA    **Result:** Decrease

**RUC Recommendation:** 0.48    **Referred to CPT** February 2016

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

**94620 Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and 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:** July 2015    **2022 Medicare Utilization:**    **2024 Work RVU:**    **2024 NF PE RVU:**    **2024 Fac PE RVU:**    **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT    **Referred to CPT** February 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 16,346

**2024 Work RVU:** 1.42  
**2024 NF PE RVU:** 3.11  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.42

**Referred to CPT** February 2016  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST,

**First Identified:**

**2022 Medicare Utilization:** 166,120

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.23  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Mar 2014

**94667** Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** April 2019

**2022 Medicare Utilization:** 3,277

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.73  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

# Status Report: CMS Requests and Relativity Assessment Issues

**94668** Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST,

**First Identified:** **2022 Medicare Utilization:** 6,247

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 1.15  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs CPT Assistant article published

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Mar 2014

**94669** Mechanical chest wall oscillation to facilitate lung function, per session **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** April 2019 **2022 Medicare Utilization:** 130

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.6  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

**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 **2022 Medicare Utilization:** 3,429

**2024 Work RVU:** 0.20  
**2024 NF PE RVU:** 1.21  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**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:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      October 2010      **Referred to CPT Asst**  **Published in CPT Asst:**

**94725 Membrane diffusion capacity**      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      October 2010      **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      **2022 Medicare Utilization:** 587,560      **2024 Work RVU:** 0.26      **2024 NF PE RVU:** 1.39      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 0.31      **Referred to CPT**      February 2011      **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

**2022 Medicare Utilization:** 259,358

**2024 Work RVU:** 0.26  
**2024 NF PE RVU:** 1.06  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

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

**94728** Airway resistance by 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

**2022 Medicare Utilization:** 3,318

**2024 Work RVU:** 0.26  
**2024 NF PE RVU:** 1.05  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

**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

**2022 Medicare Utilization:** 922,733

**2024 Work RVU:** 0.19  
**2024 NF PE RVU:** 1.49  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.19

**Referred to CPT** February 2011

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



# Status Report: CMS Requests and Relativity Assessment Issues

**94750** Pulmonary compliance study (eg, plethysmography, volume and pressure measurements) **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 11,156 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.07 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 2,493 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.11 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 139,776

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.75  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE inputs

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

**94770** Carbon dioxide, expired gas determination by infrared analyzer **Global:** **Issue:** Evaluation of Wheezing **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** February 2008

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2019  
**Referred to CPT Asst**  **Published in CPT Asst:** Mar 2014

**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

**2022 Medicare Utilization:** 8,192,459

**2024 Work RVU:** 0.01  
**2024 NF PE RVU:** 0.09  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.01

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**95012** Nitric oxide expired gas determination **Global:** XXX **Issue:** Exhaled Nitric Oxide Measurement (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 26 **Specialty Developing Recommendation:** AAAAI, ACAAI, ATS, CHEST

**First Identified:** October 2018

**2022 Medicare Utilization:** 84,141

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0.56

**2024 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

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

**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:** **Issue:** Intracutaneous 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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 16,575 **2024 Work RVU:** 0.07 **2024 NF PE RVU:** 0.18 **2024 Fac PE RVU:** 0.03 **Result:** Decrease

**RUC Recommendation:** 0.07 **Referred to CPT** February 2012 **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 **2022 Medicare Utilization:** 90,311 **2024 Work RVU:** 0.14 **2024 NF PE RVU:** 0.45 **2024 Fac PE RVU:** 0.06 **Result:** Decrease

**RUC Recommendation:** 0.14 **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

**95024** Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests **Global:** XXX **Issue:** Intracutaneous Allergy 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 **2022 Medicare Utilization:** 1,386,947 **2024 Work RVU:** 0.01 **2024 NF PE RVU:** 0.22 **2024 Fac PE RVU:** 0.01 **Result:** PE Only

**RUC Recommendation:** New PE Inputs. **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95027** Intracutaneous (intra dermal) 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 Allergy 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

**2022 Medicare Utilization:** 116,083

**2024 Work RVU:** 0.01  
**2024 NF PE RVU:** 0.13  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.01

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 767,020

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.3  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

**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

**2022 Medicare Utilization:** 2,410,492

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.36  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 169,071 **2024 Work RVU:** 0.06 **2024 NF PE RVU:** 0.43 **2024 Fac PE RVU:** 0.03 **Result:** Maintain

**RUC Recommendation:** 0.06 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 19,653 **2024 Work RVU:** 0.06 **2024 NF PE RVU:** 2.83 **2024 Fac PE RVU:** 0.02 **Result:** Maintain

**RUC Recommendation:** 0.06 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 6,237,888 **2024 Work RVU:** 0.06 **2024 NF PE RVU:** 0.37 **2024 Fac PE RVU:** 0.03 **Result:** Maintain

**RUC Recommendation:** 0.06 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES, ACP **First Identified:** **2022 Medicare Utilization:** 14,565 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 1.92 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** PE Only **Referred to CPT:** June 2017 **Referred to CPT Asst:**  **Published in CPT Asst:** June 2018

**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 / Work Neutrality 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2022 Medicare Utilization:** 39,326 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 4.39 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT:** October 2015 & February 2017 **Referred to CPT Asst:**  **Published in CPT Asst:**

**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 / Work Neutrality 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES **First Identified:** April 2013 **2022 Medicare Utilization:** 553,918 **2024 Work RVU:** 0.70 **2024 NF PE RVU:** 0.29 **2024 Fac PE RVU:** 0.29 **Result:** Decrease

**RUC Recommendation:** 0.70. **Referred to CPT:** February 2017 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95700** Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 14,831

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** Review action plan. PE Only

**Referred to CPT**

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

**95705** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 308

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** PE Only

**Referred to CPT**

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

**95706** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 272

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0

**2024 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** PE Only

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

**95707** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 162

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only

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

**95708** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 7,458

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only

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

**95709** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 1,465

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only

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

# Status Report: CMS Requests and Relativity Assessment Issues

**95710** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 126

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only

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

**95711** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 147

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only

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

**95712** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 1,022

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only

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

# Status Report: CMS Requests and Relativity Assessment Issues

**95713** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 2,393

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only

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

**95714** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 3,239

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only

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

**95715** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 17,499

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** Review action plan. PE Only

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

# Status Report: CMS Requests and Relativity Assessment Issues

**95716** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 2,244

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only

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

**95717** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 3,762

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:** 1.02  
**2024 Fac PE RVU:** 0.97  
**Result:** Decrease

**RUC Recommendation:** 2.00

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

**95718** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 32,988

**2024 Work RVU:** 2.50  
**2024 NF PE RVU:** 1.33  
**2024 Fac PE RVU:** 1.26  
**Result:** Decrease

**RUC Recommendation:** 2.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**95719** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 6,235 **2024 Work RVU:** 3.00 **2024 NF PE RVU:** 1.58 **2024 Fac PE RVU:** 1.50 **Result:** Decrease

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

**95720** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 126,680 **2024 Work RVU:** 3.86 **2024 NF PE RVU:** 2.04 **2024 Fac PE RVU:** 1.93 **Result:** Decrease

**RUC Recommendation:** 3.86 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**95721** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 2,557 **2024 Work RVU:** 3.86 **2024 NF PE RVU:** 2.05 **2024 Fac PE RVU:** 1.93 **Result:** Decrease

**RUC Recommendation:** 3.86 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95722** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 2,086

**2024 Work RVU:** 4.70

**2024 NF PE RVU:** 2.45

**2024 Fac PE RVU:** 2.31

**Result:** Decrease

**RUC Recommendation:** 4.70

**Referred to CPT**

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

**95723** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 2,407

**2024 Work RVU:** 4.75

**2024 NF PE RVU:** 2.43

**2024 Fac PE RVU:** 2.29

**Result:** Decrease

**RUC Recommendation:** 4.75

**Referred to CPT**

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

**95724** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2022 Medicare Utilization:** 3,920

**2024 Work RVU:** 6.00

**2024 NF PE RVU:** 3.03

**2024 Fac PE RVU:** 2.86

**Result:** Decrease

**RUC Recommendation:** 6.00

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**95725** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 194 **2024 Work RVU:** 5.40 **2024 NF PE RVU:** 2.92 **2024 Fac PE RVU:** 2.71 **RUC Recommendation:** 5.40 **Result:** Decrease

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

**95726** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 577 **2024 Work RVU:** 7.58 **2024 NF PE RVU:** 3.99 **2024 Fac PE RVU:** 3.75 **RUC Recommendation:** 7.58 **Result:** Decrease

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 103,574 **2024 Work RVU:** 0.85 **2024 NF PE RVU:** 3.18 **2024 Fac PE RVU:** NA **RUC Recommendation:** 1.05 **Result:** Decrease

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 198

**2024 Work RVU:** 0.85  
**2024 NF PE RVU:** 2.02  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 164

**2024 Work RVU:** 0.90  
**2024 NF PE RVU:** 3.13  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.90 and New PE inputs

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

**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

**2022 Medicare Utilization:** 1,681

**2024 Work RVU:** 1.20  
**2024 NF PE RVU:** 11.6  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.20

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 87,153

**2024 Work RVU:** 0.93  
**2024 NF PE RVU:** 1.85  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.28

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 927

**2024 Work RVU:** 1.28  
**2024 NF PE RVU:** 10.86  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.25

**Referred to CPT** October 2009  
**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

**2022 Medicare Utilization:** 614

**2024 Work RVU:** 1.74  
**2024 NF PE RVU:** 13.44  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.74

**Referred to CPT** October 2009  
**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

**2022 Medicare Utilization:** 171,553

**2024 Work RVU:** 2.50  
**2024 NF PE RVU:** 15.98  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.50

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 187,527

**2024 Work RVU:** 2.60  
**2024 NF PE RVU:** 16.71  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.60

**Referred to CPT** October 2009  
**Referred to CPT Asst**  **Published in CPT Asst:**

**95812** Electroencephalogram (EEG) extended monitoring; 41-60 minutes **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** July 2015

**2022 Medicare Utilization:** 19,969

**2024 Work RVU:** 1.08  
**2024 NF PE RVU:** 9.35  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.08

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

**95813** Electroencephalogram (EEG) extended monitoring; 61-119 minutes **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** July 2015

**2022 Medicare Utilization:** 23,283

**2024 Work RVU:** 1.63  
**2024 NF PE RVU:** 11.55  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.63

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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    **2022 Medicare Utilization:** 233,774    **2024 Work RVU:** 1.08  
**2024 NF PE RVU:** 10.67  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.08    **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

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**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    **2022 Medicare Utilization:** 156,540    **2024 Work RVU:** 1.08  
**2024 NF PE RVU:** 12.46  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.08    **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

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**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    **2022 Medicare Utilization:** 24,667    **2024 Work RVU:** 1.08  
**2024 NF PE RVU:** 11.22  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.08    **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

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**95827** Electroencephalogram (EEG); all night recording      **Global:**    **Issue:** Long-Term EEG Monitoring    **Screen:** High Volume Growth4    **Complete?** Yes

**Most Recent RUC Meeting:** October 2018    **Tab:** 13    **Specialty Developing Recommendation:** AAN, ACNS    **First Identified:** May 2018    **2022 Medicare Utilization:**    **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT    **Referred to CPT**  
**Referred to CPT Asst**     **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**95831** Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2015

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

**95832** Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

**95833** Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

# Status Report: CMS Requests and Relativity Assessment Issues

**95834** Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

**95851** Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** APTA

**First Identified:** April 2022

**2022 Medicare Utilization:** 20,414

**2024 Work RVU:** 0.16

**2024 NF PE RVU:** 0.48

**2024 Fac PE RVU:** 0.06

**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**

**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

**2022 Medicare Utilization:** 2,843

**2024 Work RVU:** 0.96

**2024 NF PE RVU:** 2.36

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.96

**Referred to CPT** February 2011 & October 2011

**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 **2022 Medicare Utilization:** 44,932 **2024 Work RVU:** 1.54 **2024 NF PE RVU:** 3.16 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **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 **2022 Medicare Utilization:** 93 **2024 Work RVU:** 1.87 **2024 NF PE RVU:** 4.25 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.87 **Referred to CPT** February 2011 & October 2011 **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 **2022 Medicare Utilization:** 1,107 **2024 Work RVU:** 1.99 **2024 NF PE RVU:** 4.84 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.99 **Referred to CPT** February 2011 & October 2011 **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:** **2022 Medicare Utilization:** 1,258 **2024 Work RVU:** 0.79 **2024 NF PE RVU:** 2.35 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.79 **Referred to CPT** October 2011 **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:** **2022 Medicare Utilization:** 3,766 **2024 Work RVU:** 1.18 **2024 NF PE RVU:** 2.91 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.18 **Referred to CPT** October 2011 **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 **2022 Medicare Utilization:** 432 **2024 Work RVU:** 0.37 **2024 NF PE RVU:** 2.45 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.37 **Referred to CPT** October 2011 **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

**2022 Medicare Utilization:** 53,954

**2024 Work RVU:** 0.37  
**2024 NF PE RVU:** 2.09  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.37

**Referred to CPT** October 2011

**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

**2022 Medicare Utilization:** 122,624

**2024 Work RVU:** 0.35  
**2024 NF PE RVU:** 1.49  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.35

**Referred to CPT** February 2011 and October 2011

**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

**2022 Medicare Utilization:** 851,191

**2024 Work RVU:** 0.86  
**2024 NF PE RVU:** 1.99  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.92

**Referred to CPT** February 2011 and October 2011

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 13,829

**2024 Work RVU:** 0.71  
**2024 NF PE RVU:** 1.74  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.73

**Referred to CPT** February 2011 and October 2011

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

**95900** Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011 & February 2012

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

**95903** Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study **Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011 and February 2012 & February 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**95904** Nerve conduction, amplitude and latency/velocity study, each nerve; sensory      **Global:**      **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      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** February 2011 & October 2011 & February 2012      **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:**      **2022 Medicare Utilization:** 5,271      **2024 Work RVU:** 1.00      **2024 NF PE RVU:** 1.65      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 1.00      **Referred to CPT** February 2012      **Referred to CPT Asst**  **Published in CPT Asst:**

**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:**      **2022 Medicare Utilization:** 45,620      **2024 Work RVU:** 1.25      **2024 NF PE RVU:** 2.04      **2024 Fac PE RVU:** NA      **Result:** Decrease

**RUC Recommendation:** 1.37      **Referred to CPT** February 2012      **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 2022 Medicare Utilization: 108,998

**2024 Work RVU:** 1.50  
**2024 NF PE RVU:** 2.45  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.77

**Referred to CPT** February 2012  
**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:** 2022 Medicare Utilization: 130,980

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:** 3.16  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.80

**Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** 2022 Medicare Utilization: 158,049

**2024 Work RVU:** 2.50  
**2024 NF PE RVU:** 3.72  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 3.34

**Referred to CPT** February 2012  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** 2022 **Medicare Utilization:** 69,835 **2024 Work RVU:** 3.00 **2024 NF PE RVU:** 4.26 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 4.00 **Referred to CPT** February 2012 **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:** 2022 **Medicare Utilization:** 76,025 **2024 Work RVU:** 3.56 **2024 NF PE RVU:** 4.82 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 4.20 **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 / Different Performing Specialty from Survey3 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2009 **2022 Medicare Utilization:** 54,136 **2024 Work RVU:** 0.90 **2024 NF PE RVU:** 1.69 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Refer to CPT. 0.90 **Referred to CPT** September 2024 **Referred to CPT Asst**  **Published in CPT Asst:** Sep 2020

# Status Report: CMS Requests and Relativity Assessment Issues

**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?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** February 2008 **2022 Medicare Utilization:** 1,853 **2024 Work RVU:** 0.96 **2024 NF PE RVU:** 1.83 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Refer to CPT. 0.96 **Referred to CPT:** September 2024 **Referred to CPT Asst:**  **Published in CPT Asst:** Dec 2008; Sep 2020

**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 / High Volume Growth6 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2019 **2022 Medicare Utilization:** 88,688 **2024 Work RVU:** 0.90 **2024 NF PE RVU:** 2.71 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Refer to CPT. 0.90 **Referred to CPT:** September 2024 **Referred to CPT Asst:**  **Published in CPT Asst:** Sep 2020

**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?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** **2022 Medicare Utilization:** 16,278 **2024 Work RVU:** 1.73 **2024 NF PE RVU:** 2.69 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** Refer to CPT. 1.73 **Referred to CPT:** September 2024 **Referred to CPT Asst:**  **Published in CPT Asst:** Sep 2020

# Status Report: CMS Requests and Relativity Assessment Issues

**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 for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2022 Medicare Utilization:** 4,601 **2024 Work RVU:** 0.54 **2024 NF PE RVU:** 4.68 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.54 and New PE Inputs **Referred to CPT** October 2010 **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 for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2022 Medicare Utilization:** 4,391 **2024 Work RVU:** 0.54 **2024 NF PE RVU:** 4.14 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.54 and New PE Inputs **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2022 Medicare Utilization:** 388 **2024 Work RVU:** 1.50 **2024 NF PE RVU:** 5.63 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.50 **Referred to CPT** October 2010 **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 for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,400 **2024 Work RVU:** 1.50 **2024 NF PE RVU:** 5.72 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.50 **Referred to CPT** October 2010 **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 **2022 Medicare Utilization:** 36,554 **2024 Work RVU:** 0.35 **2024 NF PE RVU:** 1.65 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.35 **Referred to CPT** May 2016 **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:**      **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:**      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      October 2011 & February 2012      **Referred to CPT Asst**       **Published in CPT Asst:**

**95936** H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle      **Global:**      **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:**      **2022 Medicare Utilization:**      **2024 Work RVU:**      **2024 NF PE RVU:**      **2024 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT**      October 2011 & February 2012      **Referred to CPT Asst**       **Published in CPT Asst:**

**95937** Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method      **Global:** XXX      **Issue:** RAW      **Screen:** Different Performing Specialty from Survey5      **Complete?** Yes

**Most Recent RUC Meeting:** April 2023      **Tab:** 15      **Specialty Developing Recommendation:**      **First Identified:** April 2023      **2022 Medicare Utilization:** 32,713      **2024 Work RVU:** 0.65      **2024 NF PE RVU:** 2.43      **2024 Fac PE RVU:** NA      **Result:** Remove from screen

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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 for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

**Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

**First Identified:** January 2013

**2022 Medicare Utilization:** 94,688

**2024 Work RVU:** 0.86  
**2024 NF PE RVU:** 10.3  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.86 and new PE inputs

**Referred to CPT** October 2010

**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 for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

**Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

**First Identified:** January 2013

**2022 Medicare Utilization:** 45,924

**2024 Work RVU:** 2.25  
**2024 NF PE RVU:** 14.33  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.25 and new PE inputs

**Referred to CPT** October 2010

**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

**2022 Medicare Utilization:** 18,201

**2024 Work RVU:** 0.60  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.31  
**Result:** Decrease

**RUC Recommendation:** 0.60

**Referred to CPT** February 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:** Decrease

**RUC Recommendation:** 2.00 **Referred to CPT** February 2012 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 / Contractor Priced High Volume1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** January 2018 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2020 **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:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:**

**First Identified:** October 2016

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018

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

**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:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** February 2009

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**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

**2022 Medicare Utilization:** 450

**2024 Work RVU:** 2.45

**2024 NF PE RVU:** 9.17

**2024 Fac PE RVU:** NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** October 2008

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Dec 2009

**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

**2022 Medicare Utilization:** 29,391

**2024 Work RVU:** 1.98

**2024 NF PE RVU:** 6.7

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.98

**Referred to CPT**

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

**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 **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 37 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

**First Identified:** February 2010

**2022 Medicare Utilization:** 27,694

**2024 Work RVU:** 0.35

**2024 NF PE RVU:** 0.18

**2024 Fac PE RVU:** 0.16

**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT** June 2017

**Referred to CPT Asst**  **Published in CPT Asst:** Jul 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**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 by physician or other qualified health care professional

**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

**2022 Medicare Utilization:** 17,489

**2024 Work RVU:** 0.78

**2024 NF PE RVU:** 0.59

**2024 Fac PE RVU:** 0.30

**Result:** Maintain

**RUC Recommendation:** 0.78

**Referred to CPT** February 2015, June 2017

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

**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

**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

**2022 Medicare Utilization:** 37,002

**2024 Work RVU:** 0.80

**2024 NF PE RVU:** 0.82

**2024 Fac PE RVU:** 0.31

**Result:** Decrease

**RUC Recommendation:** 0.80

**Referred to CPT** May 2014 February, June 2017

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**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:** **Issue:** Neurostimulator Services **Screen:** 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:** July 2015

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

**Referred to CPT Asst**  **Published in CPT Asst:** Jul 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **Issue:** Neurostimulator Services **Screen:** 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:** July 2015

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:** Jul 2016

**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

**Global:** XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

**First Identified:** June 2017

**2022 Medicare Utilization:** 7,455

**2024 Work RVU:** 0.73  
**2024 NF PE RVU:** 0.37  
**2024 Fac PE RVU:** 0.35  
**Result:** Maintain

**RUC Recommendation:** 0.95

**Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:** February 2019

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **Global:** XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2022 Medicare Utilization:** 4,950 **2024 Work RVU:** 0.97 **2024 NF PE RVU:** 0.49 **2024 Fac PE RVU:** 0.46 **RUC Recommendation:** 1.19 **Referred to CPT:** June 2017 **Referred to CPT Asst:**  **Published in CPT Asst:** February 2019 **Result:** Maintain

**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:** **Issue:** Neurostimulator Services **Screen:** 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:** July 2015 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT:** June 2017 **Referred to CPT Asst:**  **Published in CPT Asst:** Jul 2016 **Result:** Deleted from CPT

**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:** **Issue:** Neurostimulator Services **Screen:** 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:** July 2015 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT:** June 2017 **Referred to CPT Asst:**  **Published in CPT Asst:** Jul 2016 **Result:** Deleted from CPT



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 427 **2024 Work RVU:** 0.80 **2024 NF PE RVU:** **2024 Fac PE RVU:** 0.35 **Result:** Maintain  
**RUC Recommendation:** Not part of family **Referred to CPT** June 2017 **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 **2022 Medicare Utilization:** 531 **2024 Work RVU:** 0.30 **2024 NF PE RVU:** 0.81 **2024 Fac PE RVU:** 0.17 **Result:** Maintain  
**RUC Recommendation:** Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 838 **2024 Work RVU:** 0.65 **2024 NF PE RVU:** 1.01 **2024 Fac PE RVU:** 0.31 **Result:** Maintain  
**RUC Recommendation:** Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**Global:** XXX    **Issue:** Neurostimulator Services    **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis    **Complete?** Yes

**Most Recent RUC Meeting:** September 2022    **Tab:** 13    **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS    **First Identified:** June 2017    **2022 Medicare Utilization:** 38,254    **2024 Work RVU:** 0.91    **2024 NF PE RVU:** 0.49    **2024 Fac PE RVU:** 0.46    **Result:** Maintain

**RUC Recommendation:** 1.25    **Referred to CPT:** June 2017    **Referred to CPT Asst:**     **Published in CPT Asst:** February 2019

**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)

**Global:** ZZZ    **Issue:** Neurostimulator Services    **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis    **Complete?** Yes

**Most Recent RUC Meeting:** September 2022    **Tab:** 13    **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS    **First Identified:** June 2017    **2022 Medicare Utilization:** 51,686    **2024 Work RVU:** 0.80    **2024 NF PE RVU:** 0.42    **2024 Fac PE RVU:** 0.40    **Result:** Maintain

**RUC Recommendation:** 1.00    **Referred to CPT:** June 2017    **Referred to CPT Asst:**     **Published in CPT Asst:** February 2019

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 707 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 2.66 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.00 **Referred to CPT** October 2010 **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 **2022 Medicare Utilization:** 6,897 **2024 Work RVU:** 0.77 **2024 NF PE RVU:** 2.46 **2024 Fac PE RVU:** 0.32 **Result:** Maintain

**RUC Recommendation:** 0.77 **Referred to CPT** October 2010 **Referred to CPT Asst**  **Published in CPT Asst:**

**95992** Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day **Global:** XXX **Issue:** **Screen:** Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 33 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2022 Medicare Utilization:** 112,826 **2024 Work RVU:** 0.75 **2024 NF PE RVU:** 0.49 **2024 Fac PE RVU:** 0.28 **Result:** Maintain

**RUC Recommendation:** Remove from Modifier -51 Exempt list. **Referred to CPT** **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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

**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 **2022 Medicare Utilization:** 1,718 **2024 Work RVU:** 1.75 **2024 NF PE RVU:** 1.06 **2024 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.75 **Referred to CPT:** June 2017 **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 **2022 Medicare Utilization:** **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.34 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT:** June 2017 **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** June 2017 **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **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:** June 2017 **2022 Medicare Utilization:** 18,459 **2024 Work RVU:** 2.56 **2024 NF PE RVU:** 1.01 **2024 Fac PE RVU:** 0.98 **Result:** Decrease

**RUC Recommendation:** 2.50 **Referred to CPT** June 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

**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) **Global:** ZZZ **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 **2022 Medicare Utilization:** 704 **2024 Work RVU:** 1.16 **2024 NF PE RVU:** 0.57 **2024 Fac PE RVU:** 0.46 **Result:** Decrease

**RUC Recommendation:** 1.10 **Referred to CPT** June 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **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 **2022 Medicare Utilization:** 146,363 **2024 Work RVU:** 1.86 **2024 NF PE RVU:** 0.82 **2024 Fac PE RVU:** 0.43 **Result:** Maintain

**RUC Recommendation:** 1.86 **Referred to CPT** June 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

**96120** Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report **Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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) **Global:** ZZZ **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

**2022 Medicare Utilization:** 32,562

**2024 Work RVU:** 1.71  
**2024 NF PE RVU:** 0.5  
**2024 Fac PE RVU:** 0.22  
**Result:** Decrease

**RUC Recommendation:** 1.71

**Referred to CPT** June 2017  
**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

**2022 Medicare Utilization:** 6,864

**2024 Work RVU:** 1.70  
**2024 NF PE RVU:** 1.31  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.70

**Referred to CPT** June 2017  
**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

**2022 Medicare Utilization:** 600,869

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.13  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **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:** June 2017

**2022 Medicare Utilization:** 105,672

**2024 Work RVU:** 2.56  
**2024 NF PE RVU:** 0.92  
**2024 Fac PE RVU:** 0.57  
**Result:** Decrease

**RUC Recommendation:** 2.50

**Referred to CPT** June 2017

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

**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) **Global:** ZZZ **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

**2022 Medicare Utilization:** 69,961

**2024 Work RVU:** 1.96  
**2024 NF PE RVU:** 0.56  
**2024 Fac PE RVU:** 0.24  
**Result:** Decrease

**RUC Recommendation:** 1.90

**Referred to CPT** June 2017

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

**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 **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:** June 2017

**2022 Medicare Utilization:** 216,072

**2024 Work RVU:** 2.56  
**2024 NF PE RVU:** 1.2  
**2024 Fac PE RVU:** 0.49  
**Result:** Decrease

**RUC Recommendation:** 2.50

**Referred to CPT** June 2017

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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) **Global:** ZZZ **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

**2022 Medicare Utilization:** 349,984

**2024 Work RVU:** 1.96  
**2024 NF PE RVU:** 0.91  
**2024 Fac PE RVU:** 0.25  
**Result:** Decrease

**RUC Recommendation:** 1.90

**Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **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:** June 2017

**2022 Medicare Utilization:** 173,355

**2024 Work RVU:** 0.55  
**2024 NF PE RVU:** 0.68  
**2024 Fac PE RVU:** 0.12  
**Result:** Decrease

**RUC Recommendation:** 0.55

**Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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) **Global:** ZZZ **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

**2022 Medicare Utilization:** 332,276

**2024 Work RVU:** 0.46  
**2024 NF PE RVU:** 0.66  
**2024 Fac PE RVU:** 0.06  
**Result:** Decrease

**RUC Recommendation:** 0.46

**Referred to CPT** June 2017  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**96138** Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes **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:** June 2017 **2022 Medicare Utilization:** 182,211 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 1.02 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT** June 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

**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) **Global:** ZZZ **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 **2022 Medicare Utilization:** 358,552 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 1.05 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT** June 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

**96146** Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only **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:** June 2017 **2022 Medicare Utilization:** 8,055 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0.06 **2024 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT** June 2017 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

**96151** 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; re-assessment **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

**96152** Health and behavior intervention, each 15 minutes, face-to-face; individual **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

# Status Report: CMS Requests and Relativity Assessment Issues

**96153** Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients) **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**96154** Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present) **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 41 **Specialty Developing Recommendation:** APA (psychology), NASW

**First Identified:** April 2017

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**96155** Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present) **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**96156** Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:** 18,554

**2024 Work RVU:** 2.20  
**2024 NF PE RVU:** 0.7  
**2024 Fac PE RVU:** 0.36  
**Result:** Increase

**RUC Recommendation:** 2.10

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**96158** Health behavior intervention, individual, face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:** 31,221

**2024 Work RVU:** 1.52  
**2024 NF PE RVU:** 0.45  
**2024 Fac PE RVU:** 0.20  
**Result:** Increase

**RUC Recommendation:** 1.45

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**96159** Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:** 29,389

**2024 Work RVU:** 0.52  
**2024 NF PE RVU:** 0.15  
**2024 Fac PE RVU:** 0.06  
**Result:** Increase

**RUC Recommendation:** 0.50

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**96164** Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:** 12,356

**2024 Work RVU:** 0.22  
**2024 NF PE RVU:** 0.08  
**2024 Fac PE RVU:** 0.05  
**Result:** Increase

**RUC Recommendation:** 0.21

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**96165** Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:** 35,148

**2024 Work RVU:** 0.10  
**2024 NF PE RVU:** 0.04  
**2024 Fac PE RVU:** 0.02  
**Result:** Increase

**RUC Recommendation:** 0.10

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**96167** Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:** 1,367

**2024 Work RVU:** 1.62  
**2024 NF PE RVU:** 0.46  
**2024 Fac PE RVU:** 0.20  
**Result:** Increase

**RUC Recommendation:** 1.55

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**96168** Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:** 1,185

**2024 Work RVU:** 0.58  
**2024 NF PE RVU:** 0.17  
**2024 Fac PE RVU:** 0.07  
**Result:** Increase

**RUC Recommendation:** 0.55

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**96170** Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:**

**2024 Work RVU:** 1.50  
**2024 NF PE RVU:** 0.73  
**2024 Fac PE RVU:** 0.58  
**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**

**96171** Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.54  
**2024 NF PE RVU:** 0.26  
**2024 Fac PE RVU:** 0.21  
**Result:** Increase

**RUC Recommendation:** 0.54

**Referred to CPT** September 2018  
**Referred to CPT Asst**  **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**96202** Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes **Global:** XXX **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** No

**Most Recent RUC Meeting:** April 2021

**Tab:** 11 **Specialty Developing Recommendation:** AACAP, AND, APA (psychology)

**First Identified:** April 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.43  
**2024 NF PE RVU:** 0.27  
**2024 Fac PE RVU:** 0.19  
**Result:** Not part of RAW

**RUC Recommendation:** Review action plan

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

**96203** Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service) **Global:** ZZZ **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** No

**Most Recent RUC Meeting:** April 2021

**Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** April 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.12  
**2024 NF PE RVU:** 0.05  
**2024 Fac PE RVU:** 0.05  
**Result:** Not part of RAW

**RUC Recommendation:** Review action plan

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 212,461

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.79  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** N/A  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 335,419 **2024 Work RVU:** 0.09 **2024 NF PE RVU:** 0.27 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.09 **Referred to CPT:** N/A **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 **2022 Medicare Utilization:** 1,391,921 **2024 Work RVU:** 0.21 **2024 NF PE RVU:** 1.63 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.21 **Referred to CPT:** **Referred to CPT Asst:**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 583,669 **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.42 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.18 **Referred to CPT:** **Referred to CPT Asst:**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 960,265

**2024 Work RVU:** 0.19  
**2024 NF PE RVU:** 0.65  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.19

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 124,450

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.41  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.17

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

**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

**2022 Medicare Utilization:** 7,563,903

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.25  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** N/A  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 238,481

**2024 Work RVU:** 0.18  
**2024 NF PE RVU:** 0.9  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT** N/A  
**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

**2022 Medicare Utilization:** 1,423,508

**2024 Work RVU:** 0.10  
**2024 NF PE RVU:** 0.35  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.10

**Referred to CPT** N/A  
**Referred to CPT Asst**       **Published in CPT Asst:**

**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

**2022 Medicare Utilization:** 45,538

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.37  
**2024 Fac PE RVU:** NA  
**Result:** Not Part of RAW

**RUC Recommendation:** 0.17

**Referred to CPT** N/A  
**Referred to CPT Asst**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**96380** Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional **Global:** XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAP

**First Identified:** September 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.24  
**2024 NF PE RVU:** 0.43  
**2024 Fac PE RVU:**  
**Result:** Not Part of RAW

**RUC Recommendation:** Survey for April 2024

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

**96381** Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection **Global:** XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAP

**First Identified:** September 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.41  
**2024 Fac PE RVU:**  
**Result:** Not Part of RAW

**RUC Recommendation:** Survey for April 2024

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 708,931

**2024 Work RVU:** 0.21  
**2024 NF PE RVU:** 1.9  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.21

**Referred to CPT** N/A  
**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

**2022 Medicare Utilization:** 368,463

**2024 Work RVU:** 0.19  
**2024 NF PE RVU:** 0.85  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.19

**Referred to CPT** N/A  
**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

**2022 Medicare Utilization:** 23,807

**2024 Work RVU:** 0.52  
**2024 NF PE RVU:** 1.94  
**2024 Fac PE RVU:** 0.30  
**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 782

**2024 Work RVU:** 0.80  
**2024 NF PE RVU:** 3.03  
**2024 Fac PE RVU:** 0.46  
**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 49,737

**2024 Work RVU:** 0.24  
**2024 NF PE RVU:** 2.7  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.24

**Referred to CPT** N/A  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 127,123 **2024 Work RVU:** 0.20 **2024 NF PE RVU:** 1.4 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.20 **Referred to CPT:** N/A **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 **2022 Medicare Utilization:** 1,619,733 **2024 Work RVU:** 0.28 **2024 NF PE RVU:** 3.53 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.28 and new PE inputs **Referred to CPT:** **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 **2022 Medicare Utilization:** 705,436 **2024 Work RVU:** 0.19 **2024 NF PE RVU:** 0.62 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.19 and new PE inputs **Referred to CPT:** **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 **2022 Medicare Utilization:** 23,026

**2024 Work RVU:** 0.21  
**2024 NF PE RVU:** 3.54  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 347,185

**2024 Work RVU:** 0.21  
**2024 NF PE RVU:** 1.66  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.21 and new PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 68

**2024 Work RVU:** 2.12  
**2024 NF PE RVU:** 20.12  
**2024 Fac PE RVU:** 1.75  
**Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**



# 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 **2022 Medicare Utilization:** 44,821

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 4.1  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.00 PE Only

**Referred to CPT** September 2016  
**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:** 000 **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 **2022 Medicare Utilization:** 32,941

**2024 Work RVU:** 0.48  
**2024 NF PE RVU:** 6.3  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.48

**Referred to CPT** September 2016  
**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:** 000 **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 **2022 Medicare Utilization:** 54,603

**2024 Work RVU:** 1.01  
**2024 NF PE RVU:** 7.27  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.01

**Referred to CPT** September 2016  
**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

**2022 Medicare Utilization:** 290,204

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 3.54

**2024 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** PE Only

**Referred to CPT**

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

**96920** Excimer laser treatment for 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:** April 2023

**Tab:** 08      **Specialty Developing Recommendation:** AADA

**First Identified:** October 2008

**2022 Medicare Utilization:** 75,369

**2024 Work RVU:** 1.15

**2024 NF PE RVU:** 3.47

**2024 Fac PE RVU:** 0.68

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** February 2023

**Referred to CPT Asst**  **Published in CPT Asst:** Sep 2016

**96921** Excimer laser treatment for 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:** April 2023

**Tab:** 08      **Specialty Developing Recommendation:** AADA

**First Identified:** February 2008

**2022 Medicare Utilization:** 22,206

**2024 Work RVU:** 1.30

**2024 NF PE RVU:** 3.76

**2024 Fac PE RVU:** 0.77

**Result:** Decrease

**RUC Recommendation:** 1.07

**Referred to CPT** February 2023

**Referred to CPT Asst**  **Published in CPT Asst:** Sep 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**96922** Excimer laser treatment for 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:** April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA **First Identified:** October 2008 **2022 Medicare Utilization:** 13,721 **2024 Work RVU:** 2.10 **2024 NF PE RVU:** 4.78 **2024 Fac PE RVU:** 1.24 **Result:** Decrease

**RUC Recommendation:** 1.32 **Referred to CPT** February 2023 **Referred to CPT Asst**  **Published in CPT Asst:** Sep 2016

**97001** Physical therapy evaluation **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

**97002** Physical therapy re-evaluation **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**97003 Occupational therapy evaluation**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**97004 Occupational therapy re-evaluation**

**Global:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**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:** April 2016

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.06

**2024 NF PE RVU:** 0.12

**2024 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** No specialty society interest

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:** 438,704 **2024 Work RVU:** 0.25 **2024 NF PE RVU:** 0.16 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.25 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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 / CCMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:** **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.18 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.18 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 886,927 **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.16 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.18 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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# 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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 148,055 **2024 Work RVU:** 0.06  
**2024 NF PE RVU:** 0.1  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.06 **Referred to CPT**  
**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:** 136,632 **2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.33  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** New PE Inputs.0.17 **Referred to CPT**  
**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 / CCMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2022 Medicare Utilization:** 627,346 **2024 Work RVU:** 0.25  
**2024 NF PE RVU:** 0.17  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.25 **Referred to CPT**  
**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 / CMS Request - Final Rule for 2024      **Complete?** Yes

**Most Recent RUC Meeting:** January 2024      **Tab:** 18      **Specialty Developing Recommendation:** APTA      **First Identified:** April 2016      **2022 Medicare Utilization:** 34,533      **2024 Work RVU:** 0.26      **2024 NF PE RVU:** 0.31      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.26      **Referred to CPT**  
**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 / CCMS Request - Final Rule for 2024      **Complete?** Yes

**Most Recent RUC Meeting:** January 2024      **Tab:** 18      **Specialty Developing Recommendation:** APTA, AOTA      **First Identified:** April 2016      **2022 Medicare Utilization:** 7,013      **2024 Work RVU:** 0.21      **2024 NF PE RVU:** 0.2      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.21      **Referred to CPT**  
**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/ CMS Request - Final Rule for 2024      **Complete?** Yes

**Most Recent RUC Meeting:** January 2024      **Tab:** 18      **Specialty Developing Recommendation:** APTA      **First Identified:** October 2010      **2022 Medicare Utilization:** 1,370,797      **2024 Work RVU:** 0.21      **2024 NF PE RVU:** 0.2      **2024 Fac PE RVU:** NA      **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.21      **Referred to CPT**  
**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2010 **2022 Medicare Utilization:** 61,746,880

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.42  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.45

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

**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA

**First Identified:** September 2011 **2022 Medicare Utilization:** 25,187,873

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.5  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** New PE Inputs. 0.50

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

**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

**First Identified:** July 2015 **2022 Medicare Utilization:** 1,598,341

**2024 Work RVU:** 0.48  
**2024 NF PE RVU:** 0.61  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** New PE Inputs. 0.48

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 4,039,891 **2024 Work RVU:** 0.45 **2024 NF PE RVU:** 0.42 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** New PE Inputs. 0.45 **Referred to CPT** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** 1.50 **Referred to CPT** September 2016 **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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** September 2011 **2022 Medicare Utilization:** 28,628,190 **2024 Work RVU:** 0.43 **2024 NF PE RVU:** 0.37 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.43 **Referred to CPT** **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 **2022 Medicare Utilization:** 1,777,283 **2024 Work RVU:** 0.29  
**2024 NF PE RVU:** 0.24  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.29 **Referred to CPT** **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 **2022 Medicare Utilization:** 1,565,700 **2024 Work RVU:** 1.54  
**2024 NF PE RVU:** 1.43  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.75 **Referred to CPT** February 2015 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**97162** Physical therapy evaluation: moderate complexity, requiring these components: **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes  
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.

**Most Recent RUC Meeting:** October 2015

**Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2022 Medicare Utilization:** 1,368,156

**2024 Work RVU:** 1.54  
**2024 NF PE RVU:** 1.43  
**2024 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.18

**Referred to CPT** February 2015

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

**97163** Physical therapy evaluation: high complexity, requiring these components: **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes  
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.

**Most Recent RUC Meeting:** October 2015

**Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2022 Medicare Utilization:** 275,985

**2024 Work RVU:** 1.54  
**2024 NF PE RVU:** 1.43  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.50

**Referred to CPT** February 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 544,912

**2024 Work RVU:** 0.96

**2024 NF PE RVU:** 1.1

**2024 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.75

**Referred to CPT** February 2015

**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

**2022 Medicare Utilization:** 159,056

**2024 Work RVU:** 1.54

**2024 NF PE RVU:** 1.46

**2024 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.88

**Referred to CPT** February 2015

**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

**2022 Medicare Utilization:** 138,872

**2024 Work RVU:** 1.54  
**2024 NF PE RVU:** 1.46  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.20

**Referred to CPT** February 2015  
**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

**2022 Medicare Utilization:** 25,058

**2024 Work RVU:** 1.54  
**2024 NF PE RVU:** 1.46  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 1.70

**Referred to CPT** February 2015  
**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 **2022 Medicare Utilization:** 35,478 **2024 Work RVU:** 0.96 **2024 NF PE RVU:** 1.11 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.80 **Referred to CPT:** February 2015 **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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2022 Medicare Utilization:** 29,439,992 **2024 Work RVU:** 0.44 **2024 NF PE RVU:** 0.65 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.44 **Referred to CPT:** **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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT:** September 2016 **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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024

**Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA

**First Identified:** April 2016

**2022 Medicare Utilization:** 61,069

**2024 Work RVU:** 0.48  
**2024 NF PE RVU:** 1.38  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** New PE Inputs. 0.48

**Referred to CPT**  
**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024

**Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA

**First Identified:** October 2012

**2022 Medicare Utilization:** 3,146,957

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.52  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.45

**Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Article no longer necessary

**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024

**Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA

**First Identified:** April 2016

**2022 Medicare Utilization:** 15,702

**2024 Work RVU:** 0.48  
**2024 NF PE RVU:** 0.46  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** New PE Inputs. 0.48

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

# Status Report: CMS Requests and Relativity Assessment Issues

**97542** Wheelchair management (eg, assessment, fitting, training), each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2022 Medicare Utilization:** 100,703 **2024 Work RVU:** 0.48 **2024 NF PE RVU:** 0.46 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** New PE Inputs. 0.48 **Referred to CPT**  
**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:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2022 Medicare Utilization:** 677,827 **2024 Work RVU:** 0.77 **2024 NF PE RVU:** 2.2 **2024 Fac PE RVU:** 0.22 **Result:** Increase

**RUC Recommendation:** 0.88 **Referred to CPT**  
**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:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2022 Medicare Utilization:** 143,433 **2024 Work RVU:** 0.50 **2024 NF PE RVU:** 0.79 **2024 Fac PE RVU:** 0.17 **Result:** Increase

**RUC Recommendation:** 0.50 **Referred to CPT**  
**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:** April 2016 **2022 Medicare Utilization:** 1 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** 0.00 **Result:** Maintain

**RUC Recommendation:** Maintain **Referred to CPT**  
**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 **2022 Medicare Utilization:** 40,481 **2024 Work RVU:** 0.55 **2024 NF PE RVU:** 0.73 **2024 Fac PE RVU:** 0.16 **Result:** Maintain

**RUC Recommendation:** 0.55 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 14,301 **2024 Work RVU:** 0.60 **2024 NF PE RVU:** 0.92 **2024 Fac PE RVU:** 0.18 **Result:** Maintain

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

**2022 Medicare Utilization:** 8,410

**2024 Work RVU:** 0.41  
**2024 NF PE RVU:** 9.98  
**2024 Fac PE RVU:** 0.16  
**Result:** Decrease

**RUC Recommendation:** 0.11

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

**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

**2022 Medicare Utilization:** 1,516

**2024 Work RVU:** 0.46  
**2024 NF PE RVU:** 10.26  
**2024 Fac PE RVU:** 0.19  
**Result:** Decrease

**RUC Recommendation:** 0.46

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

**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:** April 2016

**2022 Medicare Utilization:** 75,762

**2024 Work RVU:** 0.40  
**2024 NF PE RVU:** 12.42  
**2024 Fac PE RVU:** 0.12  
**Result:** Maintain

**RUC Recommendation:** Maintain

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

# 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

**2022 Medicare Utilization:** 2,921

**2024 Work RVU:** 0.62  
**2024 NF PE RVU:** 0.51  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 59,596

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.92  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.50

**Referred to CPT** September 2016  
**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

**2022 Medicare Utilization:** 3,817

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.74  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.50

**Referred to CPT** September 2016  
**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** September 2016 **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:** 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 **2022 Medicare Utilization:** 44,185 **2024 Work RVU:** 0.48 **2024 NF PE RVU:** 1.08 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.48 **Referred to CPT** **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 **2022 Medicare Utilization:** 189,871 **2024 Work RVU:** 0.53 **2024 NF PE RVU:** 0.55 **2024 Fac PE RVU:** 0.41 **Result:** Increase

**RUC Recommendation:** 0.53 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 180,865

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.49  
**2024 Fac PE RVU:** 0.35  
**Result:** Increase

**RUC Recommendation:** 0.45

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

**97810** Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient **Global:** XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** April 2023

**Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

**First Identified:** September 2022

**2022 Medicare Utilization:** 67,915

**2024 Work RVU:** 0.60  
**2024 NF PE RVU:** 0.51  
**2024 Fac PE RVU:** 0.27  
**Result:**

**RUC Recommendation:** Flag for re-review. 0.61

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

**97811** Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** April 2023

**Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

**First Identified:** September 2022

**2022 Medicare Utilization:** 78,947

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.32  
**2024 Fac PE RVU:** 0.23  
**Result:**

**RUC Recommendation:** Flag for re-review. 0.46

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

# Status Report: CMS Requests and Relativity Assessment Issues

**97813** Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient **Global:** XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** April 2023

**Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

**First Identified:** September 2022

**2022 Medicare Utilization:** 55,569

**2024 Work RVU:** 0.65  
**2024 NF PE RVU:** 0.67  
**2024 Fac PE RVU:** 0.30  
**Result:**

**RUC Recommendation:** Flag for re-review. 0.74

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

**97814** Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** April 2023

**Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

**First Identified:** September 2022

**2022 Medicare Utilization:** 67,442

**2024 Work RVU:** 0.55  
**2024 NF PE RVU:** 0.51  
**2024 Fac PE RVU:** 0.25  
**Result:**

**RUC Recommendation:** Flag for re-review. 0.47

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 42,904

**2024 Work RVU:** 0.46  
**2024 NF PE RVU:** 0.45  
**2024 Fac PE RVU:** 0.19  
**Result:** Increase

**RUC Recommendation:** 0.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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      **2022 Medicare Utilization:** 84,884      **2024 Work RVU:** 0.71      **2024 NF PE RVU:** 0.6      **2024 Fac PE RVU:** 0.28      **Result:** Increase

**RUC Recommendation:** 0.75      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 78,791      **2024 Work RVU:** 0.96      **2024 NF PE RVU:** 0.75      **2024 Fac PE RVU:** 0.36      **Result:** Increase

**RUC Recommendation:** 1.00      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 84,545      **2024 Work RVU:** 1.21      **2024 NF PE RVU:** 0.87      **2024 Fac PE RVU:** 0.45      **Result:** Increase

**RUC Recommendation:** 1.25      **Referred to CPT**  
**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      **2022 Medicare Utilization:** 77,604      **2024 Work RVU:** 1.46      **2024 NF PE RVU:** 0.99      **2024 Fac PE RVU:** 0.53      **Result:** Increase

**RUC Recommendation:** 1.50      **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 4,263,668 2024 Work RVU: 0.46  
2024 NF PE RVU: 0.35  
2024 Fac PE RVU: 0.18  
Result: Increase

RUC Recommendation: 0.46 Referred to CPT  
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 2022 Medicare Utilization: 12,740,778 2024 Work RVU: 0.71  
2024 NF PE RVU: 0.46  
2024 Fac PE RVU: 0.28  
Result: Increase

RUC Recommendation: 0.71 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 921,306 2024 Work RVU: 0.96  
2024 NF PE RVU: 0.55  
2024 Fac PE RVU: 0.37  
Result: Increase

RUC Recommendation: 0.96 Referred to CPT  
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 2022 Medicare Utilization: 2024 Work RVU: 0.46  
2024 NF PE RVU: 0.28  
2024 Fac PE RVU: 0.18  
Result: Increase

RUC Recommendation: 0.46 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:



# Status Report: CMS Requests and Relativity Assessment Issues

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**99143 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**

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

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**99144 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**

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

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**99148 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**

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

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# Status Report: CMS Requests and Relativity Assessment Issues

**99149 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:**

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

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

**99150 Deleted from CPT** **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:**

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

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

**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 **2022 Medicare Utilization:** 6 **2024 Work RVU:** 0.50 **2024 NF PE RVU:** 1.29 **2024 Fac PE RVU:** 0.18

**RUC Recommendation:** 0.50 **Referred to CPT** **Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 1,544,458

**2024 Work RVU:** 0.25  
**2024 NF PE RVU:** 1.23  
**2024 Fac PE RVU:** 0.08

**RUC Recommendation:** 0.25

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

**Result:** Maintain

**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

**2022 Medicare Utilization:** 6

**2024 Work RVU:** 1.90  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.34

**RUC Recommendation:** 1.90

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 8,887

**2024 Work RVU:** 1.65  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.40

**RUC Recommendation:** 1.84

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

**Result:** Maintain

**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

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.18  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** PE Only

**Referred to CPT** May 2014  
**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

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.14  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** PE Only

**Referred to CPT** May 2014  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**99183** Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session **Global:** XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024

**Tab:** 16 **Specialty Developing Recommendation:** AAFP, UHMS

**First Identified:** April 2013

**2022 Medicare Utilization:** 293,139

**2024 Work RVU:** 2.11  
**2024 NF PE RVU:** 0.77  
**2024 Fac PE RVU:** 0.77  
**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 2.11

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

**99281** Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP

**First Identified:** June 2017

**2022 Medicare Utilization:** 53,580

**2024 Work RVU:** 0.25  
**2024 NF PE RVU:** 0.06  
**2024 Fac PE RVU:** 0.06  
**Result:** Increase

**RUC Recommendation:** 0.48

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

**99282** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP

**First Identified:** June 2017

**2022 Medicare Utilization:** 285,295

**2024 Work RVU:** 0.93  
**2024 NF PE RVU:** 0.21  
**2024 Fac PE RVU:** 0.21  
**Result:** Increase

**RUC Recommendation:** 0.93

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

# Status Report: CMS Requests and Relativity Assessment Issues

**99283** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP

**First Identified:** June 2017

**2022 Medicare Utilization:** 1,938,782

**2024 Work RVU:** 1.60  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.34  
**Result:** Increase

**RUC Recommendation:** 1.42

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

**99284** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP

**First Identified:** June 2017

**2022 Medicare Utilization:** 4,040,786

**2024 Work RVU:** 2.74  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.56  
**Result:** Increase

**RUC Recommendation:** 2.60

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

**99285** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP

**First Identified:** June 2017

**2022 Medicare Utilization:** 9,036,154

**2024 Work RVU:** 4.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.78  
**Result:** Maintain

**RUC Recommendation:** 3.80

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

# Status Report: CMS Requests and Relativity Assessment Issues

**99358** Prolonged evaluation and management service before and/or after direct patient care; first hour **Global:** XXX **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

**First Identified:** November 2019

**2022 Medicare Utilization:** 360,913

**2024 Work RVU:** 1.80  
**2024 NF PE RVU:** 0.74  
**2024 Fac PE RVU:** 0.70

**RUC Recommendation:** 1.80

**Referred to CPT** February 2021

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

**Result:** Decrease

**99359** Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service) **Global:** ZZZ **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

**First Identified:** November 2019

**2022 Medicare Utilization:** 12,889

**2024 Work RVU:** 0.75  
**2024 NF PE RVU:** 0.33  
**2024 Fac PE RVU:** 0.29

**RUC Recommendation:** 0.75

**Referred to CPT** February 2021

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

**Result:** Decrease

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**

**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

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

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

**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

**2022 Medicare Utilization:**

**2024 Work RVU:** 1.73

**2024 NF PE RVU:** 1.2

**2024 Fac PE RVU:** 0.67

**Result:** Remove from Screen

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:**

**2024 Work RVU:** 1.73  
**2024 NF PE RVU:** 1.2  
**2024 Fac PE RVU:** 0.67  
**Result:** Remove from Screen

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

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

**99415** Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)

**Global:** ZZZ    **Issue:** Prolonged Services - Clinical Staff Services (PE Only)    **Screen:** CMS Request - Final Rule for 2020    **Complete?** Yes

**Most Recent RUC Meeting:** April 2021    **Tab:** 15    **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS

**First Identified:**

**2022 Medicare Utilization:** 5,909

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.6  
**2024 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT** February 2022

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

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**99416** Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service) **Global:** ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS

**First Identified:** 2022 **Medicare Utilization:** 2,568

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.28  
**2024 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT** February 2022  
**Referred to CPT Asst**  **Published in CPT Asst:**

**Result:** PE Only

**99417** Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service) **Global:** ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

**First Identified:** November 2021 **2022 Medicare Utilization:**

**2024 Work RVU:** 0.61  
**2024 NF PE RVU:** 0.27  
**2024 Fac PE RVU:** 0.24

**RUC Recommendation:** 0.61

**Referred to CPT** February 2021  
**Referred to CPT Asst**  **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**99418** Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service) **Global:** ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

**First Identified:** February 2021

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.81  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.31

**RUC Recommendation:** 0.81

**Referred to CPT** February 2021  
**Referred to CPT Asst**  **Published in CPT Asst:**

**Result:** Increase

**99457** Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes **Global:** XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAFP, ACC, ACP

**First Identified:** April 2022

**2022 Medicare Utilization:** 1,523,232

**2024 Work RVU:** 0.61  
**2024 NF PE RVU:** 0.82  
**2024 Fac PE RVU:** 0.24  
**Result:**

**RUC Recommendation:** Review action plan.

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

**99459** Pelvic examination (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pelvic Exam (PE Only) **Screen:** Gender Equity Payment **Complete?** Yes

**Most Recent RUC Meeting:** January 2023

**Tab:** 13 **Specialty Developing Recommendation:** AAFP, ACOG, ANA, AUA

**First Identified:** April 2022

**2022 Medicare Utilization:**

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0.68  
**2024 Fac PE RVU:**  
**Result:** PE Only

**RUC Recommendation:** PE Inputs

**Referred to CPT** September 2022  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**99491** 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month. **Global:** XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** Yes

**Most Recent RUC Meeting:** April 2017

**Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS

**First Identified:** NA

**2022 Medicare Utilization:** 186,333

**2024 Work RVU:** 1.50

**2024 NF PE RVU:** 0.94

**2024 Fac PE RVU:** 0.64

**Result:** Not Part of RAW

**RUC Recommendation:** 1.45. Refer to CPT Assistant

**Referred to CPT**

**Referred to CPT Asst**  **Published in CPT Asst:** Oct 2018

**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. **Global:** XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2023

**Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry)

**First Identified:** October 2019

**2022 Medicare Utilization:** 13,115

**2024 Work RVU:** 1.88

**2024 NF PE RVU:** 2.6

**2024 Fac PE RVU:** 0.79

**Result:** Maintain

**RUC Recommendation:** Maintain, remove from screen.

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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.

**Global:** XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2023

**Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry)

**First Identified:** October 2019

**2022 Medicare Utilization:** 50,341

**2024 Work RVU:** 2.05  
**2024 NF PE RVU:** 2.01  
**2024 Fac PE RVU:** 0.86  
**Result:** Maintain

**RUC Recommendation:** Maintain, remove from screen.

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

**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)

**Global:** ZZZ **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2023

**Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry)

**First Identified:** October 2019

**2022 Medicare Utilization:** 29,466

**2024 Work RVU:** 0.82  
**2024 NF PE RVU:** 0.91  
**2024 Fac PE RVU:** 0.35  
**Result:** Maintain

**RUC Recommendation:** Maintain, remove from screen.

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

# Status Report: CMS Requests and Relativity Assessment Issues

**99495** Transitional care management services with the following required elements: **Global:** XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes  
**Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge**

**Most Recent RUC Meeting:** September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2022 Medicare Utilization:** 622,897 **2024 Work RVU:** 2.78 **2024 NF PE RVU:** 3.25 **2024 Fac PE RVU:** 1.20 **Result:** Increase  
**RUC Recommendation:** Withdrawn **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**99496** Transitional care management services with the following required elements: **Global:** XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes  
**Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge**

**Most Recent RUC Meeting:** September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2022 Medicare Utilization:** 615,721 **2024 Work RVU:** 3.79 **2024 NF PE RVU:** 4.37 **2024 Fac PE RVU:** 1.62 **Result:** Increase  
**RUC Recommendation:** Withdrawn **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**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:** CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2022 Medicare Utilization:** 2,220,821 **2024 Work RVU:** 1.50 **2024 NF PE RVU:** 0.86 **2024 Fac PE RVU:** 0.64 **Result:** Maintain  
**RUC Recommendation:** 1.50 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Dec 2014

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2022 Medicare Utilization:** 69,391 **2024 Work RVU:** 1.40 **2024 NF PE RVU:** 0.63 **2024 Fac PE RVU:** 0.61 **Result:** Maintain

**RUC Recommendation:** 1.40 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:** Dec 2014

**9X075** **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Maintain

**RUC Recommendation:** 0.93 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**9X076** **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Maintain

**RUC Recommendation:** 1.60 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**9X077**

**Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** June 2022

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Maintain

**RUC Recommendation:** 2.60

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

**9X078**

**Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** June 2022

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Maintain

**RUC Recommendation:** 3.50

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

**9X079**

**Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** June 2022

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Maintain

**RUC Recommendation:** 0.70

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

**9X080**

**Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** June 2022

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Maintain

**RUC Recommendation:** 1.30

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



# Status Report: CMS Requests and Relativity Assessment Issues

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**9X081** **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Maintain

**RUC Recommendation:** 1.92 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**9X082** **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Decrease

**RUC Recommendation:** 2.60 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**9X083** **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Decrease

**RUC Recommendation:** 0.90 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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**9X084** **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Decrease

**RUC Recommendation:** 1.55 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**9X085**

**Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** June 2022

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 2.42

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

**9X086**

**Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** June 2022

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 3.20

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

**9X087**

**Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** June 2022

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 0.65

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

**9X088**

**Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** June 2022

**2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 1.20

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

# Status Report: CMS Requests and Relativity Assessment Issues

**9X089** **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 1.75 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**9X090** **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 2.60 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**9X091** **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:** **2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Increase

**RUC Recommendation:** 0.30 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**G0008 Administration of influenza virus vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:** **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Maintain

**RUC Recommendation:** 0.17 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G0009 Administration of pneumococcal vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:** **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Maintain

**RUC Recommendation:** 0.17 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**G0010 Administration of hepatitis b vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:** **2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Maintain

**RUC Recommendation:** 0.17 **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

**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 **2022 Medicare Utilization:** 762,407 **2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.66  
**2024 Fac PE RVU:** 0.30  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen **Referred to CPT** **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 **2022 Medicare Utilization:** 13,311 **2024 Work RVU:** 0.18  
**2024 NF PE RVU:** 0.51  
**2024 Fac PE RVU:** 0.07  
**Result:** Remove from Screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 2022 Medicare Utilization: 2,580 2024 Work RVU: 0.84  
2024 NF PE RVU: 4.63  
2024 Fac PE RVU: 0.73  
Result: Decrease

RUC Recommendation: 0.84 Referred to CPT October 2013  
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 / CMS-Other Utilization over 20,000 Part3 Complete? Yes

Most Recent RUC Meeting: September 2022 Tab: 13 Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, ACS, SAGES First Identified: September 2011 2022 Medicare Utilization: 262,099 2024 Work RVU: 3.26  
2024 NF PE RVU: 6.51  
2024 Fac PE RVU: 1.77  
Result: Decrease

RUC Recommendation: 3.36 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 153,572 2024 Work RVU: 0.90  
2024 NF PE RVU: 0.69  
2024 Fac PE RVU: NA  
Result: Maintain

RUC Recommendation: 0.90 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

**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 2022 Medicare Utilization: 36,616 2024 Work RVU: 0.25  
2024 NF PE RVU: 0.21  
2024 Fac PE RVU: NA  
Result: Maintain

RUC Recommendation: 0.25 Referred to CPT  
Referred to CPT Asst  Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**G0121** Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List /CMS-Other Utilization over 20,000 Part3 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES

**First Identified:** September 2011 **2022 Medicare Utilization:** 182,133

**2024 Work RVU:** 3.26  
**2024 NF PE RVU:** 6.51  
**2024 Fac PE RVU:** 1.77  
**Result:** Decrease

**RUC Recommendation:** 3.36

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

**G0124** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician **Global:** XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 26 **Specialty Developing Recommendation:** CAP

**First Identified:** October 2017 **2022 Medicare Utilization:** 40,067

**2024 Work RVU:** 0.26  
**2024 NF PE RVU:** 0.45  
**2024 Fac PE RVU:** 0.45  
**Result:** Maintain

**RUC Recommendation:** 0.42

**Referred to CPT**  
**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 **2022 Medicare Utilization:** 1,153,600

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.54  
**2024 Fac PE RVU:** 0.04  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**G0141** Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician **Global:** XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 26 **Specialty Developing Recommendation:** CAP

**First Identified:** October 2017

**2022 Medicare Utilization:** 1,668

**2024 Work RVU:** 0.26  
**2024 NF PE RVU:** 0.45  
**2024 Fac PE RVU:** 0.45  
**Result:** Maintain

**RUC Recommendation:** 0.42

**Referred to CPT**  
**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 / CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019

**Tab:** 14 **Specialty Developing Recommendation:** ACC

**First Identified:** April 2016

**2022 Medicare Utilization:** 49,673

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 3.04  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** 0.00 (PE Only)

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

**G0168** Wound closure utilizing tissue adhesive(s) only **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** CMS 000-Day Global Typically Reported with an E/M / PE Skin Adhesives **Complete?** Yes

**Most Recent RUC Meeting:** April 2023

**Tab:** 07 **Specialty Developing Recommendation:** ACEP

**First Identified:** July 2016

**2022 Medicare Utilization:** 32,674

**2024 Work RVU:** 0.31  
**2024 NF PE RVU:** 3.29  
**2024 Fac PE RVU:** 0.07  
**Result:** Maintain

**RUC Recommendation:** New PE inputs. 0.45

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

# Status Report: CMS Requests and Relativity Assessment Issues

**G0179** Physician or allowed practitioner 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 and allowed practitioners to affirm the initial implementation of the plan of care **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 **2022 Medicare Utilization:** 633,943

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.78  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

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

**G0180** Physician or allowed practitioner 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 and allowed practitioners to affirm the initial implementation of the plan of care **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 **2022 Medicare Utilization:** 962,695

**2024 Work RVU:** 0.67  
**2024 NF PE RVU:** 0.89  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

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

**G0181** Physician or allowed practitioner supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans **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 **2022 Medicare Utilization:** 396,383

**2024 Work RVU:** 1.73  
**2024 NF PE RVU:** 1.29  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**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:**



# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 33,657

**2024 Work RVU:** 1.73  
**2024 NF PE RVU:** 1.29  
**2024 Fac PE RVU:** NA  
**Result:** Remove from Screen

**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:**

**G0202** Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** CMS Deleted for 2018

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

**G0204** Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** CMS Deleted for 2018

**Referred to CPT** October 2015  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G0206** Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)

**Global:** **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 **2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** CMS Deleted for 2018

**Referred to CPT** October 2015

**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 **2022 Medicare Utilization:** 14,732

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0.33

**2024 Fac PE RVU:** NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

**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 **2022 Medicare Utilization:** 40,330

**2024 Work RVU:** 0.00

**2024 NF PE RVU:** 0.3

**2024 Fac PE RVU:** NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 17,910

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 2.96  
**2024 Fac PE RVU:** NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016

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

**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 **2022 Medicare Utilization:** 967,209

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 1.96  
**2024 Fac PE RVU:** NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016

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

**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 **2022 Medicare Utilization:** 124,192

**2024 Work RVU:** 0.18  
**2024 NF PE RVU:** 0.07  
**2024 Fac PE RVU:** NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2022 Medicare Utilization:** 157,864

**2024 Work RVU:** 0.61  
**2024 NF PE RVU:** 0.87  
**2024 Fac PE RVU:** 0.29  
**Result:** Maintain

**RUC Recommendation:** 0.61

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

**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:** January 2019

**Tab:** 37 **Specialty Developing Recommendation:** ADA

**First Identified:** February 2008

**2022 Medicare Utilization:** 64,023

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.49  
**2024 Fac PE RVU:** 0.35  
**Result:** Maintain

**RUC Recommendation:** Maintain/Remove from screen

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

**G0277** Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval **Global:** XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** High Volume Growth8 **Complete?** No

**Most Recent RUC Meeting:** January 2024

**Tab:** 16 **Specialty Developing Recommendation:** AAFP, UHMS

**First Identified:** April 2022

**2022 Medicare Utilization:** 154,103

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 5.43  
**2024 Fac PE RVU:** NA  
**Result:** PE Only

**RUC Recommendation:** Refer to CPT. PE Inputs

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G0279** Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) **Global:** ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2022 Medicare Utilization:** 944,589 **2024 Work RVU:** 0.60 **2024 NF PE RVU:** 0.79 **2024 Fac PE RVU:** NA **Result:** Remove from Screen

**RUC Recommendation:** Recommend CMS delete **Referred to CPT**  
**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 / CMS Request - Final Rule for 2024 **Complete?** Yes

**Most Recent RUC Meeting:** January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2022 Medicare Utilization:** 5,773,099 **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.16 **2024 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** New PE Inputs. 0.18 **Referred to CPT**  
**Referred to CPT Asst**  **Published in CPT Asst:**

**G0296** Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making) **Global:** XXX **Issue:** Counseling Visit for Lung Cancer **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2022 Medicare Utilization:** 53,676 **2024 Work RVU:** 0.52 **2024 NF PE RVU:** 0.28 **2024 Fac PE RVU:** 0.20 **Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**G0297** Low dose ct scan (ldct) for lung cancer screening **Global:** **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019 **Tab:** 07 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** CMS Deleted for 2021. Recommend CMS delete. Cat I code created. **Referred to CPT** May 2019 **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:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **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:** **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2017 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** September 2018 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G0389** Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening **Global:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** CPT Assistant article published **Referred to CPT** May 2015 **Referred to CPT Asst**  **Published in CPT Asst:** Jan 2017

**G0396** Alcohol and/or substance (other than tobacco) misuse 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:** January 2018 **Tab:** 31 **Specialty Developing Recommendation:** AAFP, ASA, ASAM **First Identified:** October 2017 **2022 Medicare Utilization:** 55,411 **2024 Work RVU:** 0.65 **2024 NF PE RVU:** 0.33 **2024 Fac PE RVU:** 0.24 **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** Time Uncertain **Referred to CPT Asst**  **Published in CPT Asst:**

**G0399** Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth5 / Contractor Priced High Volume2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AASM, ATS, CHEST **First Identified:** October 2018 **2022 Medicare Utilization:** 75,957 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 0 **2024 Fac PE RVU:** NA **Result:** Deleted from CPT

**RUC Recommendation:** Requested CMS delete **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2022 Medicare Utilization:** 492,007

**2024 Work RVU:** 2.60  
**2024 NF PE RVU:** 2.21  
**2024 Fac PE RVU:** 1.13  
**Result:** Maintain

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

**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 **2022 Medicare Utilization:** 107,117

**2024 Work RVU:** 0.17  
**2024 NF PE RVU:** 0.24  
**2024 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

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

**G0407** Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2022 Medicare Utilization:** 26,312

**2024 Work RVU:** 1.39  
**2024 NF PE RVU:**   
**2024 Fac PE RVU:** 0.63  
**Result:**

**RUC Recommendation:** Review in April 2025 or April 2029

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

**G0408** Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** April 2021

**Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry)

**First Identified:** October 2020

**2022 Medicare Utilization:** 20,971

**2024 Work RVU:** 2.00  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.94  
**Result:**

**RUC Recommendation:** Review in April 2025 or April 2029

**Referred to CPT**  
**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

**2022 Medicare Utilization:** 128,143

**2024 Work RVU:** 3.60  
**2024 NF PE RVU:** 7.18  
**2024 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 4.00

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

**G0422** Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 29 **Specialty Developing Recommendation:**

**First Identified:** October 2020

**2022 Medicare Utilization:** 33,455

**2024 Work RVU:** 1.92  
**2024 NF PE RVU:** 1.81  
**2024 Fac PE RVU:** 1.81  
**Result:** Remove from Screen

**RUC Recommendation:** Maintain

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

**G0423** Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 29 **Specialty Developing Recommendation:**

**First Identified:** October 2020

**2022 Medicare Utilization:** 39,320

**2024 Work RVU:** 1.92  
**2024 NF PE RVU:** 1.81  
**2024 Fac PE RVU:** 1.81  
**Result:** Remove from Screen

**RUC Recommendation:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

**G0425** Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

**Most Recent RUC Meeting:** January 2023

**Tab:** 17 **Specialty Developing Recommendation:**

**First Identified:** April 2022

**2022 Medicare Utilization:** 32,243

**2024 Work RVU:** 1.92  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 0.65  
**Result:**

**RUC Recommendation:** No recommendation. Review in April 2025 or April 2029.

**Referred to CPT**

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

**G0426** Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

**Most Recent RUC Meeting:** January 2023

**Tab:** 17 **Specialty Developing Recommendation:**

**First Identified:** September 2022

**2022 Medicare Utilization:** 27,853

**2024 Work RVU:** 2.61  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.05  
**Result:**

**RUC Recommendation:** No recommendation. Review in April 2025 or April 2029.

**Referred to CPT**

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

**G0427** Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth **Global:** XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

**Most Recent RUC Meeting:** January 2023

**Tab:** 17 **Specialty Developing Recommendation:**

**First Identified:** September 2022

**2022 Medicare Utilization:** 19,556

**2024 Work RVU:** 3.86  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:** 1.38  
**Result:**

**RUC Recommendation:** No recommendation. Review in April 2025 or April 2029.

**Referred to CPT**

**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:**    **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    **2022 Medicare Utilization:**    **2024 Work RVU:**    **2024 NF PE RVU:**    **2024 Fac PE RVU:**    **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

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**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    **2022 Medicare Utilization:** 726,692    **2024 Work RVU:** 2.60    **2024 NF PE RVU:** 2.2    **2024 Fac PE RVU:** NA    **Result:** Remove from Screen

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

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**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    **2022 Medicare Utilization:** 9,397,762    **2024 Work RVU:** 1.92    **2024 NF PE RVU:** 1.86    **2024 Fac PE RVU:** NA    **Result:** Remove from Screen

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.    **Referred to CPT**    **Referred to CPT Asst**     **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**G0442** Annual alcohol misuse screening, 5 to 15 minutes

**Global:** XXX **Issue:** Annual Alcohol Screening

**Screen:** CMS-Other - Utilization over 100,000 / High Volume Growth8

**Complete?** Yes

**Most Recent RUC Meeting:** September 2023

**Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA

**First Identified:** April 2016

**2022 Medicare Utilization:** 871,999

**2024 Work RVU:** 0.18

**2024 NF PE RVU:** 0.38

**2024 Fac PE RVU:** 0.08

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**

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

**G0443** Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

**Global:** XXX **Issue:** Annual Alcohol Screening

**Screen:** High Volume Growth8

**Complete?** Yes

**Most Recent RUC Meeting:** September 2023

**Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA

**First Identified:** September 2022

**2022 Medicare Utilization:** 2,507

**2024 Work RVU:** 0.45

**2024 NF PE RVU:** 0.27

**2024 Fac PE RVU:** 0.19

**Result:** Increase

**RUC Recommendation:** 0.63

**Referred to CPT**

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

**G0444** Annual depression screening, 5 to 15 minutes

**Global:** XXX **Issue:** Annual Depression Screening

**Screen:** CMS-Other - Utilization over 100,000 /High Volume Gowth8

**Complete?** Yes

**Most Recent RUC Meeting:** September 2023

**Tab:** 16 **Specialty Developing Recommendation:** AAFP, ACP, ANA

**First Identified:** April 2016

**2022 Medicare Utilization:** 2,304,857

**2024 Work RVU:** 0.18

**2024 NF PE RVU:** 0.38

**2024 Fac PE RVU:** 0.08

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **Global:** XXX **Issue:** Behavioral Counseling/Therapy **Screen:** High Volume Growth8 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

**First Identified:** September 2022 **2022 Medicare Utilization:** 654

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.31  
**2024 Fac PE RVU:** 0.19  
**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT**  
**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:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 30,000 / High Volume Growth8 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

**First Identified:** October 2017 **2022 Medicare Utilization:** 313,297

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.28  
**2024 Fac PE RVU:** 0.20  
**Result:** Maintain

**RUC Recommendation:** 0.45

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

**G0447** Face-to-face behavioral counseling for obesity, 15 minutes **Global:** XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

**First Identified:** April 2016 **2022 Medicare Utilization:** 271,081

**2024 Work RVU:** 0.45  
**2024 NF PE RVU:** 0.28  
**2024 Fac PE RVU:** 0.19  
**Result:** Maintain

**RUC Recommendation:** 0.45

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

# Status Report: CMS Requests and Relativity Assessment Issues

**G0452** Molecular pathology procedure; physician interpretation and report **Global:** XXX **Issue:** Molecular Pathology Interpretation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2022 Medicare Utilization:** 174,711 **2024 Work RVU:** 0.93 **2024 NF PE RVU:** 0.51 **2024 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.93 **Referred to CPT**  
**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 **2022 Medicare Utilization:** 351,862 **2024 Work RVU:** 0.60 **2024 NF PE RVU:** **2024 Fac PE RVU:** 0.30 **Result:** Remove from Screen

**RUC Recommendation:** Remove from screen **Referred to CPT**  
**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:** **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 **2022 Medicare Utilization:** **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. CMS deleted. **Referred to CPT** May 2013  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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:** **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

**2022 Medicare Utilization:**

**2024 Work RVU:**

**2024 NF PE RVU:**

**2024 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. CMS deleted.

**Referred to CPT** May 2013

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

**G0500** Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that 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 intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 29 **Specialty Developing Recommendation:**

**First Identified:** October 2020

**2022 Medicare Utilization:** 279,515

**2024 Work RVU:** 0.10

**2024 NF PE RVU:** 1.59

**2024 Fac PE RVU:** 0.04

**Result:** Remove from Screen

**RUC Recommendation:** Maintain

**Referred to CPT**

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

**G0506** Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service) **Global:** ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 20 **Specialty Developing Recommendation:**

**First Identified:** October 2020

**2022 Medicare Utilization:** 107,354

**2024 Work RVU:** 0.87

**2024 NF PE RVU:** 0.95

**2024 Fac PE RVU:** 0.38

**Result:** Request CMS Delete

**RUC Recommendation:** Requested CMS Delete

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**G0516** Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant) **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

**Most Recent RUC Meeting:** April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest

**First Identified:** January 2023

**2022 Medicare Utilization:** 3

**2024 Work RVU:** 1.82  
**2024 NF PE RVU:** 3.97  
**2024 Fac PE RVU:** 0.94  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

**G0517** Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants) **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

**Most Recent RUC Meeting:** April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest

**First Identified:** January 2023

**2022 Medicare Utilization:** 3

**2024 Work RVU:** 2.10  
**2024 NF PE RVU:** 4.33  
**2024 Fac PE RVU:** 1.05  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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

**G0518** Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants) **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

**Most Recent RUC Meeting:** April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest

**First Identified:** January 2023

**2022 Medicare Utilization:**

**2024 Work RVU:** 3.55  
**2024 NF PE RVU:** 7.7  
**2024 Fac PE RVU:** 1.60  
**Result:** PE Only

**RUC Recommendation:** New PE Inputs

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



# Status Report: CMS Requests and Relativity Assessment Issues

**G2010** Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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 **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AADA, AAFP, ACP **First Identified:** April 2022 **2022 Medicare Utilization:** 5,381 **2024 Work RVU:** 0.18 **2024 NF PE RVU:** 0.18 **2024 Fac PE RVU:** 0.08 **Result:** Request CMS Delete

**RUC Recommendation:** Requested CMS delete. Addressed by CPT/RUC Telemedicine Office Visits Workgroup. **Referred to CPT** February 2023 **Referred to CPT Asst**  **Published in CPT Asst:**

**G2012** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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 **Global:** XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2022 **2022 Medicare Utilization:** 125,800 **2024 Work RVU:** 0.25 **2024 NF PE RVU:** 0.15 **2024 Fac PE RVU:** 0.11 **Result:** Request CMS Delete

**RUC Recommendation:** Requested CMS delete **Referred to CPT** February 2023 **Referred to CPT Asst**  **Published in CPT Asst:**

**G2066** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** XXX **Issue:** Remote Interrogation Device Evaluation - Cardiovascular (PE Only) **Screen:** Contractor Priced High Volume2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** April 2022 **2022 Medicare Utilization:** 1,257,027 **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:** **Result:** PE Only

**RUC Recommendation:** PE Inputs **Referred to CPT** **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G2252** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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

**Global:** XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** Added as part of the family **Complete?** Yes

**Most Recent RUC Meeting:** September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** April 2023

**2022 Medicare Utilization:** 5,262

**2024 Work RVU:** 0.50  
**2024 NF PE RVU:** 0.26  
**2024 Fac PE RVU:** 0.21  
**Result:** Request CMS Delete

**RUC Recommendation:** Requested CMS Delete

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

**G6001** Ultrasonic guidance for placement of radiation therapy fields

**Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AADA, ASTRO

**First Identified:** October 2020

**2022 Medicare Utilization:** 192,052

**2024 Work RVU:** 0.58  
**2024 NF PE RVU:** 4.79  
**2024 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2024  
**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:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2017

**2022 Medicare Utilization:** 847,801

**2024 Work RVU:** 0.39  
**2024 NF PE RVU:** 1.84  
**2024 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G6003** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev      **Global:** XXX      **Issue:** Radiation Treatment Delivery      **Screen:** CMS-Other - Utilization over 20,000 Part2      **Complete?** No

**Most Recent RUC Meeting:** September 2023      **Tab:** 22      **Specialty Developing Recommendation:** ACRO, ASTRO      **First Identified:** September 2023      **2022 Medicare Utilization:** 217      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 4.61      **2024 Fac PE RVU:** NA      **Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT** May 2024      **Referred to CPT Asst**       **Published in CPT Asst:**

**G6004** 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      **Screen:** CMS-Other - Utilization over 20,000 Part2      **Complete?** No

**Most Recent RUC Meeting:** September 2023      **Tab:** 22      **Specialty Developing Recommendation:** ACRO, ASTRO      **First Identified:** September 2023      **2022 Medicare Utilization:** 1,018      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 3.78      **2024 Fac PE RVU:** NA      **Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT** May 2024      **Referred to CPT Asst**       **Published in CPT Asst:**

**G6005** 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      **Screen:** CMS-Other - Utilization over 20,000 Part2      **Complete?** No

**Most Recent RUC Meeting:** September 2023      **Tab:** 22      **Specialty Developing Recommendation:** ACRO, ASTRO      **First Identified:** September 2023      **2022 Medicare Utilization:** 507      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 3.79      **2024 Fac PE RVU:** NA      **Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT** May 2024      **Referred to CPT Asst**       **Published in CPT Asst:**

**G6006** 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      **Screen:** CMS-Other - Utilization over 20,000 Part2      **Complete?** No

**Most Recent RUC Meeting:** September 2023      **Tab:** 22      **Specialty Developing Recommendation:** ACRO, ASTRO      **First Identified:** September 2023      **2022 Medicare Utilization:** 54      **2024 Work RVU:** 0.00      **2024 NF PE RVU:** 3.76      **2024 Fac PE RVU:** NA      **Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT** May 2024      **Referred to CPT Asst**       **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G6007** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 274 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 6.89 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst**  **Published in CPT Asst:**

**G6008** 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 **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 117 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 5.21 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst**  **Published in CPT Asst:**

**G6009** 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 **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 63 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 5.2 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst**  **Published in CPT Asst:**

**G6010** 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 **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 20 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 5.16 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G6011** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 4,800 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 6.86 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst**  **Published in CPT Asst:**

**G6012** 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 **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 285,264 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 6.87 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst**  **Published in CPT Asst:**

**G6013** 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 **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 137,074 **2024 Work RVU:** 0.00 **2024 NF PE RVU:** 6.9 **2024 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G6014** 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 **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** No

**Most Recent** **Tab:** 17 **Specialty Developing** ACRO, ASTRO  
**RUC Meeting:** October 2019 **Recommendation:**

**First Identified:** January 2019 **2022 Medicare Utilization:** 8,864

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 6.85  
**2024 Fac PE RVU:** NA  
**Result:** Remove from screen

**RUC Recommendation:** Refer to CPT. Remove from screen

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

**G6015** 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 **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent** **Tab:** 22 **Specialty Developing** ACRO, ASTRO  
**RUC Meeting:** September 2023 **Recommendation:**

**First Identified:** October 2020 **2022 Medicare Utilization:** 1,116,088

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 10.62  
**2024 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

**G6016** Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent** **Tab:** 22 **Specialty Developing** ACRO, ASTRO  
**RUC Meeting:** September 2023 **Recommendation:**

**First Identified:** September 2023 **2022 Medicare Utilization:** 3,980

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 10.62  
**2024 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2024  
**Referred to CPT Asst**  **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G6017** Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment **Global:** YYY **Issue:** RAW **Screen:** Contractor Priced High Volume2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ASTRO

**First Identified:** April 2022 **2022 Medicare Utilization:** 99,418

**2024 Work RVU:** 0.00  
**2024 NF PE RVU:** 0  
**2024 Fac PE RVU:** 0.00  
**Result:** Remove from Screen

**RUC Recommendation:** Removed from screen

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

**GPCX1** Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established) **Global:** **Issue:** Visit Complexity E/M Add-On **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 34 **Specialty Developing Recommendation:**

**First Identified:** November 2019 **2022 Medicare Utilization:**

**2024 Work RVU:**  
**2024 NF PE RVU:**  
**2024 Fac PE RVU:**  
**Result:** N/A

**RUC Recommendation:** No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative.

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

**P3001** Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician **Global:** XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

**First Identified:** October 2017 **2022 Medicare Utilization:** 1,033

**2024 Work RVU:** 0.26  
**2024 NF PE RVU:** 0.45  
**2024 Fac PE RVU:** 0.45  
**Result:** Maintain

**RUC Recommendation:** 0.42

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

# Status Report: CMS Requests and Relativity Assessment Issues

**Q0091** Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** October 2018 **2022 Medicare Utilization:** 408,616

**2024 Work RVU:** 0.37  
**2024 NF PE RVU:** 0.94  
**2024 Fac PE RVU:** 0.15  
**Result:** Maintain

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

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



CPT	2024 Long Descriptor	Issue	Most Recent RUC Meeting		Next RUC Review	RUC or RAW to Review	Specialty Society to Survey	RUC Recommendation			2024 Work RVUs	2024 Facility PE RVUs	2024 Non-Facility PE RVUs	2024 PLI RVU	2022 Medicare Utilization	Referred to CPT Asst Status	CPT Asst Complete	Referred to CPT Background	Refer to CPT Meeting		CPT Tab	CPT Ed Panel Status		
			Date	Tab				Screen	Date	Global									CPT Meeting	CPT Tab		Complete	Complete	Complete
00534	Anesthesia for trar	RAW	January 2019	37		ASA	Remove fr	High Volun	October 20	20XXX	7	0.00	0	0	28037	FALSE	FALSE					TRUE	Remove from Screen	
00537	Anesthesia for carc	Anesthesia for Cardi	October 2020	13		ASA	12	High Volun	October 20	20XXX	10	0.00	0	0	104177	FALSE	FALSE					TRUE	Increase	
00560	Anesthesia for pro	RAW	January 2019	37		ASA	Remove fr	High Volun	October 20	20XXX	15	0.00	0	0	59712	FALSE	FALSE					TRUE	Remove from Screen	
00731	Anesthesia for upp	Anesthesia for Intes	January 2017	04		ASA	5 base unit	CMS Requ	September	XXX	5	0.00	0	0	1036505	FALSE	FALSE	September 201	12		yes	TRUE	Maintain	
00732	Anesthesia for upp	Anesthesia for Intes	January 2017	04		ASA	6 base unit	CMS Requ	September	XXX	6	0.00	0	0	90797	FALSE	FALSE	September 201	12		yes	TRUE	Increase	
00740	Anesthesia for upp	Anesthesia for Intes	January 2017	04		ASA	Deleted fr	CMS Requ	July 2015						FALSE	TRUE	In April 20	September 201	12		yes	TRUE	Deleted from CPT	
00810	Anesthesia for low	Anesthesia for Intes	January 2017	04		ASA	Deleted fr	CMS Requ	July 2015						FALSE	TRUE	In April 20	September 201	12		yes	TRUE	Deleted from CPT	
00811	Anesthesia for low	Anesthesia for Intes	April 2017	04		ASA	4 base unit	CMS Requ	September	XXX	4	0.00	0	0	1059888	FALSE	FALSE	September 201	12		yes	TRUE	Decrease	
00812	Anesthesia for low	Anesthesia for Intes	April 2017	04		ASA	3 base unit	CMS Requ	September	XXX	3	0.00	0	0	545332	FALSE	FALSE	September 201	12		yes	TRUE	Decrease	
00813	Anesthesia for low	Anesthesia for Intes	January 2017	04		ASA	5 base unit	CMS Requ	September	XXX	5	0.00	0	0	492238	FALSE	FALSE	September 201	12		yes	TRUE	Maintain	
00918	Anesthesia for con	Anesthesia for trans	January 2021	29			Maintain	High Volun	October 20	20XXX	0	0.00	0	0	100926	FALSE	FALSE					TRUE	Remove from Screen	
01916	Anesthesia for diag	RAW	September 2023	22			Maintain	High Volun	October 20	20XXX	5	0.00	0	0	38495	FALSE	FALSE					TRUE	Maintain	
01930	Anesthesia for thei	Anesthesia for Inter	February 2008	5		ASA	Remove fr	High Volun	February 2	0XXX	5	0.00	0	0	13368	FALSE	FALSE					TRUE	Remove from Screen	
01935	Anesthesia for per	Anesthesia Services	January 2021	04		ASA	Deleted fr	High Volun	January 20	XXX					FALSE	FALSE	October 2020	15		complete	TRUE	Deleted from CPT		
01936	Anesthesia for per	Anesthesia Services	January 2021	04		ASA	Deleted fr	High Volun	October 20	20XXX					FALSE	TRUE	This servic	October 2020	15		complete	TRUE	Deleted from CPT	
01937	Anesthesia for per	Anesthesia Services	January 2021	04		ASA	4	High Volun	January 20	XXX	4	0.00	0	0	25946	FALSE	FALSE	October 2020	15		complete	TRUE	Decrease	
01938	Anesthesia for per	Anesthesia Services	January 2021	04		ASA	4	High Volun	January 20	XXX	4	0.00	0	0	100419	FALSE	FALSE	October 2020	15		complete	TRUE	Decrease	
01939	Anesthesia for per	Anesthesia Services	January 2021	04		ASA	4	High Volun	January 20	XXX	4	0.00	0	0	17119	FALSE	FALSE	October 2020	15		complete	TRUE	Decrease	
01940	Anesthesia for per	Anesthesia Services	January 2021	04		ASA	4	High Volun	January 20	XXX	4	0.00	0	0	56429	FALSE	FALSE	October 2020	15		complete	TRUE	Decrease	
01941	Anesthesia for per	Anesthesia Services	January 2021	04		ASA	6	High Volun	January 20	XXX	5	0.00	0	0	20152	FALSE	FALSE	October 2020	15		complete	TRUE	Increase	
01942	Anesthesia for per	Anesthesia Services	January 2021	04		ASA	6	High Volun	January 20	XXX	5	0.00	0	0	36859	FALSE	FALSE	October 2020	15		complete	TRUE	Increase	
10004	Fine needle aspirat	Fine Needle Aspirati	October 2017	04			0.80	CMS High	E June 2017	ZZZ	0.8	0.36	0.64	0.13	258	FALSE	FALSE					TRUE	Decrease	
10005	Fine needle aspirat	Fine Needle Aspirati	January 2020	21			1.63	CMS High	E June 2017	XXX	1.46	0.54	2.41	0.16	127911	FALSE	FALSE					TRUE	Decrease	
10006	Fine needle aspirat	Fine Needle Aspirati	October 2017	04			1.00	CMS High	E June 2017	ZZZ	1	0.38	0.7	0.1	30128	FALSE	FALSE					TRUE	Decrease	
10007	Fine needle aspirat	Fine Needle Aspirati	October 2017	04			1.81	CMS High	E June 2017	XXX	1.81	0.62	7.08	0.22	660	FALSE	FALSE					TRUE	Decrease	
10008	Fine needle aspirat	Fine Needle Aspirati	October 2017	04			1.18	CMS High	E June 2017	ZZZ	1.18	0.19	2.9	0.15	20	FALSE	FALSE					TRUE	Decrease	
10009	Fine needle aspirat	Fine Needle Aspirati	October 2017	04			2.43	CMS High	E June 2017	XXX	2.26	0.72	10.31	0.22	2223	FALSE	FALSE					TRUE	Decrease	
10010	Fine needle aspirat	Fine Needle Aspirati	October 2017	04			1.65	CMS High	E June 2017	ZZZ	1.65	0.27	5.19	0.21	29	FALSE	FALSE					TRUE	Decrease	
10011	Fine needle aspirat	Fine Needle Aspirati	January 2018	04			Contractor	CMS High	E June 2017	XXX	0	0.00	0	0	72	FALSE	FALSE					TRUE	Contractor Price	
10012	Fine needle aspirat	Fine Needle Aspirati	January 2018	04			Contractor	CMS High	E June 2017	ZZZ	0	0.00	0	0	49	FALSE	FALSE					TRUE	Contractor Price	
10021	Fine needle aspirat	Fine Needle Aspirati	January 2020	21		AACE, ASBS, A	1.20	CMS Requ	July 2015	XXX	1.03	0.46	1.87	0.14	11339	FALSE	TRUE	The specia	June 2017	06		yes	TRUE	Decrease
10022	Fine needle aspirat	Fine Needle Aspirati	October 2017	04		AACE, ASBS, A	Deleted fr	CMS Faste	October 2008						FALSE	TRUE	The specia	June 2017	06		yes	TRUE	Deleted from CPT	
10030	Image-guided fluid	Drainage of Abscess	January 2013	04		ACR, SIR	3.00	Codes Rep	January 20	000	2.75	0.91	15.93	0.31	7543	FALSE	FALSE	October 2012	06		Complete	TRUE	Decrease	
10040	Acne surgery (eg, r	Acne Surgery	April 2016	13		AAD	0.91	Harvard Va	October 20	010	0.91	0.54	2.49	0.1	42535	FALSE	FALSE					TRUE	Decrease	
10060	Incision and draina	Incision and Drainag	October 2010	07		APMA	1.50	Harvard Va	February 2	010	1.22	1.87	2.48	0.13	282306	FALSE	FALSE					TRUE	Increase	
10061	Incision and draina	Incision and Drainag	January 2020	37		APMA	Maintain.	Harvard Va	October 20	010	2.45	2.79	3.7	0.32	96529	FALSE	FALSE					TRUE	Maintain	
10120	Incision and removal	of foreign body, s	September 2011	12		APMA, AAFP	1.25	Harvard Va	April 2011	010	1.22	1.82	3.22	0.15	36731	FALSE	FALSE					TRUE	Maintain	
10180	Incision and drainage,	complex, postop	October 2013	18			Remove fr	RUC identifi	January 20	010	2.3	2.58	5.11	0.51	7202	FALSE	FALSE					TRUE	Maintain	
11040	Deleted from CPT	Excision and Debridi	September 2007	16		APMA, APTA	Deleted fr	CMS Site of Serv	September 2007						FALSE	TRUE	Descriptor	October 2009	15		Code Delete	TRUE	Deleted from CPT	
11041	Deleted from CPT	Excision and Debridi	September 2007	16		APMA, APTA	Deleted fr	CMS Site of Serv	September 2007						FALSE	TRUE	Descriptor	October 2009	15		Code Delete	TRUE	Deleted from CPT	
11042	Debridement, subc	Excision and Debridi	February 2010	04		APMA, APTA	1.12	Site of Serv	September 000		1.01	0.67	2.76	0.13	1945330	FALSE	TRUE	Descriptor	October 2009	15		Complete	TRUE	Increase
11043	Debridement, mus	Debridement	February 2010	04		APMA, APTA	3.00	Site of Serv	September 000		2.7	1.48	3.89	0.4	520996	FALSE	TRUE	Descriptor	October 2009	15		Complete	TRUE	Decrease
11044	Debridement, bon	Debridement	February 2010	04		APMA, APTA	4.56	Site of Serv	September 000		4.1	1.96	4.59	0.66	105688	FALSE	TRUE	Descriptor	October 2009	15		Complete	TRUE	Increase
11045	Debridement, subc	Excision and Debridi	February 2010	04		ACS, APMA, AI	0.69	Site of Serv	February 2	ZZZ	0.5	0.17	0.62	0.08	601310	FALSE	FALSE					TRUE	Increase	
11046	Debridement, mus	Debridement	September 2022	13	April 2024	RAW	ACS, APMA, AI	Review act	Site of Serv	February 2	ZZZ	1.03	0.41	0.97	308551	FALSE	FALSE					FALSE	Decrease	
11047	Debridement, bon	Debridement	January 2020	37		ACS, APMA, AI	2.00	Site of Serv	February 2	ZZZ	1.8	0.73	1.47	0.35	92829	FALSE	FALSE					TRUE	Increase	
11055	Paring or cutting o	RAW Review	January 2012	30		APMA	Maintain	CMS Requ	November 000		0.35	0.08	1.76	0.03	765096	FALSE	FALSE					TRUE	Maintain	
11056	Paring or cutting o	Trim Skin Lesions	January 2012	53		APMA	0.50	MPC List /	October 20	000	0.5	0.11	1.94	0.04	1778472	FALSE	FALSE					TRUE	Decrease	
11057	Paring or cutting o	RAW Review	January 2012	30		APMA	Maintain	CMS Requ	November 000		0.65	0.15	2.01	0.05	305871	FALSE	FALSE					TRUE	Maintain	
11100	Biopsy of skin, sub	Biopsy of Skin Lesio	April 2017	05		AAD	Deleted fr	CMS MPC List /	October 2010						FALSE	TRUE	Prior to the	February 2017	65		yes	TRUE	Deleted from CPT	
11101	Biopsy of skin, sub	Biopsy of Skin Lesio	April 2017	05		AAD	Deleted fr	CMS Low Value	October 2010						FALSE	TRUE	Prior to the	February 2017	65		yes	TRUE	Deleted from CPT	
11102	Tangential biopsy	of Skin Biopsy	April 2017	05			0.66	CMS High	E February 2	000	0.66	0.39	2.29	0.07	3231520	FALSE	FALSE	February 2017	65		yes	TRUE	Decrease	
11103	Tangential biopsy	of Skin Biopsy	April 2017	05			0.38	CMS High	E February 2	ZZZ	0.38	0.23	1.09	0.04	1390281	FALSE	FALSE	February 2017	65		yes	TRUE	Decrease	
11104	Punch biopsy of sk	Skin Biopsy	April 2017	05			0.83	CMS High	E February 2	000	0.83	0.46	2.83	0.1	306899	FALSE	FALSE	February 2017	65		yes	TRUE	Decrease	
11105	Punch biopsy of sk	Skin Biopsy	April 2017	05			0.45	CMS High	E February 2	ZZZ	0.45	0.25	1.28	0.06	80118	FALSE	FALSE	February 2017	65		yes	TRUE	Decrease	
11106	Incisional biopsy	of Skin Biopsy	April 2017	05			1.01	CMS High	E February 2	000	1.01	0.54	3.53	0.13	32275	FALSE	FALSE	February 2017	65		yes	TRUE	Decrease	
11107	Incisional biopsy	of Skin Biopsy	April 2017	05			0.54	CMS High	E February 2	ZZZ	0.54	0.30	1.53	0.07	6753	FALSE	FALSE	February 2017	65		yes	TRUE	Decrease	
11300	Shaving of epiderm	Shaving of Epiderm	April 2012	38		AAD	0.60	CMS High	E January 20	000	0.6	0.34	2.35	0.07	92233	FALSE	FALSE					TRUE	Increase	
11301	Shaving of epiderm	Shaving of Epiderm	April 2012	38																				

11755	Biopsy of nail unit (Biopsy of Nail	April 2017	41i	APMA	1.25	CMS 000-D July 2016	000	1.25	0.45	2.32	0.1	50457	FALSE		FALSE	TRUE	Decrease			
11900	Injection, intraleisic Skin Injection Servic	April 2010	31	AAD	0.52	Harvard Va	October 2000	0.52	0.31	1.15	0.06	252141	FALSE		FALSE	TRUE	Maintain			
11901	Injection, intraleisic Skin Injection Servic	April 2010	31	AAD	0.80	Harvard Va	February 2000	0.8	0.47	1.23	0.08	67849	FALSE		FALSE	TRUE	Maintain			
11980	Subcutaneous horr Drug Delivery Impla	October 2018	05	AAOS, ACOG, r	1.10	High Volun	April 2013	1.1	0.40	1.58	0.15	26294	FALSE	TRUE	In January	May 2018	10	Yes	TRUE	Decrease
11981	Insertion, drug-del Drug Delivery Impla	October 2018	05	AAOS, ACOG, r	1.30	High Volun	June 2008	1.14	0.52	1.68	0.21	7837	FALSE	TRUE	In January	May 2018	10	Yes	TRUE	Decrease
11982	Removal, non-biod Drug Delivery Impla	October 2018	05	AAOS, ACOG, r	1.70	High Volun	February 2000	1.34	0.60	1.76	0.24	2137	FALSE	TRUE	In January	May 2018	10	Yes	TRUE	Decrease
11983	Removal with reins Drug Delivery Impla	October 2018	05	AAOS, ACOG, r	2.10	High Volun	June 2008	1.91	0.83	2.02	0.34	1131	FALSE	FALSE					TRUE	Decrease
12001	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	0.84	Harvard Va	October 2000	0.84	0.34	1.84	0.16	150428	FALSE	FALSE					TRUE	Decrease
12002	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	1.14	Harvard Va	October 2000	1.14	0.40	2.08	0.22	126288	FALSE	FALSE					TRUE	Decrease
12004	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	1.44	Harvard Va	April 2010	1.44	0.47	2.28	0.29	19855	FALSE	FALSE					TRUE	Decrease
12005	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	1.97	Harvard Va	April 2010	1.97	0.46	2.97	0.4	5529	FALSE	FALSE					TRUE	Decrease
12006	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	2.39	Harvard Va	April 2010	2.39	0.60	3.3	0.47	1007	FALSE	FALSE					TRUE	Decrease
12007	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	2.90	Harvard Va	April 2010	2.9	0.82	3.51	0.58	353	FALSE	FALSE					TRUE	Decrease
12011	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	1.07	Harvard Va	April 2010	1.07	0.38	2.1	0.21	81964	FALSE	FALSE					TRUE	Decrease
12013	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	1.22	Harvard Va	April 2010	1.22	0.27	2.06	0.24	48807	FALSE	FALSE					TRUE	Decrease
12014	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	1.57	Harvard Va	April 2010	1.57	0.35	2.41	0.32	6453	FALSE	FALSE					TRUE	Decrease
12015	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	1.98	Harvard Va	April 2010	1.98	0.43	2.81	0.4	3215	FALSE	FALSE					TRUE	Decrease
12016	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	2.68	Harvard Va	April 2010	2.68	0.59	3.36	0.54	460	FALSE	FALSE					TRUE	Decrease
12017	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	3.18	Harvard Va	April 2010	3.18	0.73		0.69	66	FALSE	FALSE					TRUE	Decrease
12018	Simple repair of su Repair of Superficial	April 2010	32	ACEP, AAFP	3.61	Harvard Va	April 2010	3.61	0.80		0.77	25	FALSE	FALSE					TRUE	Decrease
12031	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	2.00	Harvard Va	February 2010	2	2.29	5.66	0.25	60749	FALSE	FALSE					TRUE	Decrease
12032	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	2.52	Harvard Va	October 2010	2.52	2.89	6.33	0.29	322923	FALSE	FALSE					TRUE	Maintain
12034	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	2.97	Harvard Va	February 2010	2.97	2.78	6.7	0.4	33005	FALSE	FALSE					TRUE	Maintain
12035	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	3.60	Harvard Va	February 2010	3.5	3.11	7.58	0.63	5345	FALSE	FALSE					TRUE	Increase
12036	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	4.50	Harvard Va	February 2010	4.23	3.36	7.94	0.88	995	FALSE	FALSE					TRUE	Increase
12037	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	5.25	Harvard Va	February 2010	5	3.78	8.6	1.06	499	FALSE	FALSE					TRUE	Increase
12041	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	2.10	Harvard Va	February 2010	2.1	1.99	5.57	0.26	20155	FALSE	FALSE					TRUE	Decrease
12042	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	2.79	Harvard Va	February 2010	2.79	2.74	6.21	0.33	64267	FALSE	FALSE					TRUE	Maintain
12044	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	3.19	Harvard Va	February 2010	3.19	2.78	7.88	0.45	3138	FALSE	FALSE					TRUE	Maintain
12045	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	3.90	Harvard Va	February 2010	3.75	3.78	8	0.69	352	FALSE	FALSE					TRUE	Increase
12046	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	4.60	Harvard Va	February 2010	4.3	4.16	9.65	1.12	97	FALSE	FALSE					TRUE	Increase
12047	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	5.50	Harvard Va	February 2010	4.95	4.40	10.28	1.27	37	FALSE	FALSE					TRUE	Increase
12051	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	2.33	Harvard Va	February 2010	2.33	2.44	5.89	0.31	52399	FALSE	FALSE					TRUE	Decrease
12052	Repair, intermedia Repair of Intermedi:	April 2010	45	AAO-HNS, AAI	Remove fr	Harvard Va	February 2010	2.87	2.75	6.27	0.35	98255	FALSE	FALSE					TRUE	Remove from Screen
12053	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	3.17	Harvard Va	February 2010	3.17	2.87	7.36	0.4	15838	FALSE	FALSE					TRUE	Maintain
12054	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	3.50	Harvard Va	February 2010	3.5	2.57	7.49	0.52	3948	FALSE	FALSE					TRUE	Maintain
12055	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	4.65	Harvard Va	February 2010	4.5	3.74	9.82	0.81	368	FALSE	FALSE					TRUE	Increase
12056	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	5.50	Harvard Va	February 2010	5.3	5.24	11.14	0.98	38	FALSE	FALSE					TRUE	Increase
12057	Repair, intermedia Repair of Intermedi:	October 2010	22	AAO-HNS, AAI	6.28	Harvard Va	February 2010	6	5.45	11.11	1.12	15	FALSE	FALSE					TRUE	Increase
13100	Repair, complex, tr Complex Wound Re	April 2012	37	AAD, AAO-HN:	3.00	CMS Requ	July 2011	3	2.60	6.85	0.38	4763	FALSE	FALSE					TRUE	Decrease
13101	Repair, complex, tr Complex Wound Re	April 2012	37	AAD, AAO-HN:	3.50	CMS Requ	July 2011	3.5	3.44	7.99	0.42	85376	FALSE	FALSE					TRUE	Decrease
13102	Repair, complex, tr Complex Wound Re	April 2012	37	AAD, AAO-HN:	1.24	CMS Requ	July 2011	1.24	0.69	2.05	0.2	20982	FALSE	FALSE					TRUE	Maintain
13120	Repair, complex, sc Complex Wound Re	October 2017	19	AAD, AAO-HN:	3.23	CMS Faste:	October 2010	3.23	3.28	7.03	0.4	10565	TRUE	1st article: Yes	FALSE	September 20119	Complete	TRUE	Decrease	
13121	Repair, complex, sc Complex Wound Re	October 2017	19	AAD, AAO-HN:	4.00	CMS Faste:	October 2010	4	3.21	8.29	0.47	186578	TRUE	1st article: Yes	FALSE	September 20119	Complete	TRUE	Decrease	
13122	Repair, complex, sc Complex Wound Re	October 2017	19	AAD, AAO-HN:	1.44	CMS Faste:	October 2010	1.44	0.79	2.14	0.22	26304	TRUE	1st article: Yes	FALSE	September 20119	Complete	TRUE	Maintain	
13131	Repair, complex, fc Complex Wound Re	April 2012	37	AAD, AAO-HN:	3.73	Harvard Va	April 2011	3.73	3.02	7.46	0.46	32882	FALSE	FALSE					TRUE	Decrease
13132	Repair, complex, fc Complex Wound Re	April 2012	37	AAD, AAO-HN:	4.78	CMS Requ	September 010	4.78	3.67	8.79	0.55	253613	FALSE	FALSE					TRUE	Decrease
13133	Repair, complex, fc Complex Wound Re	April 2012	37	AAD, AAO-HN:	2.19	CMS Requ	September ZZZ	2.19	1.24	2.56	0.29	13119	FALSE	FALSE					TRUE	Maintain
13150	Repair, complex, e Complex Wound Re	April 2012	37	AAD, AAO-HN:	Deleted fr	CMS Requ	September 2011						FALSE	TRUE	Specialties	October 2012	05	Deleted from	TRUE	Deleted from CPT
13151	Repair, complex, e Complex Wound Re	April 2012	37	AAD, AAO-HN:	4.34	CMS Requ	September 010	4.34	3.40	7.81	0.54	28089	FALSE	FALSE					TRUE	Decrease
13152	Repair, complex, e Complex Wound Re	April 2012	37	AAD, AAO-HN:	5.34	Harvard Va	April 2011	5.34	3.98	8.9	0.66	47532	FALSE	FALSE					TRUE	Decrease
13153	Repair, complex, e Complex Wound Re	April 2012	37	AAD, AAO-HN:	2.38	CMS Requ	July 2011	2.38	1.30	2.79	0.37	767	FALSE	FALSE					TRUE	Maintain
14000	Adjacent tissue tra Skin Tissue Rearran	October 2008	9	ACS, AAD, ASP	6.19	Site of Serv	April 2008	6.37	7.69	11.72	1.14	5425	FALSE	FALSE					TRUE	Decrease
14001	Adjacent tissue tra Skin Tissue Rearran	October 2008	9	ACS, AAD, ASP	8.58	Site of Serv	September 090	8.78	9.23	14.05	1.65	8093	FALSE	FALSE					TRUE	Decrease
14020	Adjacent tissue tra Skin Tissue Rearran	October 2008	9	AAD, ASPS	7.02	Site of Serv	April 2008	7.22	8.79	12.97	1.05	15142	FALSE	FALSE					TRUE	Decrease
14021	Adjacent tissue tra Skin Tissue Rearran	October 2008	9	AAD, ASPS	9.52	Site of Serv	September 090	9.72	10.19	15.07	1.36	18276	FALSE	FALSE					TRUE	Decrease
14040	Adjacent tissue tra Skin Tissue Rearran	October 2008	9	AAD, ASPS, AA	8.44	Site of Serv	April 2008	8.6	9.01	13.2	1.12	56431	FALSE	FALSE					TRUE	Maintain
14041	Adjacent tissue tra Skin Tissue Rearran	October 2008	9	AAD, ASPS, AA	10.63	Site of Serv	September 090	10.83	10.67	15.65	1.34	42433	FALSE	FALSE					TRUE	Decrease
14060	Adjacent tissue tra Skin Tissue Rearran	October 2008	9	AAD, ASPS, AA	Maintain	Site of Serv	April 2008	9.23	9.58	12.79	1.14	79674	FALSE	FALSE					TRUE	Maintain
14061	Adjacent tissue tra Skin Tissue Rearran	October 2008	9	AAD, ASPS, AA	11.25	Site of Serv	September 090	11.48	11.61	17.11	1.44	29527	FALSE	FALSE					TRUE	Decrease
14300	Deleted from CPT Adjacent Tissue Tra	April 2009	04	ACS, AAD, ASP	Deleted fr	Site of Serv	September 2007						FALSE	TRUE	The specia	February 2009	09	Code Delete	TRUE	Deleted from CPT
14301	Adjacent tissue tra Adjacent Tissue Tra	April 2009	04	ACS, AAO-HNS	12.47	Site of Serv	September 090	12.65	11.35	17.89	2.05	40699	FALSE	FALSE		February 2009	09		TRUE	Decrease
14302	Adjacent tissue tra Adjacent Tissue Tra	April 2009	04	ACS, AAO-HNS	3.73	Site of Serv	September ZZZ	3.73	1.99	1.99	0.68	49270	FALSE	FALSE		February 2009	09		TRUE	Decrease
15002	Surgical preparatio RAW	September 2014	21	ASPS	Maintain w	Pre-Time A	January 20 000	3.65	2.22	5.99	0.66	23539	FALSE	FALSE					TRUE	Maintain
15004	Surgical preparatio RAW	September 2014	21	ASPS, APMA	Maintain w	Pre-Time A	January 20 000	4.58	2.51	6.56	0.62	33520	FALSE	FALSE					TRUE	Maintain
15100	Split-thickness aut RAW	September 2014	21	ASPS	Maintain w	Pre-Time A	January 20 090	9.9	9.68	14.3	1.93	10266	FALSE	FALSE					TRUE	Maintain
15120	Split-thickness aut Autograft	September 2007	16	AAO-HNS, ASP	Remove fr	Site of Serv	September 090	10.15	8.91	13.64	1.67	6986	FALSE	FALSE					TRUE	Remove from Screen
15170	Acellular dermal re Acellular Dermal Re	February 2010	31	APMA, ASPS	Deleted fr	Different P	February 2010						FALSE	FALSE					TRUE	Deleted from CPT
15171	Acellular dermal re Acellular Dermal Re	February 2010	31	APMA, ASPS	Deleted fr	Different P	February 2010						FALSE	FALSE					TRUE	Deleted from CPT
15175	Acellular dermal re Acellular Dermal Re	February 2010	31	APMA, ASPS	Deleted fr	Different P	October 2009						FALSE	TRUE	The specia	October 2010	07	Complete	TRUE	Deleted from CPT
15176	Acellular dermal re Acellular Dermal Re	February 2010	31	APMA, ASPS	Deleted fr	Different P	February 2010						FALSE	FALSE					TRUE	Deleted from CPT
15220	Full thickness graft Skin Graft	September 2007	16	AAO-HNS, ASP	Reduce 99:	Site of Serv	September 090	8.09	9.06	13.93	1.19	8806	FALSE	FALSE					TRUE	PE Only
15240	Full thickness graft RAW	September 2014	21	ASPS, AAD	Maintain w	Pre-Time A	January 20 090	10.41	12.07	1										



15278	Application of skin Chronic Wound Der	April 2011	04	ACS, APMA, A'	1.00	Different P	April 2011	ZZZ	1	0.45	1.64	0.2	2667	FALSE	FALSE	February 2011			TRUE	Decrease					
15320	Deleted from CPT Skin Allograft	February 2010	31	APMA, ASPS	Deleted frc	Different P	October 2009							FALSE	TRUE	The special	October 2010	07	Complete	TRUE	Deleted from CPT				
15321	Deleted from CPT Skin Allograft	February 2010	31	APMA, ASPS	Deleted frc	Different P	February 2010							FALSE	FALSE				TRUE	Deleted from CPT					
15330	Acellular dermal al Allograft	February 2008	S	ASPS	Deleted frc	High IWPU	February 2008							FALSE	FALSE				TRUE	Deleted from CPT					
15331	Deleted from CPT Acellular Dermal All	February 2010	31	AAO-HNS, APM	Deleted frc	Different P	February 2010							FALSE	FALSE				TRUE	Deleted from CPT					
15335	Deleted from CPT Acellular Dermal All	February 2010	31	AAO-HNS, APM	Deleted frc	Different P	October 2009							FALSE	TRUE	The special	October 2010	07	Complete	TRUE	Deleted from CPT				
15336	Deleted from CPT Acellular Dermal All	February 2010	31	AAO-HNS, APM	Deleted frc	Different P	February 2010							FALSE	FALSE	February 2011			TRUE	Deleted from CPT					
15360	Deleted from CPT Tissue Cultured Allo	February 2010	31	APMA, ASPS	Deleted frc	Different P	February 2010							FALSE	FALSE	February 2011			TRUE	Deleted from CPT					
15361	Deleted from CPT Tissue Cultured Allo	February 2010	31	APMA, ASPS	Deleted frc	Different P	February 2010							FALSE	FALSE	February 2011			TRUE	Deleted from CPT					
15365	Deleted from CPT Tissue Cultured Allo	February 2010	31	APMA, ASPS	Deleted frc	Different P	October 2009							FALSE	TRUE	The special	October 2010	07	Complete	TRUE	Deleted from CPT				
15366	Deleted from CPT Tissue Cultured Allo	February 2010	31	APMA, ASPS	Deleted frc	Different P	February 2010							FALSE	FALSE	February 2011			TRUE	Deleted from CPT					
15400	Deleted from CPT Xenograft	September 2007	16	APMA, AAO-H	Deleted frc	Site of Serv	September 2007							FALSE	FALSE				TRUE	Deleted from CPT					
15401	Deleted from CPT Xenograft	February 2008	S	ACS, ASPS	Deleted frc	High Volun	February 2008							FALSE	FALSE				TRUE	Deleted from CPT					
15420	Deleted from CPT Xenograft Skin	February 2010	31	APMA, ASPS, /	Deleted frc	Different P	October 2009							FALSE	TRUE	The special	October 2010	07	Complete	TRUE	Deleted from CPT				
15421	Deleted from CPT Xenograft Skin	February 2010	31	APMA, ASPS, /	Deleted frc	Different P	February 2010							FALSE	FALSE	February 2011			TRUE	Deleted from CPT					
15570	Formation of direc: Skin Pedicle Flaps	October 2008	10	ACS, ASPS, AA	10.00	Site of Serv	September 090		10.21	9.70	15.08	1.99	226	FALSE	FALSE				TRUE	Maintain					
15572	Formation of direc: Skin Pedicle Flaps	October 2008	10	ACS, ASPS, AA	9.94	Site of Serv	April 2008	090	10.12	10.24	14.66	1.79	472	FALSE	FALSE				TRUE	Maintain					
15574	Formation of direc: Skin Pedicle Flaps	October 2008	10	ASPS, AAO-HN	10.52	Site of Serv	September 090		10.7	9.86	14.3	1.67	1210	FALSE	FALSE				TRUE	Maintain					
15576	Formation of direc: Skin Pedicle Flaps	October 2008	10	ASPS, AAO-HN	9.24	Site of Serv	September 090		9.37	8.90	12.97	1.15	4553	FALSE	FALSE				TRUE	Maintain					
15730	Midface flap (ie, zy Muscle Flaps	January 2017	05	AAO	13.50	High Level	January 20	090	13.5	12.33	27.61	1.56	1593	FALSE	FALSE				TRUE	Decrease					
15732	Muscle, myocutan	January 2017	05	ASPS	Deleted frc	Site of Serv	September 2007							FALSE	TRUE	The special	September 2011	15	yes	TRUE	Deleted from CPT				
15733	Muscle, myocutan	January 2017	05	ASPS	15.68	High Level	January 20	090	15.68	12.61		2.56	4649	FALSE	FALSE				TRUE	Decrease					
15734	Muscle, myocutan	April 2016	14		23.00	High Level	October 20	090	23	17.03		4.98	22071	FALSE	FALSE	September 2011	15	yes	TRUE	Increase					
15736	Muscle, myocutan	April 2016	14	ASSH, ASPS	17.04	High Level	January 20	090	17.04	16.19		3.34	1425	FALSE	FALSE	September 2011	15	yes	TRUE	Maintain					
15738	Muscle, myocutan	April 2016	14	ASPS	19.04	High Level	January 20	090	19.04	15.27		3.68	5108	FALSE	FALSE	September 2011	15	yes	TRUE	Maintain					
15740	Flap; island pedicle Dermatology and Pl	April 2008	28	AAD, ASPS	11.57	Site of Serv	September 090		11.8	11.68	16.92	1.82	1836	FALSE	TRUE	CPT code 1	February 2009	11 & 07	Complete	TRUE	Maintain				
15769	Grafting of autolog Tissue Grafting Proc	September 2022	13	AAOHNS, ASP	6.68	Site of Serv	May 2018	090	6.68	6.54		1.26	5880	TRUE	July 2023	Yes				FALSE	Increase				
15771	Grafting of autolog Tissue Grafting Proc	October 2018	04	ASPS	6.73	Site of Serv	May 2018	090	6.73	7.46	10.45	1.25	3442	FALSE	FALSE				TRUE	Increase					
15772	Grafting of autolog Tissue Grafting Proc	October 2018	04	ASPS	2.50	Site of Serv	May 2018	ZZZ	2.5	1.45	2.79	0.46	7785	FALSE	FALSE				TRUE	Increase					
15773	Grafting of autolog Tissue Grafting Proc	October 2018	04	ASPS	6.83	Site of Serv	May 2018	090	6.83	7.11	9.98	1.17	438	FALSE	FALSE				TRUE	Increase					
15774	Grafting of autolog Tissue Grafting Proc	October 2018	04	ASPS	2.41	Site of Serv	May 2018	ZZZ	2.41	1.41	2.74	0.44	67	FALSE	FALSE				TRUE	Increase					
15777	Implantation of bic Chronic Wound Der	April 2011	04	ACS, APMA, A'	3.65	Different P	April 2011	ZZZ	3.65	2.01	2.01	0.71	6994	FALSE	FALSE	February 2011			TRUE	Decrease					
15778	Implantation of ab: Anterior Abdominal	April 2021	09	ACS, ASCRS (c	8.00	Site of Serv	February 2	000	7.05	2.82		1.62		FALSE	FALSE	February 2021	18	complete	TRUE	Decrease					
15823	Blepharoplasty, up Upper Eyelid Blepha	April 2010	33	AAO	6.81	Harvard Va	October 20	090	6.81	9.12	11.3	0.59	87515	FALSE	FALSE				TRUE	Decrease					
16020	Dressings and/or d Dressings/ Debrider	October 2010	08	ASPS, AAFP, A	0.80	Different P	October 20	000	0.71	0.85	1.76	0.12	11334	FALSE	FALSE				TRUE	Maintain					
16025	Dressings and/or d Dressings/ Debrider	October 2010	08	ASPS, AAFP, A	1.85	Different P	October 20	000	1.74	1.31	2.71	0.29	1629	FALSE	FALSE				TRUE	Maintain					
16030	Dressings and/or d Dressings/ Debrider	April 2010	45	ACEP, ASPS, A	CPT Assista	Different P	February 2	000	2.08	1.45	3.44	0.42	1142	TRUE	Oct 2012	Yes				FALSE	Maintain				
17000	Destruction (eg, la: Destruction of Prem	April 2013	17	AAD	0.61	MPC List	October 20	010	0.61	0.99	1.37	0.06	5821046	FALSE	FALSE				TRUE	Decrease					
17003	Destruction (eg, la: Destruction of Prem	April 2013	17	AAD	0.04	Low Value-	October 20	ZZZ	0.04	0.02	0.16	0	18598830	FALSE	FALSE				TRUE	Decrease					
17004	Destruction (eg, la: Destruction of Prem	April 2013	17	AAD	Remove frc	CMS High E	September 0	10	1.37	1.43	3.52	0.15	831242	FALSE	FALSE				TRUE	Decrease					
17106	Destruction of cut: Destruction of Skin I	October 2008	11	AAD	3.61	High IWPU	February 2	090	3.69	4.19	6.28	0.43	3523	FALSE	FALSE				TRUE	Decrease					
17107	Destruction of cut: Destruction of Skin I	October 2008	11	AAD	4.68	High IWPU	February 2	090	4.79	5.49	8.17	0.53	2070	FALSE	FALSE				TRUE	Decrease					
17108	Destruction of cut: Destruction of Skin I	October 2008	11	AAD	6.37	High IWPU	February 2	090	7.49	7.34	10.65	1.03	5317	FALSE	FALSE				TRUE	Decrease					
17110	Destruction (eg, la: RAW	October 2013	18		Remove frc	High Volun	April 2013	010	0.7	1.30	2.66	0.07	2817292	FALSE	FALSE				TRUE	Remove from Screen					
17111	Destruction (eg, la: RAW	October 2013	18		Remove frc	High Volun	April 2013	010	0.97	1.44	2.94	0.1	142026	FALSE	FALSE				TRUE	Remove from Screen					
17250	Chemical cauteriza Chemical Cauterizat	January 2022	20	January 2025 RAW	AAFP, ACS, AP	Review in	High Volun	October 20	000	0.5	0.55	2.04	0.08	241862	TRUE	Sep 2016	Yes		TRUE	In January	September 2011	17	yes	FALSE	
17261	Destruction, maligr Destruction of Maligr	October 2010	26	AAD, AAFP	1.22	Harvard Va	October 20	010	1.22	1.27	3.13	0.13	129075	FALSE	FALSE				TRUE	Maintain					
17262	Destruction, maligr Destruction of Maligr	October 2010	26	AAD, AAFP	1.63	Harvard Va	February 2	010	1.63	1.51	3.58	0.17	288353	FALSE	FALSE				TRUE	Maintain					
17271	Destruction, maligr Destruction of Maligr	October 2010	26	AAD, AAFP	1.54	Harvard Va	February 2	010	1.54	1.45	3.32	0.16	44856	FALSE	FALSE				TRUE	Maintain					
17272	Destruction, maligr Destruction of Maligr	October 2010	26	AAD, AAFP	1.82	Harvard Va	February 2	010	1.82	1.62	3.68	0.19	75113	FALSE	FALSE				TRUE	Maintain					
17281	Destruction, maligr Destruction of Maligr	October 2010	26	AAD, AAFP	1.77	Harvard Va	February 2	010	1.77	1.58	3.47	0.19	65491	FALSE	FALSE				TRUE	Maintain					
17282	Destruction, maligr Destruction of Maligr	October 2010	26	AAD, AAFP	2.09	Harvard Va	October 20	010	2.09	1.77	3.89	0.22	66033	FALSE	FALSE				TRUE	Maintain					
17311	Mohs micrographic Mohs Surgery	April 2013	18	AAD	6.20	CMS High E	September 0	000	6.2	3.68	13.61	0.64	850608	FALSE	FALSE				TRUE	Maintain					
17312	Mohs micrographic Mohs Surgery	April 2013	18	AAD	3.30	CMS High E	September 2	000	3.3	1.95	8.76	0.35	488511	FALSE	FALSE				TRUE	Maintain					
17313	Mohs micrographic Mohs Surgery	April 2013	18	AAD	5.56	CMS High E	January 20	ZZZ	5.56	3.30	13.08	0.58	169318	FALSE	FALSE				TRUE	Maintain					
17314	Mohs micrographic Mohs Surgery	April 2013	18	AAD	3.06	CMS High E	January 20	ZZZ	3.06	1.81	8.51	0.32	61476	FALSE	FALSE				TRUE	Maintain					
17315	Mohs micrographic Mohs Surgery	April 2013	18	AAD	0.87	CMS High E	January 20	ZZZ	0.87	0.52	1.44	0.09	17917	FALSE	FALSE				TRUE	Maintain					
19020	Mastotomy with e: Mastotomy	September 2007	16	ACS	Reduce 99:	Site of Serv	September 090		3.83	4.76	9.42	0.93	1057	FALSE	FALSE				TRUE	PE Only					
19081	Biopsy, breast, witl Breast Biopsy	April 2013	04	ACR, ACS, ASB	3.29	Codes Rep	January 20	000	3.29	1.17	11.23	0.33	56458	FALSE	FALSE	October 2012	08	Complete	TRUE	Decrease					
19082	Biopsy, breast, witl Breast Biopsy	April 2013	04	ACR, ACS, ASB	1.65	Codes Rep	January 20	ZZZ	1.65	0.58	9.59	0.17	4257	FALSE	FALSE	October 2012	08	Complete	TRUE	Decrease					
19083	Biopsy, breast, witl Breast Biopsy	April 2013	04	ACR, ACS, ASB	3.10	Codes Rep	January 20	000	3.1	1.10	11.37	0.33	110638	FALSE	FALSE	October 2012	08	Complete	TRUE	Decrease					
19084	Biopsy, breast, witl Breast Biopsy	April 2013	04	ACR, ACS, ASB	1.55	Codes Rep	January 20	ZZZ	1.55	0.55	9.52	0.16	14741	FALSE	FALSE	October 2012	08	Complete	TRUE	Decrease					
19085	Biopsy, breast, witl Breast Biopsy	April 2013	04	ACR, ACS, ASB	3.64	Codes Rep	January 20	000	3.64	1.29	18.7	0.33	6881	FALSE	FALSE	October 2012	08	Complete	TRUE	Decrease					
19086	Biopsy, breast, witl Breast Biopsy	April 2013	04	ACR, ACS, ASB	1.82	Codes Rep	January 20	ZZZ	1.82	0.64	15.55	0.16	1450	FALSE	FALSE	October 2012									

19340	Insertion of breast Implant/Exp	January 2020	05	ASPS	11.00	CMS Reque	October 2009	10.48	10.33	2.06	2632	FALSE	FALSE			TRUE	Decrease							
19357	Tissue expander pl Breast Implant/Exp	January 2020	05	ASPS	15.36	Site of Serv	September 090	14.84	17.28	2.79	5664	FALSE	TRUE	Originally r	October 2009	20	Complete	TRUE	Decrease					
20000	Deleted from CPT Incision of Abscess	September 2007	16	APMA, AAOS		Deleted frc	Site of Serv	September 2007				FALSE	TRUE	This servic	June 2009	15	Code Delete	TRUE	Deleted from CPT					
20005	Incision and draina	Incision of Deep Abs	October 2017	19	ACS, AAO-HNS	Deleted frc	Site of Serv	September 2007				FALSE	TRUE	A RUC mer	February 2018	06	complete	TRUE	Deleted from CPT					
20220	Biopsy, bone, troc	Bone Biopsy Trocar	January 2019	22	ACR, SIR	1.93	Different P	January 20 000	1.65	0.76	5.12	0.16	11653	FALSE	FALSE			TRUE	Increase					
20225	Biopsy, bone, troc	Bone Biopsy Trocar	January 2019	22	ACR, SIR	3.00	Different P	October 20000	2.45	1.11	8.62	0.25	12086	FALSE	FALSE			TRUE	Increase					
20240	Biopsy, bone, oper	Bone Biopsy Excisio	January 2016	04	AAOS, APMA	3.73	010-Day GI	April 2014 000	2.61	1.27		0.3	6678	FALSE	FALSE			TRUE	Increase					
20245	Biopsy, bone, oper	Bone Biopsy Excisio	January 2016	04	AAOS	6.50	010-Day GI	January 20 000		6 3.20		1.05	4064	FALSE	TRUE	In April 20:	October 2015	revised	TRUE	Decrease				
20525	Removal of foreign	Removal of Foreign	September 2007	16	ACS, AAOS		Reduce 99:	Site of Serv	September 010	3.54	3.25	9.75	0.66	1295	FALSE	FALSE			TRUE	PE Only				
20526	Injection, therape	RAW	January 2017	30			Remove frc	CMS 000-D	July 2016 000	0.94	0.59	1.37	0.17	93718	FALSE	FALSE			TRUE	Remove from Screen				
20550	Injection(s); single	Injection of Tendon	January 2016	27	RUC	AAOS, AAPM&	0.75	CMS Faste:	October 20000	0.75	0.31	0.89	0.1	789921	FALSE	FALSE			TRUE	Maintain				
20551	Injection(s); single	Therapeutic Injectio	April 2017	10		AAPMR, AAOS	0.75	CMS Faste:	October 20000	0.75	0.31	0.89	0.09	127434	FALSE	FALSE			TRUE	Maintain				
20552	Injection(s); single or multiple trigger p	January 2016	28	RUC	AAPM&R, ACR	0.66	CMS High E	July 2015 000	0.66	0.36	0.84	0.08	276901	FALSE	FALSE			TRUE	Maintain					
20553	Injection(s); single or multiple trigger p	January 2016	28	RUC	AAPM&R, ACR	0.75	CMS High E	July 2015 000	0.75	0.41	0.98	0.09	352125	FALSE	FALSE			TRUE	Maintain					
20600	Arthrocentesis, asf	Arthrocentesis	January 2014	04	AAFP, AAOS, A	0.66	and n	Harvard Va	February 2 000	0.66	0.32	0.87	0.09	437116	FALSE	TRUE	Ultrasound	October 2013	06	Complete	TRUE	Maintain		
20604	Arthrocentesis, asf	Arthrocentesis	January 2014	04	AAFP, AAOS, A	0.89	CMS Reque	July 2013 000	0.89	0.37	1.5	0.1	54114	FALSE	FALSE			TRUE	Decrease					
20605	Arthrocentesis, asf	Arthrocentesis	January 2014	04	AAFP, AAOS, A	0.68	and n	Harvard Va	October 20000	0.68	0.33	0.89	0.09	388653	FALSE	TRUE	Ultrasound	October 2013	06	Complete	TRUE	Maintain		
20606	Arthrocentesis, asf	Arthrocentesis	January 2014	04	AAFP, AAOS, A	1.00	CMS Reque	July 2013 000		1 0.42	1.58	0.13	58020	FALSE	FALSE			TRUE	Decrease					
20610	Arthrocentesis, asf	Arthrocentesis	January 2014	04	AAFP, AAOS, A	0.79	and n	Harvard Va	February 2 000	0.79	0.44	1.04	0.13	5936856	FALSE	TRUE	Ultrasound	October 2013	06	Complete	TRUE	Maintain		
20611	Arthrocentesis, asf	Arthrocentesis	January 2014	04	AAFP, AAOS, A	1.10	CMS Reque	July 2013 000		1.1 0.51	1.74	0.15	1133173	FALSE	FALSE			TRUE	Decrease					
20612	Aspiration and/or i	RAW	January 2017	30			Remove frc	CMS 000-D	July 2016 000	0.7	0.43	1.16	0.1	25159	FALSE	FALSE			TRUE	Remove from Screen				
20680	Removal of implan	RAW	September 2014	21	AAOS, APMA	5.96	and ar	Pre-Time A	January 20 090	5.96	5.69	11.09	1.06	46982	FALSE	FALSE			TRUE	Maintain				
20692	Application of a m	RAW	April 2014	52		Maintain	090-Day GI	January 20 090	16.27	14.94		2.88	2937	FALSE	FALSE			TRUE	Maintain					
20694	Removal, under an	External Fixation	September 2007	16	AAOS		Reduce 99:	Site of Serv	September 090	4.28	5.36	8.04	0.78	5259	FALSE	FALSE			TRUE	PE Only				
20700	Manual preparatio	Drug Delivery Impla	October 2018	05	AAOS, AUA	1.50	Different P	May 2018 ZZZ		1.5 0.73	0.73	0.29	1170	FALSE	FALSE			TRUE	Increase					
20701	Removal of drug-d	Drug Delivery Impla	October 2018	05	AAOS, AUA	1.13	Different P	May 2018 ZZZ		1.13 0.56	0.56	0.22	225	FALSE	FALSE			TRUE	Increase					
20702	Manual preparatio	Drug Delivery Impla	October 2018	05	AAOS, AUA	2.50	Different P	May 2018 ZZZ		2.5 1.25	1.25	0.49	500	FALSE	FALSE			TRUE	Increase					
20703	Removal of drug-d	Drug Delivery Impla	October 2018	05	AAOS, AUA	1.80	Different P	May 2018 ZZZ		1.8 0.93	0.93	0.37	69	FALSE	FALSE			TRUE	Increase					
20704	Manual preparatio	Drug Delivery Impla	October 2018	05	AAOS, AUA	2.60	Different P	May 2018 ZZZ		2.6 1.34	1.34	0.52	479	FALSE	FALSE			TRUE	Increase					
20705	Removal of drug-d	Drug Delivery Impla	October 2018	05	AAOS, AUA	2.15	Different P	May 2018 ZZZ		2.15 1.11	1.11	0.43	111	FALSE	FALSE			TRUE	Increase					
20900	Bone graft, any doi	Bone Graft Procedu	April 2008	29	AOFAS, AAOS	3.00	Site of Serv	September 000		3 1.89	8.06	0.5	4965	FALSE	FALSE			TRUE	Decrease					
20902	Bone graft, any doi	Bone Graft Procedu	April 2008	29	AOFAS, AAOS	4.58	Site of Serv	April 2008 000		4.58 2.79		0.85	4287	FALSE	FALSE			TRUE	Decrease					
20926	Tissue grafts, othe	Tissue Grafting Proc	October 2018	04	AAOS, ASPS, A		Deleted frc	CMS Faste:	October 2008						TRUE	Deleted fo	N/A	TRUE	In October	May 2018	12	Yes	TRUE	Deleted from CPT
21015	Radical resection o	Radical Resection of	February 2009	6	ACS, AAOS, A	9.71	Site of Serv	September 090		9.89 9.50		1.65	313	FALSE	TRUE	CPT develc	June 2008	06	New code st	TRUE	Increase			
21025	Excision of bone (e	Excision of Bone - N	October 2010	61	AAOMS	10.03	Site of Serv	September 090		10.03 8.77	12.73	1.09	3883	FALSE	FALSE			TRUE	Decrease					
21495	Open treatment of	Laryngoplasty	January 2016	09	RUC		Deleted frc	090-Day GI	October 2015						FALSE	FALSE			TRUE	Deleted from CPT				
21557	Radical resection o	Radical Resection of	February 2009	6	ACS, AAOS	14.57	Site of Serv	September 090		14.75 10.96		3.17	338	FALSE	TRUE	CPT develc	June 2008	06	New code st	TRUE	Decrease			
21800	Closed treatment c	Internal Fixation of f	April 2014	05	STS, ACS		Deleted frc	CMS Reque	July 2013						FALSE	TRUE	Refer to CF	February 2014	15	Complete	TRUE	Deleted from CPT		
21805	Open treatment of	Internal Fixation of f	April 2014	05	STS, ACS		Deleted frc	CMS Reque	January 2014						FALSE	TRUE	Referred t	October 2014	7	Complete	TRUE	Deleted from CPT		
21810	Treatment of rib fr	Internal Fixation of f	April 2014	05	STS, ACS		Deleted frc	CMS Reque	January 2014						FALSE	FALSE		October 2013	07	Complete	TRUE	Deleted from CPT		
21811	Open treatment of	Internal Fixation of f	April 2014	05	STS, ACS	19.55	CMS Reque	January 20 000		10.79 4.29		2.58	448	FALSE	FALSE			October 2013	07	Complete	TRUE	Decrease		
21812	Open treatment of	Internal Fixation of f	April 2014	05	STS, ACS	25.00	CMS Reque	January 20 000		13 5.22		3.09	527	FALSE	FALSE			October 2013	07	Complete	TRUE	Decrease		
21813	Open treatment of	Internal Fixation of f	April 2014	05	STS, ACS	35.00	CMS Reque	January 20 000		17.61 7.07		4.52	78	FALSE	FALSE			October 2013	07	Complete	TRUE	Decrease		
21820	Closed treatment c	Internal Fixation of f	April 2016	46	AAOS, ACEP, a	PE Clinical	:CMS Reque	January 20 090		1.36 2.96	3.02	0.29	124	TRUE	Jan 2018	yes	FALSE	October 2013	07	Complete	TRUE	PE Only		
21825	Open treatment of	Internal Fixation of f	April 2014	05	STS, ACS		Unrelated	:CMS Reque	January 20 090		7.76 7.10		1.82	473	FALSE	FALSE			October 2013	07	Complete	TRUE	Remove from Screen	
21935	Radical resection o	Radical Resection of	February 2009	6	ACS, AAOS	15.54	Site of Serv	September 090		15.72 11.34		3.72	189	FALSE	TRUE	CPT develc	June 2008	06	New code st	TRUE	Decrease			
22214	Osteotomy of spin	RAW	September 2014	21	AAOS, NASS, A		Maintain	CMS Faste:	October 20090		21.02 18.65		6.25	6758	FALSE	FALSE			TRUE	Maintain				
22305	Closed treatment c	Closed treatment of	April 2015	23	AANS/CNS, N		Deleted frc	CMS Reque	July 2013						FALSE	TRUE	In October	May 2016	13	Complete	TRUE	Deleted from CPT		
22310	Closed treatment c	Closed Treatment V	September 2023	22	September 2	RAW	AANS, AAOS, (	Refer to CP	Negative I	April 2017 090		3.45 4.88	5.31	0.77	5440	TRUE	Apr 2024	FALSE		FALSE	Decrease			
22510	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A	8.15	Codes Rep	April 2014 010		7.9 3.78	44.36	1.15	2205	FALSE	FALSE			February 2014	16	Complete	TRUE	Decrease		
22511	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A	8.05	Codes Rep	April 2014 010		7.33 3.68	44.95	1.07	2659	FALSE	FALSE			February 2014	16	Complete	TRUE	Decrease		
22512	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A	4.00	Codes Rep	April 2014 ZZZ		4 1.41	16.94	0.72	1641	FALSE	FALSE			February 2014	16	Complete	TRUE	Decrease		
22513	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A	8.90	Codes Rep	April 2014 010		8.65 4.93	158.03	1.63	18975	FALSE	FALSE			February 2014	16	Complete	TRUE	Decrease		
22514	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A	8.24	Codes Rep	April 2014 010		7.99 4.69	158.08	1.5	21168	FALSE	FALSE			February 2014	16	Complete	TRUE	Decrease		
22515	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A	4.00	Codes Rep	April 2014 ZZZ		4 1.65	81.4	0.8	12476	FALSE	FALSE			February 2014	16	Complete	TRUE	Decrease		
22520	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A		Deleted frc	CMS Reque	February 2009						FALSE	TRUE	Joint Work	February 2014	16	Complete	TRUE	Deleted from CPT		
22521	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A		Deleted frc	Site of Serv	September 2007						FALSE	TRUE	Joint Work	February 2014	16	Complete	TRUE	Deleted from CPT		
22522	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A		Deleted frc	Codes Rep	April 2014						FALSE	FALSE			February 2014	16	Complete	TRUE	Deleted from CPT	
22523	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A		Deleted frc	CMS Reque	September 2011						FALSE	FALSE			February 2014	16	Complete	TRUE	Deleted from CPT	
22524	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A		Deleted frc	CMS Reque	September 2011						FALSE	FALSE			February 2014	16	Complete	TRUE	Deleted from CPT	
22525	Percutaneous vert	Percutaneous Verte	April 2014	06	AANS, CNS, A		Deleted frc	CMS Reque	September 2011						FALSE	FALSE			February 2014	16	Complete	TRUE	Deleted from CPT	
22533	Arthrodesis, latera	Arthrodesis	September 2011	51	AAOS, NASS, A		Remove frc	CMS Faste:	October 20090		24.79 18.88		6.5	632	TRUE	Oct 2009	Yes	FALSE		TRUE	Remove from Screen			
22551	Arthrodesis, anteri	Arthrodesis	February 2010	05	NASS, AANS/C	24.50	Codes Rep	February 2 090		25 18.17		8.33	31110	FALSE	FALSE			October 2009	21		TRUE	Decrease		
22552	Arthrodesis, anteri	Arthrodesis	February 2010	05	NASS, AANS/C	6.50	Codes Rep	February 2 ZZZ		6.5 3.22		2.13	28816	FALSE	FALSE			October 2009	21		TRUE	Maintain		
22554	Arthrodesis, anteri	Arthrodesis	September 2022	13	AANS, AAOS, (	Refer to CP	Codes Rep	February 2 090		17.69 14.79		5.87	3237	TRUE	Aug 2023	Yes	TRUE	Referred t	October 2009	21	Complete	FALSE	Maintain	
22558	Arthrodesis, anteri	Vertebral Corpector	September 2022	13	AANS/CNS, A		Maintain	High Volun	April 2013 090		23.53 16.00		6.52	19795	FALSE	TRUE	In January	September 2011	20	yes	TRUE	Maintain		
22585	Arthrodesis, anteri	Arthrodesis	February 2010	05	NASS, AANS/C		Remove frc	Codes Rep	February 2 ZZZ		5.52 2.55		1.62	15268	FALSE	FALSE			October 2009	21		TRUE	Maintain	
22612	Arthrodesis, poste	Lumbar Arthrodesis	October 2015	21	AANS/CNS, A		Review util	Codes Rep	February 2 090		23.53 17.52		6.74	41911	FALSE	TRUE	The Workg	October 2010	16	Complete	TRUE	Maintain		
22614	Arthrodesis, poste	Lumbar Arthrodesis	February 2011	04	AANS/CNS, A	6.43	Codes Rep	February 2 ZZZ		6.43 3.19		2.08	141461	FALSE	FALSE					TRUE	Decrease			
22630	Arthrodesis, poste	Lumbar Arthrodesis	February 2011	04	AANS/CNS, A	22.09	Codes Rep	February 2 090																

23076	Excision, tumor, so	Subfascial Excision	cFebruary 2009	5	ACS, AAOS	7.28	Site of Serv	September 090	7.41	7.46	1.64	549	FALSE			TRUE	CPT develc	June 2008	06	New code st	TRUE	Decrease		
23120	Claviclectomy; pa	Claviclectomy	April 2008	30	AAOS	7.23	Site of Serv	September 090	7.39	9.10	1.51	3929	FALSE			FALSE					TRUE	Maintain		
23130	Acromioplasty or a	Removal of Bone	September 2007	16	AAOS		Reduce 99:Site of Serv	September 090	7.77	9.53	1.59	930	FALSE			FALSE					TRUE	PE Only		
23350	Injection procedur	Injection for Should	September 2011	13	ACR, AAOS	1.00	Harvard Va	April 2011 000	1	0.37	3.75	0.1	25269	FALSE			FALSE				TRUE	Maintain		
23405	Tenotomy, should	Tenotomy	September 2007	16	AAOS		Reduce 99:Site of Serv	September 090	8.54	8.62	1.55	2124	FALSE			FALSE					TRUE	PE Only		
23410	Repair of ruptured	Rotator Cuff	February 2008	12	AAOS	11.23	Site of Serv	September 090	11.39	11.19	2.28	2133	FALSE			FALSE					TRUE	Decrease		
23412	Repair of ruptured	Rotator Cuff	September 2014	21	AAOS		Maintain wSite of Serv	September 090	11.93	11.51	2.4	7034	FALSE			FALSE					TRUE	Decrease		
23415	Coracoacromial lig	Shoulder Ligament	October 2010	62	AAOS	9.23	Site of Serv	September 090	9.23	10.16	1.87	245	FALSE			FALSE					TRUE	Decrease		
23420	Reconstruction of	Rotator Cuff	February 2008	12	AAOS	13.35	Site of Serv	September 090	13.54	13.23	2.76	1011	FALSE			FALSE					TRUE	Decrease		
23430	Tenodesis of long	tTenodesis	October 2009	12	AAOS	10.17	CMS Faste:	September 090	10.17	10.45	2.01	19960	FALSE			FALSE					TRUE	Maintain		
23440	Resection or trans	Tendon Transfer	September 2007	16	AAOS		Reduce 99:Site of Serv	September 090	10.64	10.19	2.18	1074	FALSE			FALSE					TRUE	PE Only		
23472	Arthroplasty, glenc	Arthroplasty	October 2015	21	AAOS		Remove frCMS Faste:	October 20090	22.13	16.92	4.38	69296	FALSE			FALSE					TRUE	Remove from Screen		
23540	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	2.36	4.60	4.66	0.47	307	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
23600	Closed treatment	cTreatment of Hume	September 2011	14	AAOS	3.00	Harvard Va	April 2011 090	3	6.32	6.86	0.59	27520	FALSE			FALSE				TRUE	Decrease		
23625	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	4.1	6.06	7.11	0.85	114	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
23650	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	3.53	5.14	6.16	0.73	12678	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
23655	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	4.76	6.87		0.97	2466	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
23665	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	4.66	6.83	7.94	0.97	357	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
24505	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	5.39	7.51	9.18	1.13	658	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
24600	Treatment of close	PE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	4.37	5.38	6.5	0.91	1109	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
24605	Treatment of close	PE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	5.64	7.94		1.16	341	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
25116	Radical excision of	Forearm Excision	October 2010	63	ASSH, AAOS, A	7.56	Site of Serv	September 090	7.56	9.52	1.43	876	FALSE			FALSE					TRUE	Maintain		
25210	Carpectomy; 1 bon	Carpectomy	September 2007	16	AAOS		Reduce 99:Site of Serv	September 090	6.12	7.85	1.17	3245	FALSE			FALSE					TRUE	PE Only		
25260	Repair, tendon or	rTendon Repair	September 2007	16	AAOS		Reduce 99:Site of Serv	September 090	8.04	9.82	1.54	897	FALSE			FALSE					TRUE	PE Only		
25280	Lengthening or shc	Tendon Repair	September 2007	16	AAOS		Reduce 99:Site of Serv	September 090	7.39	8.53	1.4	1512	FALSE			FALSE					TRUE	PE Only		
25310	Tendon transplant:	Hand, Wrist & Fore	September 2023	04	AAOS, ASPS, A	9.50	Site of Serv	September 090	8.08	9.39		1.52	6178	FALSE			FALSE				TRUE	Decrease		
25312	Tendon transplant:	Hand, Wrist & Fore	September 2023	04	AAOS, ASPS, A		Review act RUC Flag	September 090	9.82	10.15		1.87	355	FALSE			FALSE					FALSE		
25447	Arthroplasty, inter	Hand, Wrist & Fore	September 2023	04	AAOS, ASPS, A	11.14	Codes Rep	April 2022 090	11.14	12.07		2.11	19593	FALSE			TRUE	In April 20:	May 2023	16	Yes	TRUE	Decrease	
25565	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	5.85	7.35	9.08	1.21	510	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
25605	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	6.25	8.29	9.24	1.28	18140	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
25606	Percutaneous skel	RAW	September 2014	21	AAOS, ASSH		Maintain wPre-Time	ASeptember 090	8.31	10.49		1.68	1035	FALSE			FALSE				TRUE	Maintain		
25607	Open treatment of	RAW	September 2014	21	AAOS, ASSH		Maintain wPre-Time	ASeptember 090	9.56	11.17		1.87	7719	FALSE			FALSE				TRUE	Maintain		
25608	Open treatment of	RAW	September 2014	21	AAOS, ASSH		Maintain wPre-Time	ASeptember 090	11.07	11.98		2.18	6257	FALSE			FALSE				TRUE	Maintain		
25609	Open treatment of	RAW	September 2014	21	AAOS, ASSH		Maintain wPre-Time	AJanuary 20 090	14.38	14.79		2.78	18154	FALSE			FALSE				TRUE	Maintain		
25675	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	4.89	6.93	8.33	1.03	506	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
26020	Drainage of tendor	Tendon Sheath Proc	April 2018	07	AAOS, ASPS, A	7.79	Negative IV	April 2017 090	6.84	8.86		1.31	1946	FALSE			FALSE				TRUE	Increase		
26055	Tendon sheath inci	Tendon Sheath Proc	April 2018	07	AAOS, ASPS, A	3.75	Negative IV	April 2017 090	3.11	5.28	14.11	0.59	98992	FALSE			FALSE				TRUE	Increase		
26080	Arthrotomy, with	εRAW	October 2015	21	RAW	ASSH, AAOS	Action plar	Site of Serv	September 090	4.47	6.97		0.85	1699	TRUE	Sep 2012	Yes	FALSE			TRUE	Maintain		
26160	Excision of lesion	oTendon Sheath Proc	April 2018	07	RAW	AAOS, ASPS, A	3.57	Negative IV	April 2017 090	3.57	5.49	14.35	0.68	16546	FALSE			FALSE			TRUE	Maintain		
26356	Repair or advancer	Repair Flexor Tendo	April 2015	25	RUC	AAOS, ASPS, A	10.03	Site of Serv	September 090	9.56	12.90		1.79	976	FALSE			FALSE			TRUE	Decrease		
26357	Repair or advancer	Repair Flexor Tendo	April 2015	25	RUC	AAOS, ASPS, A	11.50	090-Day GI	April 2014 090	11	13.89		2.26	80	FALSE			FALSE			TRUE	Increase		
26358	Repair or advancer	Repair Flexor Tendo	April 2015	25	RUC	AAOS, ASPS, A	13.10	090-Day GI	April 2014 090	12.6	14.72		2.6	37	FALSE			FALSE			TRUE	Increase		
26480	Transfer or transpl	Hand, Wrist & Fore	September 2023	04	RAW	AAOS, ASPS, A	9.50	CMS Faste:	October 20090	6.9	15.68		1.29	10408	FALSE			TRUE	In April 20:	May 2023	16	Yes	TRUE	Decrease
26483	Transfer or transpl	Hand, Wrist & Fore	September 2023	04	RAW	AAOS, ASPS, A		Review act RUC Flag	September 090	8.48	16.37		1.61	459	FALSE			FALSE				FALSE		
26700	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	3.83	5.21	6.05	0.76	465	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
26750	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	1.8	3.85	3.78	0.35	5335	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
26755	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	3.23	4.70	6.14	0.64	429	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
26770	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	3.15	4.48	5.31	0.62	5335	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
27048	Excision, tumor, so	Excision of Subfasci	cFebruary 2009	05	ACS, AAOS	8.74	Site of Serv	September 090	8.85	7.72		0.02	275	FALSE			TRUE	CPT develc	June 2008	06	New code st	TRUE	Increase	
27062	Excision; trochan	terTrochanteric Bursa	April 2008	32	AAOS	5.66	Site of Serv	September 090	5.75	6.99		1.16	1846	FALSE			FALSE				TRUE	Maintain		
27096	Injection procedur	Injection for Sacroili	April 2011	06	AAPM, AAPMI	1.48	Different P	October 20000	1.48	0.85	3.31	0.14	445760	FALSE			TRUE	Refer to CF	February 2011	76	Code Revise	TRUE	Decrease	
27130	Arthroplasty, aceta	Hip/Knee Arthropla	cOctober 2019	11	AAOS, AAHKS	19.60	CMS High E	September 090	19.6	15.00		4.03	170673	FALSE			FALSE				TRUE	Decrease		
27134	Revision of total	hi RAW	September 2014	21	AAOS, AAHKS		Maintain wPre-Time	AJanuary 20 090	30.28	20.52		6.24	9668	FALSE			FALSE				TRUE	Maintain		
27193	Closed treatment	cClosed Treatment	oJanuary 2016	07	AAOS		Deleted frCMS Requ	July 2013						FALSE			TRUE	Refer to CF	October 2015		Code Delete	TRUE	Deleted from CPT	
27194	Closed treatment	cClosed Treatment	oJanuary 2016	07	AAOS		Deleted frCMS Requ	October 2015						FALSE			FALSE				Code Delete	TRUE	Deleted from CPT	
27197	Closed treatment	cClosed Treatment	oJanuary 2016	07	AAOS	5.50	CMS Requ	October 20000	1.53	2.20		0.31	7980	FALSE			FALSE				TRUE	Decrease		
27198	Closed treatment	cClosed Treatment	oJanuary 2016	07	AAOS	9.00	CMS Requ	October 20000	4.75	3.87		0.88	164	FALSE			FALSE				TRUE	Decrease		
27220	Closed treatment	cClosed Treatment	FrApril 2018	08	AAOS	6.00	Negative IV	April 2017 090	5.5	5.99	6.16	1.14	2310	FALSE			FALSE				TRUE	Decrease		
27230	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	5.81	7.71	7.99	1.21	1313	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
27232	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	11.72	7.85		2.39	133	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
27236	Open treatment of	Open Treatment of	October 2012	16	AAOS	17.61	CMS High E	September 090	17.61	14.78		3.6	54473	FALSE			FALSE				TRUE	Maintain		
27240	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	13.81	12.20		2.81	206	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
27244	Treatment of inter	Treat Thigh Fracture	October 2008	12	AAOS	18.00	High IWPU	April 2008 090	18.18	15.10		3.72	3677	FALSE			FALSE				TRUE	Increase		
27245	Treatment of inter	Treat Thigh Fracture	October 2008	12	AAOS	18.00	High IWPU	February 2 090	18.18	15.07		3.7	75667	FALSE			FALSE				TRUE	Decrease		
27250	Closed treatment	cClosed Treatment	oFebruary 2008	18	ACEP	3.82	Site of Serv	September 000	3.82	0.76		0.79	2917	FALSE			FALSE				TRUE	Decrease		
27252	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	11.03	9.41		2.26	1020	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
27265	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	5.24	6.55		1.11	6338	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
27266	Closed treatment	cPE Subcommittee	April 2016	46	AAOS, ACEP, a PE		Clinical : Emergent	October 20090	7.78	8.42		1.59	4675	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only		
27279	Arthrodesis, sacro	iArthrodesis - Sacroili	April 2018	09	AANS, AAOS, (	9.03	CMS Requ	July 2017 090	12.13	9.60		2.43	7567	FALSE			FALSE				TRUE	Maintain		
27324	Biopsy, soft tissue																							



27640	Partial excision (cr	Leg Bone Resection	February 2008	19		AOFAS, AAOS	12.10	Site of Serv	September 090	12.24	10.70		2.22	1463	FALSE		TRUE	CPT Editori	June 2008	07	Complete	TRUE	Maintain	
27641	Partial excision (cr	Leg Bone Resection	February 2008	19		AOFAS, AAOS	9.72	Site of Serv	February 2 090	9.84	8.33		1.59	775	FALSE		TRUE	CPT Editori	June 2008	07	Complete	TRUE	Decrease	
27650	Repair, primary, of	Achilles Tendon Rep	February 2008	20		AAOS, AOFAS,	9.00	Site of Serv	September 090	9.21	9.30		1.43	2176	FALSE		FALSE					TRUE	Decrease	
27654	Repair, secondary,	Achilles Tendon Rep	April 2008	33		AOFAS, APMA	10.32	Site of Serv	September 090	10.53	9.59		1.57	2928	FALSE		FALSE					TRUE	Maintain	
27685	Lengthening or shc	Tendon Repair	September 2007	16		AAOS		Reduce 99:	Site of Serv	September 090	6.69	6.55	12.21	0.93	3704	FALSE		FALSE					TRUE	PE Only
27687	Gastrocnemius rec	Tendon Repair	September 2007	16		AAOS		Reduce 99:	Site of Serv	September 090	6.41	6.45		0.95	6168	FALSE		FALSE					TRUE	PE Only
27690	Transfer or transpl	Tendon Transfer	April 2008	34		AOFAS, APMA	8.96	Site of Serv	September 090	9.17	8.85		1.32	1096	FALSE		FALSE					TRUE	Maintain	
27691	Transfer or transpl	Tendon Transfer	April 2008	34		AOFAS, APMA	10.28	Site of Serv	September 090	10.49	10.28		1.75	3958	FALSE		FALSE					TRUE	Maintain	
27752	Closed treatment c	PE Subcommittee	April 2016	46		AAOS, ACEP, a	PE Clinical	: Emergent I	October 20090	6.27	7.54	8.99	1.29	954	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only	
27762	Closed treatment c	PE Subcommittee	April 2016	46		AAOS, ACEP, a	PE Clinical	: Emergent I	October 20090	5.47	7.06	8.57	1.13	313	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only	
27792	Open treatment of	Treatment of Ankle	February 2011	18		AAOS, AOFAS,	9.71	Site of Serv	June 2010 090	8.75	9.25		1.62	6199	FALSE		FALSE					TRUE	Maintain	
27810	Closed treatment c	PE Subcommittee	April 2016	46		AAOS, ACEP, a	PE Clinical	: Emergent I	October 20090	5.32	6.85	8.34	1.1	2510	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only	
27814	Open treatment of	RAW	September 2014	21		AAOS		Maintain w	Pre-Time A	January 20 090	10.62	10.53		2.04	8512	FALSE		FALSE			TRUE	Maintain		
27818	Closed treatment c	Treatment of Fractu	April 2016	46		AAOS, ACEP, a	PE Clinical	: Site of Serv	September 090	5.69	6.77	8.45	1.17	3355	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only	
27825	Closed treatment c	PE Subcommittee	April 2016	46		AAOS, ACEP, a	PE Clinical	: Emergent I	October 20090	6.69	7.12	8.81	1.32	577	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only	
27840	Closed treatment c	PE Subcommittee	April 2016	46		AAOS, ACEP, a	PE Clinical	: Emergent I	October 20090	4.77	6.26		0.97	1719	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only	
28001	Incision and draina	Treatment of Foot Ir	October 2020	14		AAOS, AOFAS,	2.00	010-Day GI	April 2020 000	2	0.69	2.96	0.17	2308	FALSE		FALSE					TRUE	Decrease	
28002	Incision and draina	Treatment of Foot Ir	October 2020	14		AAOS, AOFAS,	3.50	010-Day GI	January 20 000	2.79	1.15	4.32	0.25	5285	FALSE		FALSE					TRUE	Decrease	
28003	Incision and draina	Treatment of Foot Ir	October 2020	14		AAOS, AOFAS,	5.28	010-Day GI	April 2020 000	5.28	1.86	5.46	0.57	4650	FALSE		FALSE					TRUE	Decrease	
28111	Ostectomy, compl	Ostectomy	September 2007	16		APMA, AAOS		Reduce 99:	Site of Serv	September 090	5.15	3.97	8.58	0.52	847	FALSE		FALSE					TRUE	PE Only
28120	Partial excision (cr	Removal of Foot Boi	February 2011	19		AOFAS, APMA	8.27	Site of Serv	September 090	7.31	6.74	11.88	0.96	4510	FALSE		FALSE					TRUE	Increase	
28122	Partial excision (cr	Removal of Foot Boi	February 2011	19		AOFAS, APMA	7.72	Site of Serv	September 090	6.76	5.81	10.31	0.73	12802	FALSE		FALSE					TRUE	Maintain	
28124	Partial excision (cr	Toe Removal	September 2007	16		APMA, AAOS		Remove 99:	Site of Serv	September 090	5	4.69	8.89	0.45	8456	FALSE		FALSE					TRUE	PE Only
28285	Correction, hamm	Orthopaedic Surger	October 2010	31		AAOS, AOFAS,	5.62	Harvard Va	February 2 090	5.62	5.52	10.02	0.59	56245	FALSE		FALSE					TRUE	Increase	
28289	Hallux rigidus corr	Unionectomy	January 2016	08		AAOS, AOFAS,	6.90	090-Day GI	October 20090	6.9	6.28	12.98	0.8	4177	FALSE		FALSE					Complete	TRUE	Decrease
28290	Correction, hallux	Unionectomy	January 2016	08		AAOS, AOFAS,		Deleted frc	090-Day GI	October 2015					FALSE		FALSE					Complete	TRUE	Deleted from CPT
28291	Hallux rigidus corr	Unionectomy	January 2016	08		AAOS, AOFAS,	8.01	090-Day GI	October 20090	8.01	5.77	11.92	0.74	2134	FALSE		FALSE					Complete	TRUE	Decrease
28292	Correction, hallux	Unionectomy	January 2016	08		AAOS, AOFAS,	7.44	090-Day GI	October 20090	7.44	6.54	12.84	0.74	4670	FALSE		FALSE					Complete	TRUE	Decrease
28293	Correction, hallux	Unionectomy	January 2016	08		AAOS, AOFAS,		Deleted frc	090-Day GI	January 2015					FALSE		FALSE	In January				Complete	TRUE	Deleted from CPT
28294	Correction, hallux	Unionectomy	January 2016	08		AAOS, AOFAS,		Deleted frc	090-Day GI	October 2015					FALSE		FALSE					Complete	TRUE	Deleted from CPT
28295	Correction, hallux	Unionectomy	January 2016	08		AAOS, AOFAS,	8.57	090-Day GI	October 20090	8.57	8.43	21.64	1.23	368	FALSE		FALSE					Complete	TRUE	Decrease
28296	Correction, hallux	Unionectomy	January 2016	08		AAOS, AOFAS,	8.25	Site of Serv	September 090	8.25	6.51	17.5	0.77	6059	FALSE		FALSE					Complete	TRUE	Decrease
28297	Correction, hallux	Unionectomy	January 2016	08		AAOS, AOFAS,	9.29	090-Day GI	October 20090	9.29	7.77	20.25	1.13	3336	FALSE		FALSE					Complete	TRUE	Decrease
28298	Correction, hallux	Unionectomy	January 2016	08		AAOS, AOFAS,	7.75	Site of Serv	September 090	7.75	6.69	16.39	0.94	2809	FALSE		FALSE					Complete	TRUE	Decrease
28299	Correction, hallux	Unionectomy	January 2016	08		AAOS, AOFAS,	9.29	090-Day GI	October 20090	9.29	7.64	20	1.08	4278	FALSE		FALSE					Complete	TRUE	Decrease
28300	Osteotomy; calcan	Osteotomy	September 2007	16		AAOS		Reduce 99:	Site of Serv	September 090	9.73	8.41		1.56	2236	FALSE		FALSE					TRUE	PE Only
28310	Osteotomy, shorte	Osteotomy	September 2007	16		APMA, AAOS		Reduce 99:	Site of Serv	September 090	5.57	4.83	10.23	0.63	1632	FALSE		FALSE					TRUE	PE Only
28470	Closed treatment c	Treatment of Metat	September 2011	15		AAOS, APMA,	2.03	Harvard Va	April 2011 090	2.03	4.06	4.45	0.29	21974	FALSE		FALSE					TRUE	Maintain	
28660	Closed treatment c	PE Subcommittee	April 2016	46		AAOS, ACEP, a	PE Clinical	: Emergent I	October 20010	1.28	1.36	2.34	0.24	525	TRUE	Jan 2018	yes	FALSE				TRUE	PE Only	
28725	Arthrodesis; subtal	Foot Arthrodesis	February 2011	20		AOFAS, APMA	12.18	Site of Serv	September 090	11.22	10.50		1.84	4163	FALSE		FALSE					TRUE	Maintain	
28730	Arthrodesis, midta	Foot Arthrodesis	February 2011	20		AOFAS, APMA	12.42	Site of Serv	September 090	10.7	9.63		1.6	3939	FALSE		FALSE					TRUE	Maintain	
28740	Arthrodesis, mid	Arthrodesis	September 2007	16		AAOS		Reduce 99:	Site of Serv	September 090	9.29	8.09	14.28	1.27	3837	FALSE		FALSE					TRUE	PE Only
28820	Amputation, toe; n	Toe Amputation	April 2019	11		AAOS, ACS, AC	4.10	Site of Serv	October 20000	3.51	1.38	4.97	0.41	25047	FALSE		FALSE					TRUE	Decrease	
28825	Amputation, toe; ir	Toe Amputation	April 2019	11		AAOS, ACS, AC	4.00	Site of Serv	September 000	3.41	1.36	4.94	0.4	12537	FALSE		FALSE					TRUE	Decrease	
29075	Application, cast; e	Application of Forea	September 2011	16		AAOS, ASSH	0.77	Harvard Va	April 2011 000	0.77	0.97	1.77	0.15	55034	FALSE		FALSE					TRUE	Maintain	
29105	Application of long	Application of Long	April 2017	11		AAOS, ACEP, A	0.80	CMS 000-D	July 2016 000	0.8	0.29	1.58	0.16	21813	FALSE		FALSE					TRUE	Decrease	
29200	Strapping; thorax	Strapping Procedure	January 2014	35		APTA	0.39	High Volun	April 2013 000	0.39	0.13	0.55	0.02	11021	FALSE		FALSE					TRUE	Decrease	
29220	Deleted from CPT	Strapping; low back	April 2008	57		AAFP		Deleted frc	High Volun	February 2008					TRUE	Deleted frc	Yes	TRUE	The specia	October 2008	10	Code Delete	TRUE	Deleted from CPT
29240	Strapping; shoulde	Strapping Procedure	January 2014	35		APTA	0.39	High Volun	April 2013 000	0.39	0.12	0.48	0.02	17397	FALSE		FALSE					TRUE	Decrease	
29260	Strapping; elbow o	Strapping Procedure	January 2014	35		APTA	0.39	High Volun	October 20000	0.39	0.14	0.45	0.03	4449	FALSE		FALSE					TRUE	Decrease	
29280	Strapping; hand or	Strapping Procedure	January 2014	35		APTA	0.39	High Volun	October 20000	0.39	0.16	0.46	0.05	4221	FALSE		FALSE					TRUE	Decrease	
29445	Application of rigid	Application of Rigid	April 2016	17		AAOS, AHKNS,	1.78	High Volun	October 20000	1.78	0.97	1.9	0.2	22583	FALSE		FALSE					TRUE	Maintain	
29520	Strapping; hip	Strapping Procedure	January 2014	35		APTA	0.39	High Volun	April 2013 000	0.39	0.13	0.63	0.02	15436	FALSE		FALSE					TRUE	Decrease	
29530	Strapping; knee	Strapping Procedure	January 2014	35		APTA	0.39	High Volun	April 2013 000	0.39	0.12	0.47	0.02	23217	FALSE		FALSE					TRUE	Decrease	
29540	Strapping; ankle ar	Strapping Lower Ext	April 2017	41ii		APMA	0.39	Harvard Va	October 20000	0.39	0.09	0.42	0.03	157789	FALSE		FALSE					TRUE	Decrease	
29550	Strapping; toes	Strapping Lower Ext	April 2017	41ii		APMA	0.25	Harvard Va	February 2 000	0.25	0.06	0.31	0.02	41976	FALSE		FALSE					TRUE	Decrease	
29580	Strapping; Unna bc	Strapping Multi Lay	October 2016	13		ACS, APMA, S	0.55	CMS High E	July 2015 000	0.55	0.16	1.3	0.07	202398	FALSE		FALSE					TRUE	Maintain	
29581	Application of mult	Strapping Multi Lay	October 2016	13		ACS, APMA, S	0.60	CMS High E	July 2015 000	0.6	0.18	2.03	0.01	205717	FALSE		FALSE					TRUE	Maintain	
29582	Application of mult	New Technology Re	October 2015	21		APTA		Deleted frc	New Techr	October 2015					TRUE	Aug 2016	Yes	FALSE		September 2014	22	yes	TRUE	Deleted from CPT
29583	Application of mult	New Technology Re	October 2015	21		APTA		Deleted frc	New Techr	October 2015					TRUE	Aug 2016	Yes	FALSE		September 2014	22	yes	TRUE	Deleted from CPT
29584	Application of mult	New Technology Re	January 2022	20		APTA		Maintain	New Techr	October 20000	0.35	0.10	2.04	0.01	3946	TRUE	Aug 2016	Yes	FALSE				TRUE	Maintain
29590	Denis-Browne splir	Denis-Browne splir	April 2012	07		APMA		Deleted frc	Harvard Va	February 2010					FALSE		FALSE	TRUE	This servic	February 2012	08	Code Delete	TRUE	Deleted from CPT
29805	Arthroscopy, shoul	Arthroscopy	April 2008	51		AAOS		No NF PE ir	CMS Requ	NA 090	6.03	7.05		1.18	332	FALSE		FALSE					TRUE	PE Only
29822	Arthroscopy, shoul	Shoulder Debridem	January 2020	11				7.03	CMS Faste	October 20090	7.03	8.07		1.4	6743	FALSE		TRUE	In October	September 2014	14	yes	TRUE	Decrease
29823	Arthroscopy, shoul	Shoulder Debridem	January 2020	11				7.98	Harvard-V	October 20090	7.98	8.49		1.57	35593	FALSE		TRUE	In October	September 2014	14	yes	TRUE	Decrease
29824	Arthroscopy, shoul	RAW	October 2015	21		AAOS	8.82	Codes Rep	February 2 090	8.98	9.84		1.77	28094	FALSE		FALSE					TRUE	Maintain	
29826	Arthroscopy, shoul	RAW	October 2015	21		AAOS	3.00	Codes Rep	February 2 ZZZ	3	1.52		0.58	60904	FALSE		FALSE							

31231	Nasal endoscopy, c	Nasal/Sinus Endosc	January 2012	19	AAO-HNS	1.10	MPC List	October 2000	1.1	0.67	4.37	0.16	623935	FALSE	FALSE	TRUE	Maintain					
31237	Nasal/sinus endosc	Nasal/Sinus Endosc	April 2013	19	AAO-HNS	2.60	CMS High E	September 000	2.6	1.81	4.76	0.38	122300	FALSE	FALSE	TRUE	Decrease					
31238	Nasal/sinus endosc	Nasal/Sinus Endosc	April 2013	19	AAO-HNS	2.74	CMS High E	January 20 000	2.74	1.87	4.4	0.4	24805	FALSE	FALSE	TRUE	Decrease					
31239	Nasal/sinus endosc	Nasal/Sinus Endosc	April 2013	19	AAO-HNS	9.04	CMS High E	January 20 010	9.04	8.13		1.01	1208	FALSE	FALSE	TRUE	Decrease					
31240	Nasal/sinus endosc	Nasal/Sinus Endosc	April 2013	19	AAO-HNS	2.61	CMS High E	January 20 000	2.61	1.77		0.38	4009	FALSE	FALSE	TRUE	Maintain					
31241	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	8.51	Codes Rep	April 2015 000	8	4.07		1.2	450	FALSE	FALSE	TRUE	Decrease					
31253	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	9.00	Codes Rep	April 2015 000	9	4.57		1.31	6322	FALSE	FALSE	TRUE	Decrease					
31254	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	4.27	CMS Requ	July 2015 000	4.27	2.37	8.25	0.61	10594	FALSE	FALSE	TRUE	Decrease					
31255	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	5.75	Codes Rep	April 2015 000	5.75	3.05		0.83	7525	FALSE	TRUE	In April 20: September 2014	yes	TRUE	Decrease			
31256	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	3.11	CMS Requ	July 2015 000	3.11	1.82		0.44	10541	FALSE	FALSE	TRUE	September 2014	yes	TRUE	Decrease		
31257	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	8.00	Codes Rep	April 2015 000	8	4.10		1.18	4524	FALSE	FALSE	TRUE	September 2014	yes	TRUE	Decrease		
31259	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	8.48	Codes Rep	April 2015 000	8.48	4.32		1.23	6853	FALSE	FALSE	TRUE	September 2014	yes	TRUE	Decrease		
31267	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	4.68	CMS Requ	July 2015 000	4.68	2.55		0.69	22683	FALSE	FALSE	TRUE	September 2014	yes	TRUE	Decrease		
31276	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	6.75	Codes Rep	April 2015 000	6.75	3.53		0.99	11570	FALSE	TRUE	In April 20: September 2014	yes	TRUE	Decrease			
31287	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	3.50	Codes Rep	April 2015 000	3.5	2.00		0.5	2236	FALSE	TRUE	In April 20: September 2014	yes	TRUE	Decrease			
31288	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	4.10	Codes Rep	April 2015 000	4.1	2.28		0.6	3387	FALSE	TRUE	In April 20: September 2014	yes	TRUE	Decrease			
31295	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	2.70	Codes Rep	April 2015 000	2.7	1.62	46.2	0.39	21727	FALSE	FALSE	TRUE			TRUE	Maintain		
31296	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	3.10	Codes Rep	April 2015 000	3.1	1.81	46.51	0.44	5979	FALSE	TRUE	In April 20: September 2014	yes	TRUE	Decrease			
31297	Nasal/sinus endosc	Nasal/Sinus Endosc	January 2017	07	AAOHNS	2.44	Codes Rep	April 2015 000	2.44	1.50	46.06	0.36	1339	FALSE	TRUE	In April 20: September 2014	yes	TRUE	Decrease			
31298	Nasal/sinus endosc	Nasal/Sinus Endosc	October 2020	24	AAOHNS	4.50	Codes Rep	April 2015 000	4.5	2.47	87.52	0.66	15200	FALSE	FALSE	TRUE	September 2014	yes	TRUE	Decrease		
31500	Intubation, endotr:	Endotracheal Intuba	October 2018	27	ACEP, ASA	3.00	CMS High E	July 2015 000	3	0.74		0.43	218803	TRUE	Oct 2016	yes	FALSE	TRUE	Increase			
31551	Laryngoplasty; for	Laryngoplasty	January 2016	09	AAOHNS	21.50	090-Day GI	October 20090	21.5	21.78		3.14	1	FALSE	FALSE	TRUE	October 2015	13	Complete	TRUE	Decrease	
31552	Laryngoplasty; for	Laryngoplasty	January 2016	09	AAOHNS	20.50	090-Day GI	October 20090	20.5	21.34		2.97	24	FALSE	FALSE	TRUE	October 2015	13	Complete	TRUE	Decrease	
31553	Laryngoplasty; for	Laryngoplasty	January 2016	09	AAOHNS	22.00	090-Day GI	October 20090	22	25.34		3.21		FALSE	FALSE	TRUE	October 2015	13	Complete	TRUE	Decrease	
31554	Laryngoplasty; for	Laryngoplasty	January 2016	09	AAOHNS	22.00	090-Day GI	October 20090	22	25.36		3.21	14	FALSE	FALSE	TRUE	October 2015	13	Complete	TRUE	Decrease	
31571	Laryngoscopy, dire	Laryngoscopy	September 2007	16	AAO-HNS	Reduce 99:	Site of Serv	September 000	4.26	2.53		0.62	5189	FALSE	FALSE	TRUE			TRUE	PE Only		
31575	Laryngoscopy, flexible; diagnostic		October 2015	08	AAO-HNS	1.00	MPC List /	October 20000	0.94	0.98	2.8	0.14	536063	FALSE	FALSE	TRUE			TRUE	Decrease		
31579	Laryngoscopy, flexi	Laryngoscopy	October 2015	08	AAO-HNS	1.94	CMS Faste:	October 20000	1.88	1.45	3.82	0.25	81659	FALSE	FALSE	TRUE			TRUE	Decrease		
31580	Laryngoplasty; for	Laryngoplasty	January 2016	09	AAO-HNS	14.60	090-Day GI	April 2014 090	14.6	21.90		2.13	18	FALSE	TRUE	CPT code 3	October 2015	13	Complete	TRUE	Decrease	
31582	Laryngoplasty; for	Laryngoplasty	January 2015	09	AAO-HNS	Deleted frc	090-Day GI	April 2014						FALSE	TRUE	CPT code 3	October 2015	13	Deleted from	TRUE	Deleted from CPT	
31584	Laryngoplasty; witl	Laryngoplasty	January 2016	09	AAO-HNS	20.00	090-Day GI	April 2014 090	17.58	22.30		2.57	12	FALSE	TRUE	CPT code 3	October 2015	13	Complete	TRUE	Decrease	
31587	Laryngoplasty, cric	Laryngoplasty	January 2016	09	AAO-HNS	15.27	090-Day GI	April 2014 090	15.27	18.89		2.22	6	FALSE	TRUE	CPT code 3	October 2015	13	Complete	TRUE	Decrease	
31588	Laryngoplasty, not	Laryngoplasty	January 2016	09	AAO-HNS	Deleted frc	090-Day GI	January 2014						FALSE	TRUE	CPT code 3	October 2015	13	Deleted from	TRUE	Deleted from CPT	
31591	Laryngoplasty, me	Laryngoplasty	January 2016	09	AAOHNS	15.60	090-Day GI	October 20090	13.56	17.63		0.02	1038	FALSE	FALSE	TRUE	October 2015	13	Complete	TRUE	Decrease	
31592	Cricotracheal resec	Laryngoplasty	January 2016	09	AAOHNS	25.00	090-Day GI	October 20090	25	23.44		3.64	32	FALSE	FALSE	TRUE	October 2015	13	Complete	TRUE	Decrease	
31600	Tracheostomy, pla	Tracheostomy	April 2016	21	AAOHNS	5.56	CMS High E	July 2015 000	5.56	2.43		1.08	19723	FALSE	FALSE	TRUE			TRUE	Increase		
31601	Tracheostomy, pla	Tracheostomy	April 2016	21	AAOHNS	8.00	CMS High E	July 2015 000	8	4.23		1.18	5	FALSE	FALSE	TRUE			TRUE	Increase		
31603	Tracheostomy, em	Tracheostomy	April 2016	21	AAOHNS	6.00	CMS High E	July 2015 000	6	2.39		1.12	587	FALSE	FALSE	TRUE			TRUE	Increase		
31605	Tracheostomy, em	Tracheostomy	April 2016	21	AAOHNS	6.45	CMS High E	July 2015 000	6.45	2.08		1.26	224	FALSE	FALSE	TRUE			TRUE	Increase		
31610	Tracheostomy, fen	Tracheostomy	October 2016	15	RUC	AAOHNS, ACS	12.00	CMS High E	July 2015 090	12	14.97		1.84	1072	FALSE	FALSE	TRUE			TRUE	Increase	
31611	Construction of tra	Speech Prosthesis	February 2008	5	AAO-HNS	Reduce 99:	Site of Serv	September 090	6	9.31		0.9	618	FALSE	FALSE	TRUE			TRUE	PE Only		
31620	Endobronchial ultr	Endobronchial Ultra	January 2015	05	ACCP, ATS	Deleted frc	High Volun	April 2013						FALSE	TRUE	In January	October 2014	10	Complete	TRUE	Deleted from CPT	
31622	Bronchoscopy, rigi	Bronchial Aspiration	January 2015	05	ACCP, ATS	2.78	High Volun	April 2013 000	2.53	1.06	4.64	0.31	34089	FALSE	FALSE	TRUE	October 2014	10	Complete	TRUE	Maintain	
31623	Bronchoscopy, rigi	Diagnostic Bronchos	October 2017	09	ATS, CHEST	2.63	High Volun	October 20000	2.63	1.01	5.35	0.23	17295	FALSE	FALSE	TRUE			TRUE	Maintain		
31624	Bronchoscopy, rigi	Diagnostic Bronchos	October 2017	09	ATS, CHEST	2.63	High Volun	October 20000	2.63	1.05	4.77	0.24	95863	FALSE	FALSE	TRUE			TRUE	Maintain		
31625	Bronchoscopy, rigi	Endobronchial Ultra	January 2015	05	ATS, CHEST	3.36	High Volun	April 2013 000	3.11	1.17	7.02	0.3	13281	FALSE	FALSE	TRUE	October 2014	10	Complete	TRUE	Maintain	
31626	Bronchoscopy, rigi	Endobronchial Ultra	January 2015	05	ACCP, ATS	4.16	High Volun	April 2013 000	3.91	1.41	19.07	0.46	2253	FALSE	FALSE	TRUE	October 2014	10	Complete	TRUE	Maintain	
31628	Bronchoscopy, rigi	Endobronchial Ultra	January 2015	05	ACCP, ATS	3.80	High Volun	April 2013 000	3.55	1.29	7.25	0.31	29879	FALSE	FALSE	TRUE	October 2014	10	Complete	TRUE	Maintain	
31629	Bronchoscopy, rigi	Endobronchial Ultra	January 2015	05	ACCP, ATS	4.00	High Volun	April 2013 000	3.75	1.36	9.41	0.36	17310	FALSE	FALSE	TRUE	October 2014	10	Complete	TRUE	Decrease	
31632	Bronchoscopy, rigi	Endobronchial Ultra	January 2015	05	ACCP, ATS	1.03	High Volun	April 2013 ZZZ	1.03	0.31	0.81	0.09	4114	FALSE	FALSE	TRUE			TRUE	Maintain		
31633	Bronchoscopy, rigi	Endobronchial Ultra	January 2015	05	ACCP, ATS	1.32	High Volun	April 2013 ZZZ	1.32	0.39	0.95	0.13	1283	FALSE	FALSE	TRUE			TRUE	Maintain		
31645	Bronchoscopy, rigi	Bronchial Aspiration	October 2016	08	RUC	ATS, CHEST	2.88	Harvard Va	October 20000	2.88	1.15	5.04	0.29	33070	FALSE	FALSE	TRUE	May 2016	14	Complete	TRUE	Decrease
31646	Bronchoscopy, rigi	Bronchial Aspiration	October 2016	08	RUC	ATS, CHEST	2.78	Harvard Va	October 20000	2.78	1.12		0.27	3888	FALSE	FALSE	TRUE	May 2016	14	Complete	TRUE	Increase
31652	Bronchoscopy, rigi	Endobronchial Ultra	January 2015	05	ATS, ACCP	5.00	High Volun	October 20000	4.46	1.57	32.22	0.42	23278	FALSE	FALSE	TRUE	October 2014	10	Complete	TRUE	Decrease	
31653	Bronchoscopy, rigi	Endobronchial Ultra	January 2015	05	ATS, ACCP	5.50	High Volun	October 20000	4.96	1.71	33.07	0.48	15529	FALSE	FALSE	TRUE	October 2014	10	Complete	TRUE	Decrease	
31654	Bronchoscopy, rigi	Bronchial Aspiration	January 2015	05	ATS, ACCP	1.70	High Volun	October 20ZZZ	1.4	0.43	2.07	0.13	13207	FALSE	FALSE	TRUE	October 2014	10	Complete	TRUE	Decrease	
32201	Pneumostomy; Drainage of Abscess		January 2013	04		Deleted frc	Codes Rep	January 2012						FALSE	FALSE	TRUE	October 2012	06	Complete	TRUE	Deleted from CPT	
32405	Biopsy, lung or me	Lung Biopsy-CT Guic	April 2019	05	ACR, SIR	Deleted frc	Codes Rep	October 2017						FALSE	TRUE	In October	February 2019	11	complete	TRUE	Deleted from CPT	
32408	Core needle biopsy	Lung Biopsy-CT Guic	April 2019	05	ACR, SIR	4.00	Codes Rep	April 2019 000	3.18	0.96	21.68	0.32	54771	FALSE	FALSE	TRUE			TRUE	Increase		
32420	Pneumocentesis, p	Thoracentesis with	September 2011	17	ACCP, ACR, AT	Deleted frc	Harvard Va	September 2011						FALSE	TRUE	In Septem	February 2012	10	Complete	TRUE	Deleted from CPT	
32421	Thoracentesis, pun	Thoracentesis with	September 2011	17	ACCP, ACR, AT	Deleted frc	Harvard Va	September 2011						FALSE	TRUE	In Septem	February 2012	10	Complete	TRUE	Deleted from CPT	
32422	Thoracentesis with	Thoracentesis with	September 2011	17	ACCP, ACR, AT	Deleted frc	Harvard Va	April 2011						FALSE	TRUE	In Septem	February 2012	10	Complete	TRUE	Deleted from CPT	
32440	Removal of lung, p	RAW Review	January 2013	34	ACCP, ATS, AC	No reliable	CMS Requ	November 090	27.28	12.42		6.7	132	FALSE	FALSE	TRUE			TRUE	Remove from Screen		
32480	Removal of lung, o	RAW Review	January 2013	34	ACCP, ATS, AC	No reliable	CMS Requ	November 090	25.82	11.65		6.27	2488	FALSE	FALSE	TRUE			TRUE	Remove from Screen		
32482	Removal of lung, o	RAW Review	January 2013	34	ACCP, ATS, AC	No reliable	CMS Requ	November 090	27.44	12.62		6.69	153	FALSE	FALSE	TRUE			TRUE	Remove from Screen		
32491	Removal of lung, o	RAW Review	January 2012	30	ACCP, ATS, AC	Request fu	CMS Requ	November 090	25.24	12.16		6.23	9	FALSE	FALSE	TRUE			TRUE	Remove from Screen		
32551	Tube thoracostom	Chest Tube Thoraco	April 2012	10	ACCP, ATS, AC	3.50	Harvard Va	April 2011 000	3.04	1.02		0.53	29955	FALSE	TRUE	In Septem	February 2012	09	Complete	TRUE	Increase	
32554	Thoracentesis, nee	Chest Tube Interven	October 2012	04	ACCP, ACR, AT	1.82	Harvard Va	October 20000	1.82	0.58	4.98	0.21	9826	FALSE	FALSE	TRUE	February 2012	10	Complete	TRUE	Decrease	
32555	Thoracentesis, nee	Chest Tube Interven	October 2012	04	ACCP, ACR, AT	2.27	Harvard Va	October 20000	2.27	0.71	6.86	0.22	207717	FALSE	FALSE	TRUE	February 2012	10	Complete	TRUE	Decrease	
32556	Pleural drainage, p	Chest Tube Interven	October 2012	04	ACCP, ACR, AT	2.50	Harvard Va	October														

33025	Creation of new Pericardiotomy	April 2018	10	AATS, STS	13.20	Negative I\	April 2017 090	13.2	6.44	3.17	3426	FALSE	TRUE	In April 201	May 2018	EC	Yes	TRUE	Decrease
33207	Insertion of new or Pacemaker or Pacin	April 2011	10	ACC	8.05	Codes Rep	February 2 090	7.8	4.52	1.77	9237	FALSE	TRUE	33213 - Thi	February 2011	13	Complete	TRUE	Maintain
33208	Insertion of new or Pacemaker or Pacin	April 2011	10	ACC	8.77	Codes Rep	February 2 090	8.52	4.80	1.93	89069	FALSE	TRUE	33213 - Thi	February 2011	13	Complete	TRUE	Maintain
33212	Insertion of pacem Pacemaker or Pacin	September 2011	04	ACC	5.26	Codes Rep	February 2 090	5.01	3.39	1.15	210	FALSE	TRUE	33213 - Thi	February 2011	13	Complete	TRUE	Decrease
33213	Insertion of pacem Pacemaker or Pacin	September 2011	04	ACC	5.53	CMS Fast	October 20090	5.28	3.51	1.21	879	FALSE	TRUE	33213 - Thi	February 2011	13	Complete	TRUE	Decrease
33221	Insertion of pacem Pacemaker or Pacin	September 2011	04	ACC	5.80	Codes Rep	April 2011 090	5.55	3.76	1.25	218	FALSE	FALSE	February 2011	13			TRUE	Decrease
33227	Removal of perma Pacemaker or Pacin	September 2011	04	ACC	5.50	Codes Rep	April 2011 090	5.25	3.57	1.21	2450	FALSE	FALSE	February 2011	13			TRUE	Decrease
33228	Removal of perma Pacemaker or Pacin	September 2011	04	ACC	5.77	Codes Rep	April 2011 090	5.52	3.69	1.26	31716	FALSE	FALSE	February 2011	13			TRUE	Decrease
33229	Removal of perma Pacemaker or Pacin	September 2011	04	ACC	6.04	Codes Rep	April 2011 090	5.79	3.90	1.32	6071	FALSE	FALSE	February 2011	13			TRUE	Decrease
33230	Insertion of implan Pacemaker or Pacin	September 2011	04	ACC	6.32	Codes Rep	April 2011 090	6.07	3.58	1.4	66	FALSE	FALSE	February 2011	13			TRUE	Decrease
33231	Insertion of implan Pacemaker or Pacin	September 2011	04	ACC	6.59	Codes Rep	April 2011 090	6.34	4.07	1.43	105	FALSE	FALSE	February 2011	13			TRUE	Decrease
33233	Removal of perma Pacemaker or Pacin	April 2011	10	ACC	3.39	Codes Rep	February 2 090	3.14	3.06	0.72	7278	FALSE	TRUE	33213 - Thi	February 2011	13	Complete	TRUE	Maintain
33240	Insertion of implan Pacemaker or Pacin	September 2011	04	ACC	6.06	Codes Rep	February 2 090	5.8	3.75	1.33	87	FALSE	TRUE	33213 - Thi	February 2011	13	Complete	TRUE	Decrease
33241	Removal of implan Pacemaker or Pacin	April 2011	10	ACC	3.29	Codes Rep	February 2 090	3.04	2.63	0.7	4615	FALSE	TRUE	33213 - Thi	February 2011	13	Complete	TRUE	Maintain
33249	Insertion or replac Pacemaker or Pacin	April 2011	10	ACC	15.17	Codes Rep	February 2 090	14.92	8.53	3.4	30061	FALSE	TRUE	33213 - Thi	February 2011	13	Complete	TRUE	Maintain
33262	Removal of implan Pacemaker or Pacin	September 2011	04	ACC	6.06	Codes Rep	April 2011 090	5.81	3.86	1.32	2428	FALSE	FALSE	February 2011	13			TRUE	Decrease
33263	Removal of implan Pacemaker or Pacin	September 2011	04	ACC	6.33	Codes Rep	April 2011 090	6.08	3.95	1.39	5122	FALSE	FALSE	February 2011	13			TRUE	Decrease
33264	Removal of implan Pacemaker or Pacin	September 2011	04	ACC	6.60	Codes Rep	April 2011 090	6.35	4.10	1.46	12489	FALSE	FALSE	February 2011	13			TRUE	Decrease
33274	Transcatheter inse Transcatheter Inse	September 2023	12	September 2 RAW	ACC, HRS	Maintain a Site of Serv	April 2023 090	7.8	4.51	1.77	12586	FALSE	FALSE					FALSE	Decrease
33275	Transcatheter rem Transcatheter Inse	September 2023	12	September 2 RAW	ACC, HRS	Maintain a Site of Serv	September 090	8.59	4.30	1.99	42	FALSE	FALSE					FALSE	Decrease
33276	Insertion of phreni Phrenic Nerve Stim	January 2023	06	April 2028 RAW		Review act Low Surve	January 20 090	9.5	5.39	2.16		FALSE	FALSE					FALSE	Decrease
33277	Insertion of phreni Phrenic Nerve Stim	January 2023	06	April 2028 RAW		Review act Low Surve	January 20 ZZZ	5.43	2.24	1.25		FALSE	FALSE					FALSE	Decrease
33278	Removal of phreni Phrenic Nerve Stim	January 2023	06	April 2028 RAW		Review act Low Surve	January 20 090	9.55	5.21	2.21		FALSE	FALSE					FALSE	Decrease
33279	Removal of phreni Phrenic Nerve Stim	January 2023	06	April 2028 RAW		Review act Low Surve	January 20 090	5.42	3.59	1.25		FALSE	FALSE					FALSE	Decrease
33280	Removal of phreni Phrenic Nerve Stim	January 2023	06	April 2028 RAW		Review act Low Surve	January 20 090	3.04	2.82	0.31		FALSE	FALSE					FALSE	Decrease
33281	Repositioning of pl Phrenic Nerve Stim	January 2023	06	April 2028 RAW		Review act Low Surve	January 20 090	6	3.71	1.38		FALSE	FALSE					FALSE	Decrease
33282	Implantation of pa Implantation and Re	April 2013	20			3.50	CMS Requ	October 2012				FALSE	FALSE	February 2017	12		yes	TRUE	Deleted from CPT
33284	Removal of an imp Implantation and Re	April 2013	20			3.00	CMS Requ	October 2012				FALSE	FALSE	February 2017	12		yes	TRUE	Deleted from CPT
33287	Removal and repla Phrenic Nerve Stim	January 2023	06	April 2028 RAW		Review act Low Surve	January 20 090	6.05	4.00	1.39		FALSE	FALSE					FALSE	Decrease
33288	Removal and repla Phrenic Nerve Stim	January 2023	06	April 2028 RAW		Review act Low Surve	January 20 090	8.51	4.61	1.96		FALSE	FALSE					FALSE	Decrease
33405	Replacement, aorti Valve Replacement	April 2012	40	STS	41.32	CMS High E	September 090	41.32	15.52	9.92	11794	FALSE	FALSE					TRUE	Maintain
33430	Replacement, mitr Valve Replacement	April 2012	40	STS	50.93	High IWPU	February 2 090	50.93	19.24	12.2	6190	FALSE	FALSE					TRUE	Maintain
33533	Coronary artery by Valve Replacement	April 2012	40	STS	34.98	CMS High E	September 090	33.75	13.24	8.1	44477	FALSE	FALSE					TRUE	Increase
33620	Application of right New Technology Re	January 2019	37	STS		CPT Article New Techr	January 20 090	30	11.11	7.43	64	TRUE	July 2016 Yes	FALSE				TRUE	Maintain
33621	Transthoracic inser New Technology Re	January 2019	37	STS		CPT Article New Techr	January 20 090	16.18	7.31	3.99		TRUE	July 2016 Yes	FALSE				TRUE	Maintain
33622	Reconstruction of r New Technology Re	January 2019	37	STS		CPT Article New Techr	January 20 090	64	20.85	15.85	2	TRUE	July 2016 Yes	FALSE				TRUE	Maintain
33741	Transcatheter atri Atrial Septostomy	January 2020	13		14.00	CMS Requ	September 000	14	4.76	3.23	72	FALSE	FALSE	September 2011	16		yes	TRUE	Maintain
33745	Transcatheter intr Atrial Septostomy	January 2020	13		20.00	CMS Requ	September 000	20	6.81	4.61	8	FALSE	FALSE	September 2011	16		yes	TRUE	Maintain
33746	Transcatheter intr Atrial Septostomy	January 2020	13		10.50	CMS Requ	September ZZZ	8	2.72	1.84		FALSE	FALSE	September 2011	16		yes	TRUE	Maintain
33863	Ascending aorta gr Aortic Graft	February 2008	5	STS, AATS		Remove fr	High IWPU February 2 090	58.79	19.32	14.07	1873	FALSE	FALSE					TRUE	Remove from Screen
33945	Heart transplant, v ECMO-ECLS	April 2014	11	STS, AAP, ACC	16.00	CMS Requ	November 090	89.5	31.71	21.52	702	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33946	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	6.00	CMS Requ	November XXX	6	1.78	1.29	418	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33947	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	6.63	CMS Requ	November XXX	6.63	1.97	1.44	1309	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33948	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	4.73	CMS Requ	November XXX	4.73	1.44	0.8	4715	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33949	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	4.60	CMS Requ	November XXX	4.6	1.40	0.81	5755	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33951	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	8.15	CMS Requ	November 000	8.15	2.29	1.87		FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33952	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	8.43	CMS Requ	November 000	8.15	2.51	1.84	1293	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33953	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	9.83	CMS Requ	November 000	9.11	2.54	2.1		FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33954	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	9.43	CMS Requ	November 000	9.11	2.64	2.17	240	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33956	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	16.00	CMS Requ	November 000	16	4.59	3.87	381	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33957	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	4.00	CMS Requ	November 000	3.51	1.05	0.8		FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33958	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	4.05	CMS Requ	November 000	3.51	1.05	0.8	63	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33959	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	4.69	CMS Requ	November 000	4.47	1.31	1.05		FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33960	Prolonged extracor ECMO-ECLS	April 2014	11	STS, AAP, ACC	Deleted fr	CMS Requ	July 2013					FALSE	TRUE	October 20	February 2014	23	Complete	TRUE	Deleted from CPT
33961	Prolonged extracor ECMO-ECLS	April 2014	11	STS, AAP, ACC	Deleted fr	CMS Requ	July 2013					FALSE	TRUE	October 20	February 2014	23	Complete	TRUE	Deleted from CPT
33962	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	4.73	CMS Requ	November 000	4.47	1.31	1.05	18	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33963	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	9.00	CMS Requ	November 000	9	2.51	2.08		FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33964	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	9.50	CMS Requ	November 000	9.5	2.65	2.2	17	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33965	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	3.51	CMS Requ	November 000	3.51	1.05	0.8		FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33966	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	4.50	CMS Requ	November 000	4.5	1.40	1.04	422	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33969	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	6.00	CMS Requ	November 000	5.22	1.50	1.21	1	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33984	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	6.38	CMS Requ	November 000	5.46	1.53	1.31	423	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33985	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	9.89	CMS Requ	November 000	9.89	2.75	2.28		FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33986	Extracorporeal me: ECMO-ECLS	April 2014	11	STS, AAP, ACC	10.00	CMS Requ	November 000	10	2.92	2.4	200	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33987	Arterial exposure v ECMO-ECLS	April 2014	11	STS, AAP, ACC	4.08	CMS Requ	November ZZZ	4.04	1.08	0.94	38	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33988	Insertion of left he: ECMO-ECLS	April 2014	11	STS, AAP, ACC	15.00	CMS Requ	November 000	15	4.11	3.47	23	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
33989	Removal of left he: ECMO-ECLS	April 2014	11	STS, AAP, ACC	9.50	CMS Requ	November 000	9.5	2.65	2.2	6	FALSE	FALSE	February 2014	23	Complete	TRUE	TRUE	Maintain
34701	Endovascular repai Endovascular Repair	January 2017	10	SVS, SIR, STS, /	23.71	Codes Rep	January 20 090	23.71	6.68	5.72	597	FALSE	FALSE					TRUE	Decrease
34702	Endovascular repai Endovascular Repair	January 2017	10	SVS, SIR, STS, /	36.00	Codes Rep	January 20 090	36	9.08	8.85	79	FALSE	FALSE					TRUE	Decrease
34703	Endovascular repai Endovascular Repair	January 2017	10	SVS, SIR, STS, /	26.52	Codes Rep	January 20 090	26.52	7.16	6.43	585	FALSE	FALSE					TRUE	Decrease
34704	Endovascular repai Endovascular Repair	January 2017	10	SVS, SIR, STS, /	45.00	Codes Rep	January 20 090	45	10.97	10.89	89	FALSE	FALSE					TRUE	Decrease
34705	Endovascular repai Endovascular Repair	January 2017	10	SVS, SIR, STS, /	29.58	Codes Rep	January 20 090	29.58	7.85	7.17	9807	FALSE	FALSE					TRUE	Decrease
34706	Endovascular repai Endovascular Repair	January 2017	10	SVS, SIR, STS, /	45.00	Codes Rep	January 20 090	45	10.51	10.96	571	FALSE	FALSE					TRUE	Decrease
34707	Endovascular repai Endovascular Repair	January 2017	10	SVS, SIR, STS, /															



34714	Open femoral arte	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	5.25	Codes Rep	January 20 ZZZ	5.25	1.35	1.27	412	FALSE	FALSE	TRUE	Decrease					
34715	Open axillary/subc	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	6.00	Codes Rep	January 20 ZZZ	6	1.22	1.49	178	FALSE	FALSE	TRUE	Decrease					
34716	Open axillary/subc	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	7.19	Codes Rep	January 20 ZZZ	7.19	1.96	1.72	1381	FALSE	FALSE	TRUE	Decrease					
34800	Endovascular repai	Endovascular Repair	January 2017	10		AAOHNS Deleted frc		Codes Rep	October 2015					FALSE	FALSE	TRUE	Deleted from CPT					
34802	Endovascular repai	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	Deleted frc	Pre-Time A	January 2014					FALSE	TRUE	Referred to	September 2016	yes	TRUE	Deleted from CPT		
34803	Endovascular repai	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	Deleted frc	Codes Rep	October 2015					FALSE	FALSE	TRUE	Deleted from CPT					
34804	Endovascular repai	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	Deleted frc	Codes Rep	October 2015					FALSE	FALSE	TRUE	Deleted from CPT					
34805	Endovascular repai	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	Deleted frc	Codes Rep	January 2017					FALSE	FALSE	TRUE	Deleted from CPT					
34806	Transcatheter plac	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	Deleted frc	Codes Rep	January 2017					FALSE	FALSE	TRUE	Deleted from CPT					
34812	Open femoral arte	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	4.13	Pre-Time A	January 20 ZZZ	4.13	0.85	1.03	4768	FALSE	TRUE	Referred to	September 2016	27	yes	TRUE	Decrease	
34820	Open iliac artery e	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	7.00	Codes Rep	January 20 ZZZ	7	1.09	1.73	40	FALSE	FALSE	TRUE	Decrease					
34825	Placement of proxi	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	Deleted frc	Pre-Time A	January 2014					FALSE	TRUE	Referred to	September 2016	27	yes	TRUE	Deleted from CPT	
34826	Placement of proxi	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	Deleted frc	Codes Rep	January 2017					FALSE	FALSE	TRUE	Deleted from CPT					
34833	Open iliac artery e	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	8.16	Codes Rep	January 20 ZZZ	8.16	1.27	2.03	16	FALSE	FALSE	TRUE	Decrease					
34834	Open brachial arte	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	2.65	Codes Rep	January 20 ZZZ	2.65	0.46	0.66	341	FALSE	FALSE	TRUE	Decrease					
34900	Endovascular repai	Endovascular Repair	January 2017	10		SVS, SIR, STS, /	Deleted frc	Codes Rep	January 2017					FALSE	FALSE	TRUE	Deleted from CPT					
35301	Thromboendartere	Thromboendartere	January 2013	21		SVS	21.16	CMS High E	September 090	21.16	6.59	5.35	23542	FALSE	FALSE	TRUE	Increase					
35450	Transluminal ballo	Open and Percutan	January 2016	15	RUC	ACR, SIR, SVS	Deleted frc	Codes Rep	October 2015					FALSE	FALSE	TRUE	Deleted from CPT					
35452	Transluminal ballo	Open and Percutan	January 2016	15	RUC	ACR, SIR, SVS	Deleted frc	Codes Rep	October 2015					FALSE	FALSE	TRUE	Deleted from CPT					
35454	Deleted from CPT	Endovascular Revas	April 2010	07		ACC, ACR, SIR,	Deleted frc	CMS Faste	February 2010					FALSE	FALSE	February 2010	07		TRUE	Deleted from CPT		
35456	Deleted from CPT	Endovascular Revas	April 2010	07		ACC, ACR, SIR,	Deleted frc	CMS Faste	February 2010					FALSE	FALSE	February 2010	07		TRUE	Deleted from CPT		
35458	Transluminal ballo	Open and Percutan	January 2016	15	RUC	ACR, SIR, SVS	Deleted frc	Codes Rep	October 2015					FALSE	FALSE	TRUE	Deleted from CPT					
35459	Deleted from CPT	Endovascular Revas	April 2010	07		ACC, ACR, SIR,	Deleted frc	CMS Faste	February 2010					FALSE	FALSE	February 2010	07		TRUE	Deleted from CPT		
35460	Transluminal ballo	Open and Percutan	January 2016	15	RUC	ACR, SIR, SVS	Deleted frc	Codes Rep	October 2015					FALSE	FALSE	TRUE	Deleted from CPT					
35470	Deleted from CPT	Endovascular Revas	April 2010	07		ACC, ACR, SIR,	Deleted frc	CMS Faste	October 2008					FALSE	TRUE	The code is	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT	
35471	Transluminal ballo	Open and Percutan	January 2016	15	RUC	ACR, SIR, SVS	Deleted frc	CMS Faste	October 2009					FALSE	TRUE	In January	October 2015		Deleted from	TRUE	Deleted from CPT	
35472	Transluminal ballo	Open and Percutan	January 2016	15	RUC	ACR, SIR, SVS	Deleted frc	CMS Faste	October 2009					FALSE	TRUE	The code is	Removed from CPT referral	Complete	TRUE	Deleted from CPT		
35473	Deleted from CPT	Endovascular Revas	April 2010	07		ACC, ACR, SIR,	Deleted frc	CMS Faste	February 2010					FALSE	TRUE	The code is	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT	
35474	Deleted from CPT	Endovascular Revas	April 2010	07		ACC, ACR, SIR,	Deleted frc	CMS Faste	October 2008					FALSE	TRUE	The code is	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT	
35475	Transluminal ballo	Open and Percutan	January 2016	15		ACR, SIR, SVS	Deleted frc	CMS Faste	September 2011					FALSE	TRUE	In January	October 2015		Deleted from	TRUE	Deleted from CPT	
35476	Transluminal ballo	Open and Percutan	January 2016	15	RUC	ACR, SIR, SVS	Deleted frc	CMS Faste	September 2011					FALSE	TRUE	In January	October 2015		Deleted from	TRUE	Deleted from CPT	
35490	Deleted from CPT	Endovascular Revas	April 2010	07		SIR, ACR, SVS	Deleted frc	High Volun	April 2008					FALSE	TRUE	The RUC re	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT	
35491	Deleted from CPT	Endovascular Revas	April 2010	07		SIR, ACR, SVS	Deleted frc	High Volun	April 2008					FALSE	TRUE	The RUC re	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT	
35492	Deleted from CPT	Endovascular Revas	April 2010	07		SIR, ACR, SVS	Deleted frc	High Volun	April 2008					FALSE	TRUE	The RUC re	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT	
35493	Deleted from CPT	Endovascular Revas	April 2010	07		SIR, ACR, SVS	Deleted frc	High Volun	February 2008					FALSE	TRUE	The RUC re	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT	
35494	Deleted from CPT	Endovascular Revas	April 2010	07		SIR, ACR, SVS	Deleted frc	High Volun	April 2008					FALSE	TRUE	The RUC re	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT	
35495	Deleted from CPT	Endovascular Revas	April 2010	07		SIR, ACR, SVS	Deleted frc	High Volun	February 2008					FALSE	TRUE	The RUC re	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT	
35701	Exploration not foll	Exploration of Arter	January 2019	06		ACS, SVS	7.50	Negative IV	January 20 090	7.5	4.22	1.29	664	FALSE	TRUE	The RUC id	September 2011	17	Complete	TRUE	Decrease	
35702	Exploration not foll	Exploration of Arter	January 2019	06			7.12	Negative IV	September 090	7.12	3.31	1.67	354	FALSE	FALSE	September 2011	17	Complete	TRUE	Decrease		
35703	Exploration not foll	Exploration of Arter	January 2019	06			7.50	Negative IV	September 090	7.5	2.95	1.79	531	FALSE	FALSE	September 2011	17	Complete	TRUE	Decrease		
35721	Exploration (not fo	Exploration of Arter	January 2019	06		ACS, SVS	Deleted frc	Negative IV	January 2018					FALSE	TRUE	The RUC id	September 2011	17	Complete	TRUE	Deleted from CPT	
35741	Exploration (not fo	Exploration of Arter	January 2019	06		ACS, SVS	Deleted frc	Negative IV	January 2018					FALSE	TRUE	The RUC id	September 2011	17	Complete	TRUE	Deleted from CPT	
35761	Exploration (not fo	Exploration of Arter	January 2019	06		ACS, SVS	Deleted frc	Negative IV	April 2017					FALSE	TRUE	The RUC id	September 2011	17	Complete	TRUE	Deleted from CPT	
36000	Introduction of nee	Introduction of Nee	April 2010	45		ACC, AUR, AAF	CMS consic	Harvard Va	October 20 XXX	0.18	0.07	0.73	0.02	FALSE	TRUE	The specialty societies indicated they c	Complete	TRUE	Maintain			
36010	Introduction of cat	Introduction of Cath	October 2013	18		ACR, SIR, SVS	Remove frc	Codes Rep	February 2 XXX	2.18	0.59	13.32	0.4	11484	FALSE	FALSE	February 2011	15		TRUE	Remove from Screen	
36140	Introduction of nee	Introduction of Nee	October 2013	18		SVS, SIR, ACR,	Remove frc	Harvard Va	April 2011 XXX	1.76	0.48	12.97	0.36	15613	FALSE	FALSE				TRUE	Remove from Screen	
36145	Deleted from CPT	Arteriovenous Shun	April 2009	9			Deleted frc	Codes Rep	February 2008					FALSE	TRUE	Referred to	February 2009	31	Code Delete	TRUE	Deleted from CPT	
36147	Introduction of nee	Dialysis Circuit -1	January 2016	14		ACR, RPA, SIR,	Deleted frc	Codes Rep	February 2008					FALSE	FALSE	October 2008	27	Complete	TRUE	Deleted from CPT		
36148	Introduction of nee	Dialysis Circuit -1	January 2016	14		ACR, RPA, SIR,	Deleted frc	Codes Rep	February 2008					FALSE	FALSE	October 2008	27	Complete	TRUE	Deleted from CPT		
36215	Selective catheter	Selective Catheter P	April 2016	23		ACR, RPA, SIR,	4.17	Codes Rep	February 2 000	4.17	1.44	25.76	0.6	29794	FALSE	TRUE	The Workgroup recommends the spec	Complete	TRUE	Decrease		
36216	Selective catheter	Selective Catheter P	April 2016	23		ACR, SIR, SVS	5.27	Codes Rep	February 2 000	5.27	1.61	25.1	1.09	3179	FALSE	TRUE	The Workgroup recommends the spec	Complete	TRUE	Maintain		
36217	Selective catheter	Selective Catheter P	April 2016	23		ACR, SIR, SVS	6.29	Harvard Va	April 2011 000	6.29	2.03	45.72	1.46	3484	FALSE	TRUE	In September 2011, the specialty socie	Complete	TRUE	Maintain		
36218	Selective catheter	Selective Catheter P	April 2016	23		ACR, SIR, SVS	1.01	CMS High E	July 2015 ZZZ	1.01	0.32	5	0.21	1782	FALSE	FALSE				TRUE	Maintain	
36221	Non-selective cath	Cervicocerebral Ang	April 2012	14		AAN, AANS, Ai	4.51	Codes Rep	February 2 000	3.92	1.05	24.32	0.88	1228	FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Decrease
36222	Selective catheter	Cervicocerebral Ang	April 2012	14		AAN, AANS, Ai	6.00	Codes Rep	February 2 000	5.28	1.84	29.94	1.3	5149	FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Decrease
36223	Selective catheter	Cervicocerebral Ang	October 2020	24		AAN, AANS, Ai	6.50	Codes Rep	February 2 000	5.75	2.34	42.25	1.64	25259	FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Decrease
36224	Selective catheter	Cervicocerebral Ang	October 2020	24		AAN, AANS, Ai	7.55	Codes Rep	February 2 000	6.25	2.77	53.13	1.91	33266	FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Decrease
36225	Selective catheter	Cervicocerebral Ang	April 2012	14		AAN, AANS, Ai	6.50	Codes Rep	February 2 000	5.75	2.27	39.76	1.63	9323	FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Decrease
36226	Selective catheter	Cervicocerebral Ang	April 2012	14		AAN, AANS, Ai	7.55	Codes Rep	February 2 000	6.25	2.73	51.59	1.88	28071	FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Decrease
36227	Selective catheter	Cervicocerebral Ang	April 2012	14		AAN, AANS, Ai	2.32	Codes Rep	February 2 ZZZ	2.09	0.86	4.56	0.63	15940	FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Decrease
36228	Selective catheter	Cervicocerebral Ang	April 2012	14		AAN, AANS, Ai	4.25	Codes Rep	February 2 ZZZ	4.25	1.77	32.91	1.36	1884	FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Decrease
36245	Selective catheter	Selective Catheter P	January 2013	22		ACC, ACR, SIR,	4.90	Harvard Va	October 20 XXX	4.65	1.40	31.02	0.83	30297	FALSE	TRUE	An extensio	February 2010	07 & 06	New code st	TRUE	Decrease
36246	Selective catheter	Vascular Injection P	October 2012	27		SVS, SIR, ACR,	5.27	Harvard Va	February 2 000	5.02	1.32	18.52	1.04	26912	FALSE	FALSE				TRUE	Maintain	
36247	Selective catheter	Vascular Injection P	October 2012	27		SVS, SIR, ACR,	7.00	Harvard Va	February 2 000	6.04	1.62	34.69	1.03	60850	FALSE	FALSE				TRUE	Increase	
36248	Selective catheter	Catheter Placement	October 2009	40		ACR, SIR	Remove frc	CMS Faste	October 20 ZZZ	1.01	0.27	2.3	0.12	29154	FALSE	TRUE	The code is	February 2010	07	New code st	TRUE	Remove from Screen
36251	Selective catheter	Renal Angiography	April 2011	11		ACR, SIR	5.45	Codes Rep	February 2 000	5.1	1.44	31.81	0.92	2594	FALSE	FALSE				TRUE	Decrease	
36252	Selective catheter	Renal Angiography	April 2011	11		ACR, SIR	7.38	Codes Rep	February 2 000	6.74	2.20	32.81	1.49	4570	FALSE	FALSE				TRUE	Decrease	
36253	Superselective cat	Renal Angiography	April 2011	11		ACR, SIR	7.55	Codes Rep	February 2 000	7.3	2.11	50.84	0.88	1700	FALSE	FALSE				TRUE	Decrease	
36254	Superselective cat	Renal Angiography	April 2011	11		ACR, SIR	8.15	Codes Rep	February 2 000	7.9	2.54	48.56	1.72	204	FALSE	FALSE				TRUE	Decrease	
36410	Venipuncture, age	Venipuncture	April 2010	36		ACP	0.18	Harvard Va	October 20 XXX	0.18	0.07	0.33	0.02	134762	FALSE	FALSE				TRUE	Maintain	
36475	Endovenous ablati	Endovenous Ablatio	April 2014	38		ACC, ACR, ACS	5.30	High Volun	April 2013 000	5.3	1.70	25.26	1.15	83381	FALSE	FALSE				TRUE	Decrease	
36476	Endovenous ablati	Endovenous Ablatio	April 2014	38		ACC, ACR, ACS	2.65	High Volun	October 20 ZZZ	2.65	0.69	5.14	0.56	5091	FALSE	FALSE				TRUE	Decrease	
36478	Endovenous ablati	Endovenous Ablatio	April 2014	38		ACC, ACR, ACS	5.30	High Volun	April 2013 000	5.3	1.76	22.57	1.09	32008	FALSE	FALSE				TRUE	Decrease	
36479																						

36516	Therapeutic apher	Therapeutic Aphere	January 2024	11		AAFP, ASCO, APE Only. 1. CMS Faste	October 2000	1.56	0.67	51.39	0.31	1105	TRUE	Sep 2009	Yes	TRUE	CPT code 3	September 2014	30	yes	TRUE	Increase
36522	Photopheresis, ext	Therapeutic Aphere	January 2024	11		AAFP, ASCO, APE Only. 1. CMS Reque	January 20 000	1.75	0.95	38.04	0.12	6661	TRUE	May 2018	yes	FALSE		September 2014	30	yes	TRUE	Increase
36555	Insertion of non-tu	Insertion of Cathete	October 2016	16	RUC	ACR, ASA	1.93 CMS High E	1.93	0.39	3.51	0.16	24	FALSE			FALSE					TRUE	Decrease
36556	Insertion of non-tu	Insertion of Cathete	October 2016	16	RUC	ACR, ASA	1.75 CMS High E	1.75	0.51	4.37	0.23	340702	FALSE			FALSE					TRUE	Decrease
36557	Insertion of tunnel	Insertion of Tunnele	January 2024	12	September 2	ACR, ACS, APS Refer to CF	Site of ServApril 2023 010	4.89	3.46	28	1.25	38	FALSE			TRUE	In April 20:	May 2024			FALSE	
36558	Insertion of tunnel	Insertion of Tunnele	January 2024	12	September 2	ACR, ACS, APS Refer to CF	Site of ServApril 2023 010	4.59	2.40	19.07	0.64	99678	FALSE			TRUE	In April 20:	May 2024			FALSE	
36560	Insertion of tunnel	Insertion of Tunnele	January 2024	12	September 2	ACR, ACS, APS Refer to CF	Site of ServApril 2023 010	6.04	3.88	28.84	1.55	13	FALSE			TRUE	In April 20:	May 2024			FALSE	
36561	Insertion of tunnel	Insertion of Tunnele	January 2024	12	September 2	ACR, ACS, APS Refer to CF	Site of ServApril 2023 010	5.79	3.06	21.99	0.96	113563	FALSE			TRUE	In April 20:	May 2024			FALSE	
36563	Insertion of tunnel	Insertion of Tunnele	January 2024	12	September 2	ACR, ACS, OEI! Refer to CF	Site of ServApril 2023 010	5.99	3.50	25.09	1.23	202	FALSE			TRUE	In April 20:	May 2024			FALSE	
36565	Insertion of tunnel	Insertion of Tunnele	January 2024	12	September 2	ACR, ACS, OEI! Refer to CF	Site of ServApril 2023 010	5.79	2.94	17.45	1.25	660	FALSE			TRUE	In April 20:	May 2024			FALSE	
36566	Insertion of tunnel	Insertion of Tunnele	January 2024	12	September 2	OEIS, SIR, SVS Refer to CF	Site of ServApril 2023 010	6.29	3.14	116.57	1.12	297	FALSE			TRUE	In April 20:	May 2024			FALSE	
36568	Insertion of periph	PICC Line Procedure	September 2022	13		ACR, SIR	2.11 Identified i	2.11	0.34		0.25		FALSE			TRUE	In October	September 2011	16	Complete	TRUE	Decrease
36569	Insertion of periph	PICC Line Procedure	September 2022	13		ACR, SIR	1.90 CMS High E	1.9	0.60		0.29	9219	FALSE			TRUE	In October	September 2011	16	Complete	TRUE	Decrease
36572	Insertion of periph	PICC Line Procedure	September 2022	13		ACR, SIR, SVS	2.00 CMS High E	1.82	0.33	8.97	0.23	17	FALSE			FALSE					TRUE	Decrease
36573	Insertion of periph	PICC Line Procedure	September 2022	13		ACR, SIR, SVS	1.90 CMS High E	1.7	0.57	9.39	0.17	58842	FALSE			FALSE					TRUE	Decrease
36584	Replacement, com	PICC Line Procedure	September 2022	13		ACR, SIR	1.47 Identified i	1.2	0.39	8.25	0.12	2717	FALSE			TRUE	In October	September 2011	16	Complete	TRUE	Decrease
36620	Arterial catheteriz	Insertion of Cathete	April 2018	33		ACR, ASA	1.00 CMS High E	1	0.21		0.09	515373	FALSE			FALSE					TRUE	Decrease
36818	Arteriovenous ana:	Arteriovenous Anas!	October 2013	10		ACS, SVS	13.00 CMS Reque	12.39	4.82		3.05	2970	FALSE			FALSE					TRUE	Increase
36819	Arteriovenous ana:	Arteriovenous Anas!	October 2013	10		ACS, SVS	15.00 CMS Reque	13.29	4.85		3.31	4319	FALSE			FALSE					TRUE	Increase
36820	Arteriovenous ana:	Arteriovenous Anas!	October 2013	10		ACS, SVS	13.99 Site of Serv	13.07	5.04		3.23	888	FALSE			FALSE					TRUE	Decrease
36821	Arteriovenous ana:	Arteriovenous Anas!	October 2013	10		ACS, SVS	11.90 Site of Serv	11.9	4.56		2.93	21155	FALSE			FALSE					TRUE	Decrease
36822	Insertion of cannul	ECMO-ECLS	April 2014	11		STS, AAP, ACC Deleted frc	CMS RequeFebruary 2011						FALSE			TRUE	Added as p	February 2014	23	Complete	TRUE	Deleted from CPT
36825	Creation of arterio	Arteriovenous Anas!	October 2013	10		ACS, SVS	15.93 Site of Serv	14.17	5.62		3.53	1140	FALSE			FALSE					TRUE	Increase
36830	Creation of arterio	Arteriovenous Anas!	October 2013	10		ACS, SVS	11.90 CMS Reque	12.03	4.58		2.97	12221	FALSE			FALSE					TRUE	Decrease
36834	Deleted from CPT	Aneurysm Repair	September 2007	16		AVA, ACS	Deleted frcSite of Serv						FALSE			TRUE	The RUC re	February 2009	18	Code Delete	TRUE	Deleted from CPT
36870	Thrombectomy, pe	Dialysis Circuit -1	January 2016	14	RUC	ACR, SIR, SVS	Deleted frcSite of Serv						FALSE			TRUE	The RUC re	October 2015	27	Complete	TRUE	Deleted from CPT
36901	Introduction of nec	Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, SIR	3.36 Codes Repi	3.36	1.03	16.92	0.51	40164	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36902	Introduction of nec	Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, SIR	4.83 Codes Repi	4.83	1.44	29.98	0.72	122237	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36903	Introduction of nec	Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, SIR	6.39 Codes Repi	6.39	1.77	117.09	1.03	12740	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36904	Percutaneous tran:	Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, SIR	7.50 Codes Repi	7.5	2.10	44.54	1.12	2202	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36905	Percutaneous tran:	Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, SIR	9.00 Codes Repi	9	2.63	56.61	1.24	22013	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36906	Percutaneous tran:	Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, SIR	10.42 Codes Repi	10.42	2.93	146.55	1.51	8498	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36907	Transluminal ballo	Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, SIR	3.00 Codes Repi	3	0.80	13.88	0.45	42805	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36908	Transcatheter plac	Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, SIR	4.25 Codes Repi	4.25	1.07	36.57	0.71	3119	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36909	Dialysis circuit per	Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, SIR	4.12 Codes Repi	4.12	1.06	50.75	0.67	3804	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
37183	Revision of transve	Interventional Radic	February 2009	21		ACR, SIR	New PE in CMS Reque	7.74	2.31	161.66	0.8	756	FALSE			FALSE					TRUE	PE Only
37191	Insertion of intrava	IVC Transcatheter Pl	April 2011	12		ACR, SIR, SVS	4.71 Codes Repi	4.46	1.33	54.11	0.63	20415	FALSE			FALSE		February 2011	15		TRUE	Decrease
37192	Repositioning of in	IVC Transcatheter Pl	April 2011	12		ACR, SIR, SVS	8.00 Codes Repi	7.1	1.20	28.86	1.75	20	FALSE			FALSE		February 2011	15		TRUE	Decrease
37193	Retrieval (removal)	IVC Transcatheter Pl	April 2011	12		ACR, SIR, SVS	8.00 Codes Repi	7.1	1.93	35.84	1.06	5734	FALSE			FALSE		February 2011	15		TRUE	Decrease
37201	Transcatheter ther	Bundle Thrombolysi	April 2012	15		ACR, SIR, SVS	Deleted frcCodes Repi						FALSE			TRUE	The Workg	October 2011	18	Complete	TRUE	Deleted from CPT
37203	Transcatheter retri	Transcatheter Proce	September 2011	07		ACC, ACR, SIR, Deleted frc	Codes RepiFebruary 2010						FALSE			TRUE	The Workg	June 2011		Complete	TRUE	Deleted from CPT
37204	Transcatheter occl	Embolization and Oc	April 2013	08		ACC, ACR, SIR, Deleted frc	Codes RepiFebruary 2010						FALSE			TRUE	In February	February 2013	09	Complete	TRUE	Deleted from CPT
37205	Transcatheter plac	Endovascular Revas	April 2010	07		SVS, ACS, SIR, Deleted frc	High VolunFebruary 2010						FALSE			TRUE	In February	February 2013	10	Complete	TRUE	Deleted from CPT
37206	Transcatheter plac	Endovascular Revas	April 2010	07		SVS, ACS, SIR, Deleted frc	High VolunFebruary 2010						FALSE			TRUE	In February	February 2013	10	Complete	TRUE	Deleted from CPT
37207	Transcatheter plac	Endovascular Revas	April 2010	07		SVS, ACS, SIR, Deleted frc	High VolunFebruary 2010						FALSE			TRUE	In February	February 2013	10	Complete	TRUE	Deleted from CPT
37208	Transcatheter plac	Endovascular Revas	April 2010	07		SVS, ACS, SIR, Deleted frc	High VolunFebruary 2010						FALSE			TRUE	In February	February 2013	10	Complete	TRUE	Deleted from CPT
37209	Exchange of a prev	Bundle Thrombolysi	April 2012	15		ACR, SIR, SVS	Deleted frcCodes Repi						FALSE			TRUE	The Workg	October 2011	18	Complete	TRUE	Deleted from CPT
37210	Uterine fibroid em	Embolization and Oc	April 2013	08		ACR, SIR, SVS	Deleted frcCodes Repi						FALSE			TRUE	February 2013	09	Complete	TRUE	Deleted from CPT	
37211	Transcatheter ther	Bundle Thrombolysi	April 2012	15		ACR, SIR, SVS	8.00 Codes Repi	7.75	2.06		1.47	7474	FALSE			FALSE					TRUE	Decrease
37212	Transcatheter ther	Bundle Thrombolysi	April 2012	15		ACR, SIR, SVS	7.06 Codes Repi	6.81	1.84		1.18	1269	FALSE			FALSE					TRUE	Decrease
37213	Transcatheter ther	Bundle Thrombolysi	April 2012	15		ACR, SIR, SVS	5.00 Codes Repi	4.75	1.16		0.81	1278	FALSE			FALSE					TRUE	Decrease
37214	Transcatheter ther	Bundle Thrombolysi	April 2012	15		ACR, SIR, SVS	3.04 Codes Repi	2.49	0.61		0.45	3458	FALSE			FALSE					TRUE	Decrease
37220	Revascularization,	Endovascular Revas	April 2022	16	September 2	SVS, ACS, SIR, Refer to CF	High VolunFebruary 2 000	7.9	2.00	64.01	1.74	10830	FALSE			TRUE	In October	May 2024			TRUE	Decrease
37221	Revascularization,	Endovascular Revas	April 2022	16	September 2	SVS, ACS, SIR, Refer to CF	High VolunFebruary 2 000	9.75	2.38	78.45	2.21	25781	FALSE			TRUE	In October	May 2024			FALSE	Decrease
37222	Revascularization,	Endovascular Revas	April 2022	16	September 2	SVS, ACS, SIR, Refer to CF	High VolunFebruary 2 000	3.73	0.84	13.64	0.81	2977	FALSE			TRUE	In October	May 2024			FALSE	Decrease
37223	Revascularization,	Endovascular Revas	April 2022	16	September 2	SVS, ACS, SIR, Refer to CF	High VolunFebruary 2 ZZZ	4.25	0.93	32.06	0.98	3639	FALSE			TRUE	In October	May 2024			FALSE	Decrease
37224	Revascularization,	Endovascular Revas	April 2022	16	September 2	SVS, ACS, SIR, Refer to CF	High VolunFebruary 2 000	8.75	2.20	74.89	1.99	27252	FALSE			TRUE	In October	May 2024			FALSE	Decrease
37225	Revascularization,	Endovascular Revas	April 2022	16	September 2	SVS, ACS, SIR, Refer to CF	High VolunFebruary 2 000	11.75	3.12	242.42	2.54	38629	FALSE			TRUE	In October	May 2024			FALSE	Decrease
37226	Revascularization,	Endovascular Revas	April 2022	16	September 2	SVS, ACS, SIR, Refer to CF	High VolunFebruary 2 000	10.24	2.52	225.22	2.33	17660	FALSE			TRUE	In October	May 2024			FALSE	Decrease
37227	Revascularization,	Endovascular Revas	April 2022	16	September 2	SVS, ACS, SIR, Refer to CF	High VolunFebruary 2 000	14.25	3.51	310.49	3.07	19666	FALSE			TRUE						





43248	Esophagogastrodu EGD	January 2013	08	AGA, ASGE, SA 3.01	MPC List	September 000	2.91	1.64	9.11	0.36	86763	FALSE	FALSE	October 2012	TRUE	Decrease			
43249	Esophagogastrodu EGD	January 2013	08	AGA, ASGE, SA 2.77	MPC List	September 000	2.67	1.53	29.03	0.34	114199	FALSE	FALSE	October 2012	TRUE	Decrease			
43250	Esophagogastrodu EGD	January 2013	08	AGA, ASGE, SA 3.07	MPC List	September 000	2.97	1.63	10.05	0.43	2839	FALSE	FALSE	October 2012	TRUE	Decrease			
43251	Esophagogastrodu EGD	April 2013	11	AGA, ASGE, SA 3.57	MPC List	September 000	3.47	1.89	10.9	0.42	39239	FALSE	FALSE	October 2012	TRUE	Decrease			
43253	Esophagogastrodu EGD	April 2013	11	AGA, ASGE, SA 5.39	MPC List	February 2 000	4.73	2.45		0.55	1982	FALSE	TRUE	In the Panel February 2013	12	Complete	TRUE	Decrease	
43254	Esophagogastrodu EGD	January 2013	08	AGA, ASGE, SA 5.25	MPC List	October 20000	4.87	2.51		0.57	5670	FALSE	FALSE	October 2012	14	Complete	TRUE	Decrease	
43255	Esophagogastrodu EGD	January 2013	08	AGA, ASGE, SA 4.20	MPC List	September 000	3.56	1.93	14.71	0.41	52448	FALSE	FALSE	October 2012			TRUE	Decrease	
43256	Upper gastrointest EGD	January 2013	08	AGA, ASGE, SA Deleted frc	MPC List	September 2011						FALSE	FALSE	October 2012			TRUE	Deleted from CPT	
43257	Esophagogastrodu EGD	January 2013	08	AGA, ASGE, SA 4.25	MPC List	September 000	4.15	2.15		0.61	103	FALSE	FALSE	October 2012			TRUE	Decrease	
43258	Upper gastrointest EGD	January 2013	08	AGA, ASGE, SA Deleted frc	MPC List	September 2011						FALSE	FALSE	October 2012	14	Complete	TRUE	Deleted from CPT	
43259	Esophagogastrodu EGD	April 2013	11	AGA, ASGE, AC 4.74	CMS Faste	October 20000	4.04	2.15		0.46	28838	TRUE	Mar 2009 Yes	TRUE	In the Panel February 2013	12	Complete	TRUE	Decrease
43260	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 5.95	MPC List	September 000	5.85	2.95		0.7	3498	FALSE	TRUE	Several spe February 2013	13	Complete	TRUE	Maintain	
43261	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 6.25	MPC List	September 000	6.15	3.08		0.74	6123	FALSE	FALSE	January 2013	13		TRUE	Decrease	
43262	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 6.60	MPC List	September 000	6.5	3.24		0.76	24597	FALSE	FALSE	January 2013	13		TRUE	Decrease	
43263	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 7.28	MPC List	September 000	6.5	3.25		0.77	15	FALSE	FALSE	February 2013	13		TRUE	Maintain	
43264	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 6.73	Harvard Va	April 2011 000	6.63	3.30		0.78	51524	FALSE	FALSE	February 2013	13		TRUE	Decrease	
43265	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 8.03	MPC List	September 000	7.93	3.87		0.94	2139	FALSE	FALSE	February 2013	13		TRUE	Decrease	
43266	Esophagogastrodu EGD	January 2013	08	AGA, ASGE, SA 4.40	MPC List	October 20000	3.92	1.98		0.52	5751	FALSE	FALSE	October 2012	14	Complete	TRUE	Decrease	
43267	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA Deleted frc	MPC List	September 2011						FALSE	FALSE	February 2013	13		TRUE	Deleted from CPT	
43268	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA Deleted frc	Harvard Va	April 2011						FALSE	FALSE	February 2013	13		TRUE	Deleted from CPT	
43269	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA Deleted frc	MPC List	September 2011						FALSE	FALSE	February 2013	13		TRUE	Deleted from CPT	
43270	Esophagogastrodu EGD	January 2013	08	AGA, ASGE, SA 4.39	MPC List	October 20000	4.01	2.13	17.29	0.47	17190	FALSE	FALSE	October 2012	14	Complete	TRUE	Decrease	
43271	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA Deleted frc	MPC List	September 2011						FALSE	FALSE	February 2013	13		TRUE	Deleted from CPT	
43272	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA Deleted frc	MPC List	September 2011						FALSE	FALSE	February 2013	13		TRUE	Deleted from CPT	
43273	Endoscopic cannul. ERCP	April 2013	12	AGA, ASGE, SA 2.24	MPC List	September ZZZ	2.24	1.00		0.26	7021	FALSE	FALSE	February 2013	13		TRUE	Maintain	
43274	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 8.74	MPC List	September 000	8.48	4.11		1.02	39080	FALSE	FALSE	February 2013	13		TRUE	Decrease	
43275	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 6.96	MPC List	September 000	6.86	3.40		0.81	12813	FALSE	FALSE	February 2013	13		TRUE	Decrease	
43276	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 9.10	MPC List	September 000	8.84	4.27		1.06	15738	FALSE	FALSE	February 2013	13		TRUE	Decrease	
43277	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 7.11	MPC List	September 000	6.9	3.42		0.81	5248	FALSE	FALSE	February 2013	13		TRUE	Decrease	
43278	Endoscopic retrogr ERCP	April 2013	12	AGA, ASGE, SA 8.08	MPC List	September 000	7.92	3.87		0.95	443	FALSE	FALSE	February 2013	13		TRUE	Decrease	
43450	Dilation of esophag Dilatation of Esophagi	October 2012	17	AGA, ASGE, SA 1.30	MPC List	September 000	1.28	0.93	4.18	0.16	54759	FALSE	FALSE				TRUE	Decrease	
43453	Dilation of esophag Dilatation of Esophagi	October 2012	17	AGA, ASGE, SA 1.51	MPC List	September 000	1.41	0.98	22.13	0.19	1055	FALSE	FALSE	May 2012			TRUE	Maintain	
43456	Dilation of esophag Dilatation of Esophagi	October 2012	17	AGA, ASGE, SA Deleted frc	MPC List	September 2011						FALSE	FALSE	October 2012	14	Complete	TRUE	Deleted from CPT	
43458	Dilation of esophag Dilatation of Esophagi	October 2012	17	AGA, ASGE, SA Deleted frc	MPC List	September 2011						FALSE	FALSE	October 2012	14	Complete	TRUE	Deleted from CPT	
43760	Change of gastrost Gastrostomy Tube F	January 2018	11	ACEP, ACG, AC Deleted frc	CMS 000-D	July 2016						FALSE	FALSE	In April 2018	September 2011	18	Complete	TRUE	Deleted from CPT
43762	Replacement of ga Gastrostomy Tube F	January 2022	20	January 2026 RAW	ACEP, ACG, AC 0.75	CPT A CMS 000-D	September 000	0.75	0.22	5.87	0.14	44809	TRUE	June 2022 Yes	FALSE			TRUE	Decrease
43763	Replacement of ga Gastrostomy Tube F	January 2022	20	January 2026 RAW	ACEP, ACG, AC 1.41	CPT A CMS 000-D	September 000	1.41	0.93	8.32	0.27	2091	TRUE	June 2022 Yes	FALSE			TRUE	Decrease
44143	Colectomy, partial; RAW	January 2016	54		99214 visit High Level	October 20090	27.79	15.00		6.55	8038	FALSE	FALSE				TRUE	Remove from Screen	
44205	Laparoscopy, surgi Laproscopic Procedi	October 2008	26	ACS, ASCRS Remove frc	CMS Faste	October 20090	22.95	12.02		4.79	10367	FALSE	FALSE				TRUE	Remove from Screen	
44207	Laparoscopy, surgi Laproscopic Procedi	October 2008	26	ACS, ASCRS Remove frc	CMS Faste	February 2 090	31.92	15.55		6.37	8494	FALSE	FALSE				TRUE	Remove from Screen	
44380	Ileoscopy, through ileoscopy/ileoscopy	October 2013	04	AGA, ASGE, AC 0.97	MPC List	September 000	0.87	0.73	4.93	0.11	1458	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
44381	Ileoscopy, through ileoscopy	October 2013	04	AGA, ASGE, AC 1.48	MPC List	May 2013 000	1.38	0.96	27.57	0.18	134	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
44382	Ileoscopy, through ileoscopy/ileoscopy	October 2013	04	AGA, ASGE, AC 1.27	MPC List	September 000	1.17	0.88	7.61	0.15	1204	FALSE	FALSE	May 2013		Complete	TRUE	Maintain	
44383	Ileoscopy, through ileoscopy	October 2013	04	AGA, ASGE, AC Deleted frc	MPC List	September 2011						FALSE	FALSE	May 2013		Complete	TRUE	Deleted from CPT	
44384	Ileoscopy, through ileoscopy	October 2013	04	AGA, ASGE, AC 3.11	MPC List	May 2013 000	2.85	1.30		0.35	61	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
44385	Endoscopic evalua Pouchoscopy	October 2013	05	ACG, ACS, AG 1.30	MPC List	September 000	1.2	0.80	5.12	0.17	914	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
44386	Endoscopic evalua Pouchoscopy	October 2013	05	ACG, ACS, AG 1.60	MPC List	September 000	1.5	0.96	7.61	0.19	1755	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
44388	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 2.82	MPC List	September 000	2.72	1.49	6.35	0.41	3230	FALSE	TRUE	Several spe October 2013	17	Complete	TRUE	Maintain	
44389	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 3.12	MPC List	September 000	3.02	1.65	8.91	0.4	2137	FALSE	TRUE	Several spe October 2013	17	Complete	TRUE	Decrease	
44390	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 3.82	MPC List	September 000	3.74	2.02	7.94	0.44	22	FALSE	TRUE	Several spe October 2013	17	Complete	TRUE	Maintain	
44391	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 4.22	MPC List	September 000	4.12	2.17	14.45	0.51	152	FALSE	TRUE	Several spe October 2013	17	Complete	TRUE	Decrease	
44392	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 3.63	MPC List	September 000	3.53	1.78	7.55	0.6	209	FALSE	TRUE	Several spe October 2013	17	Complete	TRUE	Decrease	
44393	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ Deleted frc	MPC List	September 2011						FALSE	TRUE	Several spe October 2013	17	Complete	TRUE	Deleted from CPT	
44394	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 4.13	MPC List	September 000	4.03	2.08	8.56	0.54	1836	FALSE	TRUE	Several spe October 2013	17	Complete	TRUE	Decrease	
44397	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ Deleted frc	MPC List	September 2011						FALSE	TRUE	Several spe October 2013	17	Complete	TRUE	Deleted from CPT	
44401	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 4.44	MPC List	September 000	4.34	2.29	65.33	0.51	59	FALSE	TRUE	October 2013	17	Complete	TRUE	Decrease	
44402	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 4.96	MPC List	January 20 000	4.7	2.45		0.55	8	FALSE	FALSE	October 2013	17	Complete	TRUE	Decrease	
44403	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 5.81	MPC List	January 20 000	5.5	2.80		0.66	60	FALSE	TRUE	October 2013	17	Complete	TRUE	Decrease	
44404	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 3.13	MPC List	January 20 000	3.02	1.65	9.18	0.4	171	FALSE	TRUE	October 2013	17	Complete	TRUE	Decrease	
44405	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 3.33	MPC List	January 20 000	3.23	1.79	12.97	0.39	50	FALSE	TRUE	October 2013	17	Complete	TRUE	Decrease	
44406	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 4.41	MPC List	January 20 000	4.1	2.18		0.48		FALSE	TRUE	October 2013	17	Complete	TRUE	Decrease	
44407	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 5.06	MPC List	January 20 000	4.96	2.56		0.58		FALSE	TRUE	October 2013	17	Complete	TRUE	Decrease	
44408	Colonoscopy throu Colonoscopy through	January 2014	08	ASCRS, ACS, S/ 4.24	MPC List	January 20 000	4.14	2.20		0.48	44	FALSE	TRUE	October 2013	17	Complete	TRUE	Decrease	
44901	Incision and draina Drainage of Abscess	January 2013	04	Deleted frc Codes Rep	January 2012							FALSE	FALSE	October 2012	06	Complete	TRUE	Deleted from CPT	
44970	Laparoscopy, surgi Laproscopic Procedi	October 2008	26	ACS Remove frc	CMS Faste	October 20090	9.45	6.39		2.34	19437	FALSE	FALSE				TRUE	Remove from Screen	
45170	Deleted from CPT Rectal Tumor Excisic	February 2009	11	ACS, ASCRS, A/ Deleted frc	Site of Serv	September 2007						FALSE	TRUE	CPT code 4	October 2008	18	Code Delete	TRUE	Deleted from CPT
45171	Excision of rectal ti Rectal Tumor Excisic	February 2009	11	ACS, ASCRS, A/ 8.00	Site of Serv	September 090	8.13	8.92		1.55	2047	FALSE	FALSE				TRUE	Decrease	
45172	Excision of rectal ti Rectal Tumor Excisic	February 2009	11	ACS, ASCRS, A/ 12.00	Site of Serv	September 090	12.13	10.47		2.15	1666	FALSE	FALSE				TRUE	Decrease	
45300	Proctosigmoidoscc Diagnostic Proctosig	April 2017	13	ACS, ASCRS, S/ 0.80	CMS 000-D	July 2016 000	0.8	0.51	2.92	0.13	15380	FALSE	FALSE				TRUE	Maintain	
45330	Sigmoidoscopy, fle Flexible Sigmoidoscc	October 2013	06	ACG, ACS, AG 0.84	Harvard Va	April 2011 000	0.84	0.73	4.63	0.12	39725	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
45331	Sigmoidoscopy, fle Flexible Sigmoidoscc	October 2013	06	ACG, ACS, AG 1.14	MPC List	September 000	1.14	0.86	7.29	0.15	28532	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
45332	Sigmoidoscopy, fle Flexible Sigmoidoscc	October 2013	06	ACG, ACS, AG 1.85	MPC List	September 000	1.76	1.13	6.32	0.24	281	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
45333	Sigmoidoscopy, fle Flexible Sigmoidoscc	October 2013	06	ACG, ACS, AG 1.65	MPC List	September 000	1.55	1.01	8.04	0.24	467	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
45334	Sigmoidoscopy, fle Flexible Sigmoidoscc	October 2013	06	ACG, ACS, AG 2.10	MPC List	September 000	2	1.24	12.44	0.24	2918	FALSE	FALSE	May 2013		Complete	TRUE	Decrease	
45335	Sigmoidoscopy, fle Flexible Sigmoidoscc	October 2013	06	ACG, ACS, AG 1.15	MPC List	September 000	1.04	0.81	7.										

45342	Sigmoidoscopy, fle Flexible Sigmoidosc	January 2014	09	AGA, ASGE, AC 3.08	MPC List	September 000	2.98	1.66		0.4	370	FALSE	TRUE	Several spe	October 2013	16	Complete	TRUE	Decrease		
45345	Sigmoidoscopy, fle Flexible Sigmoidosc	October 2013	06	ACG, ACS, AG/ Deleted frc	MPC List	September 2011						FALSE	FALSE	May 2013			Complete	TRUE	Deleted from CPT		
45346	Sigmoidoscopy, fle Flexible Sigmoidosc	October 2013	06	ACG, ACS, AG/ 2.97	MPC List	May 2013 000	2.81	1.58	64.69	0.35	886	FALSE	FALSE	May 2013			Complete	TRUE	Decrease		
45347	Sigmoidoscopy, fle Flexible Sigmoidosc	October 2013	06	ACG, ACS, AG/ 2.98	MPC List	May 2013 000	2.72	1.50		0.33	532	FALSE	FALSE	May 2013			Complete	TRUE	Decrease		
45349	Sigmoidoscopy, fle Flexible Sigmoidosc	April 2014	13	AGA, ASGE, AC 3.83	MPC List	January 20 000	3.52	1.91		0.41	636	FALSE	TRUE	October 2013	16		Complete	TRUE	Decrease		
45350	Sigmoidoscopy, fle Flexible Sigmoidosc	April 2014	13	AGA, ASGE, AC 1.78	MPC List	January 20 000	1.68	1.09	18.07	0.23	1100	FALSE	TRUE	October 2013	16		Complete	TRUE	Decrease		
45355	Colonoscopy, rigid Colonoscopy via sto	January 2014	08	AGA, ASGE, AC Deleted frc	MPC List	September 2011						FALSE	FALSE	February 2014	32		Complete	TRUE	Deleted from CPT		
45378	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 3.36	CMS High E	September 000	3.26	1.77	6.51	0.42	252515	FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Decrease		
45379	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 4.37	MPC List	September 000	4.28	2.23	8.21	0.52	850	FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Decrease		
45380	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 3.66	MPC List	October 20 000	3.56	1.92	8.99	0.44	922055	FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Decrease		
45381	Colonoscopy, flexit Colonoscopy	January 2018	31	AGA, ASGE, AC 3.67	CMS Faste	October 20 000	3.56	1.91	9.26	0.44	64291	TRUE	Jun 2010	Yes	TRUE	Several spe	October 2013	18	Complete	TRUE	Decrease
45382	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 4.76	MPC List	September 000	4.66	2.41	14.66	0.55	20188	FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Decrease		
45383	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC Deleted frc	MPC List	September 2011						FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Deleted from CPT		
45384	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 4.17	MPC List	September 000	4.07	2.05	9.93	0.62	44803	FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Decrease		
45385	Colonoscopy, flexit Colonoscopy	April 2019	13	AGA, ASGE, AC 4.57	MPC List /	October 20 000	4.57	2.36	8.47	0.56	974423	FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Maintain		
45386	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 3.87	MPC List	September 000	3.77	2.00	13.95	0.48	1836	FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Decrease		
45387	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC Deleted frc	MPC List	September 2011						FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Deleted from CPT		
45388	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 4.98	MPC List	January 20 000	4.88	2.46	66.99	0.63	18936	FALSE	FALSE	October 2013	18		Complete	TRUE	Decrease		
45389	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 5.50	MPC List	January 20 000	5.24	2.66		0.63	400	FALSE	FALSE	October 2013	18		Complete	TRUE	Decrease		
45390	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 6.35	MPC List	January 20 000	6.04	3.03		0.72	26316	FALSE	FALSE	October 2013	18		Complete	TRUE	Decrease		
45391	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 4.95	MPC List	September 000	4.64	2.41		0.54	687	FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Decrease		
45392	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 5.60	MPC List	September 000	5.5	2.80		0.66	97	FALSE	TRUE	Several spe	October 2013	18	Complete	TRUE	Decrease		
45393	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 4.78	MPC List	January 20 000	4.68	2.12		0.61	1870	FALSE	FALSE	October 2013	18		Complete	TRUE	Decrease		
45398	Colonoscopy, flexit Colonoscopy	January 2014	10	AGA, ASGE, AC 4.30	MPC List	January 20 000	4.2	2.12	19.69	0.63	3282	FALSE	FALSE	October 2013	18		Complete	TRUE	Decrease		
46020	Placement of setor Placement/Removal	October 2020	16	ACS, ASCRS (cc 3.50	010-Day GI	October 20 000	1.86	1.29		0.35	1274	FALSE	FALSE				Complete	TRUE	Increase		
46030	Removal of anal se Placement/ Remova	October 2020	16	ACS, ASCRS (cc 2.00	010-Day GI	April 2020 000	1.48	0.87	5.89	0.24	286	FALSE	FALSE				Complete	TRUE	Increase		
46200	Fissurectomy, incl. Fissurectomy	September 2007	16	ACS	Reduce 99: Site of Serv	September 090	3.59	6.06	10.13	0.61	758	FALSE	FALSE				Complete	TRUE	PE Only		
46500	Injection of scleros Hemorrhoid Injectio	January 2018	24	ACS, ASCRS (cc 2.00	010-Day GI	January 20 010	1.74	3.54	7.38	0.26	12398	FALSE	FALSE				Complete	TRUE	Increase		
47011	Hepatotomy; for p. Drainage of Abscess	January 2013	04		Deleted frc Codes Repr	January 2012						FALSE	FALSE	October 2012	06		Complete	TRUE	Deleted from CPT		
47135	Liver allotransplant Liver Allotransplant	September 2014	14	ACS, ASTS	090-Day GI	January 20 090	90	48.63		22.89	1407	FALSE	FALSE				Complete	TRUE	Increase		
47136	Liver allotransplant RAW	April 2014	52	ACS, ASTS	Deleted frc	090-Day GI April 2014						FALSE	TRUE	Identified i	October 2014	16	Complete	TRUE	Deleted from CPT		
47382	Ablation, 1 or more Interventional Radic	October 2008	13	ACR, SIR	New PE Inr CMS Requ	NA 010	14.97	4.96	90.71	1.58	2601	FALSE	FALSE				Complete	TRUE	PE Only		
47490	Cholecystostomy, i Cholecystostomy	October 2009	04	ACR	4.76	CMS Faste: October 20 010	4.76	4.56		0.47	12012	FALSE	TRUE	This servic	June 2009	17	CPT Editoria	TRUE	Decrease		
47500	Injection procedur. Percutaneous Biliar	October 2015	06	RUC	ACR, SIR	Deleted frc Codes Repr	October 2012					FALSE	TRUE	The Joint V	February 2015	16	Complete	TRUE	Deleted from CPT		
47505	Injection procedur. Percutaneous Biliar	October 2015	06	RUC	ACR, SIR	Deleted frc Codes Repr	October 2012					FALSE	TRUE	The Joint V	February 2015	16	Complete	TRUE	Deleted from CPT		
47510	Introduction of per Percutaneous Biliar	October 2015	06	RUC	ACR, SIR	Deleted frc Codes Repr	October 2012					FALSE	TRUE	The Joint V	February 2015	16	Complete	TRUE	Deleted from CPT		
47511	Introduction of per Percutaneous Biliar	October 2015	06	RUC	ACR, SIR	Deleted frc Codes Repr	October 2012					FALSE	TRUE	The Joint V	February 2015	16	Complete	TRUE	Deleted from CPT		
47525	Change of percutar Percutaneous Biliar	October 2015	06	RUC	ACR, SIR	Deleted frc High IWPU	February 2008					FALSE	FALSE	February 2015	16		Complete	TRUE	Deleted from CPT		
47530	Revision and/or rei Percutaneous Biliar	October 2015	06	RUC	ACR, SIR	Deleted frc Codes Repr	February 2015					FALSE	FALSE	February 2015	16		Complete	TRUE	Deleted from CPT		
47531	Injection procedur. Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	1.30	Codes Repr	February 2 000	1.3	0.63	11.05	0.13	6459	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47532	Injection procedur. Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	4.50	Codes Repr	February 2 000	4.25	1.42	20.04	0.47	393	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47533	Placement of biliar Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	5.63	Codes Repr	February 2 000	5.38	1.71	28.32	0.55	1183	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47534	Placement of biliar Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	7.85	Codes Repr	February 2 000	7.6	2.32	29.25	0.77	3944	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47535	Conversion of exte Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	4.20	Codes Repr	February 2 000	3.95	1.33	21.73	0.4	383	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47536	Exchange of biliary Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	2.86	Codes Repr	February 2 000	2.61	0.95	15.8	0.27	13161	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47537	Removal of biliary Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	1.85	Codes Repr	February 2 000	1.84	0.78	12.43	0.19	1952	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47538	Placement of stent Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	5.00	Codes Repr	February 2 000	4.75	1.56	104.71	0.49	781	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47539	Placement of stent Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	9.00	Codes Repr	February 2 000	8.75	2.66	113.95	0.94	120	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47540	Placement of stent Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	9.28	Codes Repr	February 2 000	9.03	2.73	113.39	0.96	151	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47541	Placement of acces Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	7.00	Codes Repr	February 2 000	6.75	2.27	26.81	0.72	135	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47542	Balloon dilation of Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	2.85	Codes Repr	February 2 ZZZ	2.85	0.78	11.5	0.3	1031	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47543	Endoluminal biops Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	3.00	Codes Repr	February 2 ZZZ	3	0.84	8.24	0.31	615	FALSE	FALSE	February 2015	16	Complete	TRUE	Increase	
47544	Removal of calculi Percutaneous Biliar	October 2015	04	RUC	ACR, SIR	3.28	Codes Repr	February 2 ZZZ	3.28	0.90	20.93	0.35	281	FALSE	TRUE	The comm	February 2015	16	Complete	TRUE	Increase
47560	Laparoscopy, surgi RAW	October 2013	18		Deleted frc CMS Requ	E July 2013						FALSE	FALSE				Complete	TRUE	Maintain		
47562	Laparoscopy, surgi RAW review	September 2014	21	ACS	Maintain w. CMS High E	September 090	10.47	6.81		2.64	75951	FALSE	FALSE				Complete	TRUE	Maintain		
47563	Laparoscopy, surgi RAW review	October 2013	18		No further CMS High E	September 090	11.47	7.29		2.89	31109	FALSE	FALSE				Complete	TRUE	Maintain		
47600	Cholecystectomy; Cholecystectomy	April 2012	36	ACS, SAGES	20.00	CMS Requ	September 090	17.48	10.36		4.34	5266	FALSE	FALSE				Complete	TRUE	Increase	
47605	Cholecystectomy; Cholecystectomy	April 2012	36	ACS, SAGES	21.00	CMS Requ	September 090	18.48	10.75		4.64	719	FALSE	FALSE				Complete	TRUE	Increase	
48102	Biopsy of pancreas Percutaneous Needl	September 2007	16	SIR	Reduce 99: Site of Serv	September 010	4.7	1.74	10.02	0.47	583	FALSE	FALSE				Complete	TRUE	PE Only		
48511	External drainage, Drainage of Abscess	January 2013	04		Deleted frc Codes Repr	January 2012						FALSE	FALSE	October 2012	06		Complete	TRUE	Deleted from CPT		
49021	Drainage of peritor Drainage of Abscess	January 2013	04	ACR, SIR	Deleted frc Codes Repr	January 2012						FALSE	FALSE	October 2012	06		Complete	TRUE	Deleted from CPT		
49041	Drainage of subdia Drainage of Abscess	January 2013	04	ACR, SIR	Deleted frc Codes Repr	January 2012						FALSE	FALSE	October 2012	06		Complete	TRUE	Deleted from CPT		
49061	Drainage of retro. Drainage of Abscess	January 2013	04	ACR, SIR	Deleted frc Codes Repr	January 2012						FALSE	FALSE	October 2012	06		Complete	TRUE	Deleted from CPT		
49080	Peritoneocentesis, Peritoneocentesis	October 2010	5	ACR, AGA, ASC	Deleted frc Harvard Va	October 2009						FALSE	TRUE	The specia	June 2010	09	Complete	TRUE	Deleted from CPT		
49081	Peritoneocentesis, Peritoneocentesis	October 2010	5	ACR, AGA, ASC	Deleted frc Harvard Va	February 2010						FALSE	FALSE	June 2010	09		Complete	TRUE	Deleted from CPT		
49082	Abdominal paracer Abdominal Paracent	October 2010	05	ACR, ACS, AGA 1.35	Harvard Va	February 2 000	1.24	0.75	4.92	0.19	9041	FALSE	FALSE	June 2010	09		Complete	TRUE	Decrease		
49083	Abdominal paracer Abdominal Paracent	October 2010	05	ACR, ACS, AGA 2.00	Harvard Va	February 2 000	2	0.92	6.51	0.2	242716	FALSE	FALSE	June 2010	09		Complete	TRUE	Decrease		
49084	Peritoneal lavage, i Abdominal Paracent	October 2010	05	ACR, ACS, AGA 2.50	Harvard Va	February 2 000	2	0.72		0.45	1495	FALSE	FALSE	June 2010	09		Complete	TRUE	Increase		
49405	Image-guided fluid Drainage of Abscess	January 2013	04	ACR, SIR	4.25	Codes Repr	January 20 000	4	1.27	21.7	0.4	4897	FALSE	FALSE	October 2012	06		Complete	TRUE	Decrease	
49406	Image-guided fluid Drainage of Abscess	January 2013	04	ACR, SIR	4.25	Codes Repr	January 20 000	4	1.27	21.71	0.4	28883	FALSE	FALSE	October 2012	06		Complete	TRUE	Decrease	
49407	Image-guided fluid Drainage of Abscess	January 2013	04	ACR, SIR	4.50	Codes Repr	January 20 000	4.25	1.28	17.55	0.48	149	FALSE	FALSE	October 2012	06		Complete	TRUE	Decrease	
49418	Insertion of tunnel Intraoperative Cath	April 2010	11	ACS, ACR, SIR	4.21	Site of Serv	February 2 000	3.96	1.46	24.53	0.43	6786	FALSE	FALSE</							

49561	Repair initial incisi	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090													9579	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT			
49565	Repair recurrent in	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	October 20090														3102	FALSE	TRUE	In October	February 2021	18	complete	TRUE	Deleted from CPT	
49566	Repair recurrent in	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090														2432	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49568	Implantation of me	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 ZZZ														18598	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49570	Repair epigastric h	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090														452	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49572	Repair epigastric h	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090														389	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49580	Repair umbilical he	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090														2	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49582	Repair umbilical he	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090														0	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49585	Repair umbilical he	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090														14177	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49587	Repair umbilical he	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	September 090														6075	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49590	Repair spigelian he	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090														506	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49591	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 6.27	Site of Serv	February 2 000		5.96	2.80			1.49									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49592	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 9.00	Site of Serv	February 2 000		8.46	3.65			2.13									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49593	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 10.80	Site of Serv	February 2 000		10.26	4.33			2.56									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49594	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 14.00	Site of Serv	February 2 000		13.46	5.48			3.38									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49595	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 14.88	Site of Serv	February 2 000		13.94	5.68			3.45									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49596	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 20.00	Site of Serv	February 2 000		18.67	7.38			4.55									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49613	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 7.75	Site of Serv	February 2 000		7.42	3.39			1.82									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49614	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 10.79	Site of Serv	February 2 000		10.25	4.31			2.54									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49615	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 12.00	Site of Serv	February 2 000		11.46	4.83			2.83									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49616	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 16.50	Site of Serv	February 2 000		15.55	6.26			3.88									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49617	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 16.97	Site of Serv	February 2 000		16.03	6.55			3.89									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49618	Repair of anterior i	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 24.00	Site of Serv	February 2 000		22.67	8.87			5.54									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49621	Repair of parastom	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 14.24	Site of Serv	February 2 000		13.7	5.45			3.04									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49622	Repair of parastom	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 18.00	Site of Serv	February 2 000		17.06	6.58			3.72									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49623	Removal of total oi	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc 5.00	Site of Serv	February 2 ZZZ		3.75	1.34			0.79									FALSE	FALSE	February 2021	18	complete	TRUE	Decrease		
49652	Laparoscopy,urgi	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	June 2010 090														9196	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49653	Laparoscopy,urgi	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	June 2010 090														6826	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49654	Laparoscopy,urgi	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	June 2010 090														6939	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49655	Laparoscopy,urgi	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	June 2010 090														4967	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49656	Laparoscopy,urgi	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090														1392	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
49657	Laparoscopy,urgi	Anterior Abdominal	April 2021	09	ACS, ASCRS (cc Deleted frc	Site of Serv	February 2 090														1546	FALSE	FALSE	February 2021	18	complete	TRUE	Deleted from CPT		
50021	Drainage of perirer	Drainage of Abscess	January 2013	04		Deleted frc	Codes Repr	January 2012														FALSE	FALSE	October 2012	06	Complete	TRUE	Deleted from CPT		
50080	Percutaneous neph	Percutaneous Neph	January 2022	08	AUA	13.50	Site of Serv	October 20090		12.41	6.86			1.52							2029	FALSE	TRUE	In January	September 2022	22	complete	TRUE	Decrease	
50081	Percutaneous neph	Percutaneous Neph	January 2022	08	AUA	22.00	Site of Serv	October 20090		20.91	9.98			2.55							5760	FALSE	TRUE	In January	September 2022	22	complete	TRUE	Decrease	
50200	Renal biopsy; perc	Interventional Radic	October 2008	13	ACR, SIR	New PE In	CMS Reque	NA 000		2.38	1.10			12.58						0.24	31892	FALSE	FALSE						TRUE	PE Only
50360	Renal allotranspl	Renal Allotransplant	April 2013	21	ACR, SIR	40.90	Harvard-V	eJuly 2012 090		39.88	23.36			9.87							10485	FALSE	FALSE						TRUE	Maintain
50387	Removal and repla	Genitourinary Cathe	January 2015	09	ACR, SIR	2.00	Codes Repr	October 20000		1.75	0.49			14.32						0.18	7656	FALSE	FALSE	October 2014	18	Complete	TRUE	Maintain		
50392	Introduction of intr	Genitourinary Cathe	January 2015	09	ACR, SIR		Deleted frc	Codes Repr	October 2012													FALSE	TRUE	The Joint V	October 2014	18	Complete	TRUE	Deleted from CPT	
50393	Introduction of ure	Genitourinary Cathe	January 2015	09	ACR, SIR		Deleted frc	Codes Repr	October 2012													FALSE	TRUE	The Joint V	October 2014	18	Complete	TRUE	Deleted from CPT	
50394	Injection procedu	Genitourinary Cathe	January 2015	09	ACR, SIR		Deleted frc	Codes Repr	October 2012													FALSE	TRUE	The Joint V	October 2014	18	Complete	TRUE	Deleted from CPT	
50395	Introduction of gui	Dilation of Urinary T	January 2018	12	ACR, SIR		Deleted frc	Codes Repr	October 2014													FALSE	TRUE	In January	September 2011	19	complete	TRUE	Deleted from CPT	
50398	Change of nephros	Genitourinary Cathe	January 2015	09	ACR, SIR		Deleted frc	Codes Repr	October 2012													FALSE	TRUE	The Joint V	October 2014	18	Complete	TRUE	Deleted from CPT	
50430	Injection procedu	Genitourinary Cathe	January 2015	09	ACR, SIR	3.15	Codes Repr	October 20000		2.9	1.29			15.52						0.31	810	FALSE	FALSE	October 2014	18	Complete	TRUE	Increase		
50431	Injection procedu	Genitourinary Cathe	January 2015	09	ACR, SIR	1.42	Codes Repr	October 20000		1.1	0.73			8.31						0.12	7040	FALSE	FALSE	October 2014	18	Complete	TRUE	Increase		
50432	Placement of neph	Dilation of Urinary T	January 2018	12	ACR, SIR	4.00	Codes Repr	October 20000		4	1.56			22.33						0.4	28826	FALSE	FALSE	October 2014	18	Complete	TRUE	Maintain		
50433	Placement of neph	Dilation of Urinary T	January 2018	12		5.05	Codes Repr	September 000		5.05	1.83			27.71						0.52	5403	FALSE	FALSE						TRUE	Maintain
50434	Convert nephrost	Genitourinary Cathe	January 2015	09	ACR, SIR	4.20	Codes Repr	October 20000		3.75	1.41			22.57						0.4	2094	FALSE	FALSE	October 2014	18	Complete	TRUE	Increase		
50435	Exchange nephrost	Genitourinary Cathe	January 2015	09	ACR, SIR	2.00	Codes Repr	October 20000		1.82	0.91			15.59						0.19	48218	FALSE	FALSE	October 2014	18	Complete	TRUE	Increase		
50436	Dilation of existi	Dilation of Urinary T	January 2018	12		3.37	Codes Repr	September 000		2.78	1.31									0.29	395	FALSE	FALSE						TRUE	Decrease
50437	Dilation of existi	Dilation of Urinary T	January 2018	12		5.44	Codes Repr	September 000		4.85	1.93									0.47	528	FALSE	FALSE						TRUE	Decrease
50542	Laparoscopy,urgi	Laprosopic Proced	October 2008	26	AUA		Remove frc	CMS Faste	October 20090		21.36	10.53			2.63						99	FALSE	FALSE						TRUE	Remove from Screen
50548	Laparoscopy,urgi	Laprosopic Proced	October 2008	26	AUA		Remove frc	CMS Faste	October 20090		25.36	11.31			3.15						2106	FALSE	FALSE						TRUE	Remove from Screen
50590	Lithotripsy, extr	Lithotripsy	April 2012	42	AUA	9.77	CMS High E	September 090		9.77	6.17			11.28						1.21	41182	FALSE	FALSE						TRUE	Maintain
50605	Ureterotomy for	in Ureterotomy	October 2015	21	RAW	AUA, SIR		Review act	CMS Faste	October 20090		16.79	9.56							3.87	2207	TRUE	FALSE	Dec 2009	Yes				TRUE	Maintain
50606	Endoluminal biops	Genitourinary Cathe	April 2015	08	ACR, SIR	3.16	Codes Repr	October 20ZZZ		3.16	0.51			10.72						0.39	56	FALSE	TRUE	October 2014	18	Complete	TRUE	Increase		
50693	Placement of urete	Genitourinary Cathe	January 2015	09	ACR, SIR	4.60	Codes Repr	October 20000		3.96	1.57			24.91						0.4	3391	FALSE	FALSE	October 2014	18	Complete	TRUE	Increase		
50694	Placement of urete	Genitourinary Cathe	January 2015	09	ACR, SIR	6.00	Codes Repr	October 20000		5.25	1.97			27.05						0.52	695	FALSE	FALSE	October 2014	18	Complete	TRUE	Increase		
50695	Placement of urete	Genitourinary Cathe	January 2015	09	ACR, SIR	7.55	Codes Repr	October 20000		6.8	2.44			31.93						0.69	940	FALSE	FALSE	October 2014	18	Complete	TRUE	Increase		
50705	Ureteral embolizat	Genitourinary Cathe	April 2015	08	ACR, SIR	4.03	Codes Repr	October 20ZZZ		4.03	0.65			49.19						0.49	58	FALSE	TRUE	October 2014						



52000	Cystourethroscopy	Cystourethroscopy	January 2016	35	AUA, ACOG	1.75	MPC List / October 2000	1.53	0.66	5.47	0.19	770017	FALSE		FALSE	TRUE	Decrease			
52214	Cystourethroscopy	Cystourethroscopy	October 2017	19	AUA	3.50	High Volun June 2008	000	3.5	1.23	18.39	0.42	15192	TRUE	Aug 2009 a Yes	FALSE	TRUE	Decrease		
52224	Cystourethroscopy	Cystourethroscopy	October 2017	19	AUA	4.05	High Volun February 2000	000	4.05	1.42	18.77	0.49	27619	TRUE	Aug 2009 a Yes	FALSE	TRUE	Increase		
52234	Cystourethroscopy	Cystourethroscopy	January 2021	29	AUA	4.62	Harvard Va September 000	000	4.62	2.07		0.56	23602	TRUE	May 2016 Yes	FALSE	TRUE	Maintain		
52235	Cystourethroscopy	Cystourethroscopy	October 2017	19	AUA	5.44	Harvard Va April 2011	000	5.44	2.40		0.67	30890	TRUE	May 2016 Yes	FALSE	TRUE	Maintain		
52240	Cystourethroscopy	Cystourethroscopy	January 2021	29	AUA	8.75	Harvard Va September 000	000	7.5	3.13		0.92	19470	TRUE	May 2016 Yes	FALSE	TRUE	Decrease		
52281	Cystourethroscopy	Cystourethroscopy	April 2010	38	AUA	2.80	Harvard Va October 2000	000	2.75	1.41	6.7	0.34	49376	FALSE		FALSE	TRUE	Maintain		
52287	Cystourethroscopy, with injection(s) for		January 2020	37			Remove fr High Volun October 2000		3.2	1.38	8.01	0.41	60498	FALSE		FALSE	TRUE	Remove from Screen		
52332	Cystourethroscopy	Cystourethroscopy	April 2013	13	AUA	2.82	Harvard Va October 2000	000	2.82	1.43	8.82	0.35	135354	FALSE		TRUE	The Joint V February 2013 15	Complete	TRUE	Maintain
52334	Cystourethroscopy	Dilation of Urinary T	January 2018	12			Codes Rep September 000		3.37	1.62		0.4	234	FALSE		FALSE	TRUE	Decrease		
52341	Cystourethroscopy	Urological Procedur	October 2010	65	AUA	5.35	Site of Serv April 2008	000	5.35	2.37		0.66	1850	FALSE		FALSE	TRUE	Decrease		
52342	Cystourethroscopy	Urological Procedur	October 2010	65	AUA	5.85	Site of Serv April 2008	000	5.85	2.55		0.72	143	FALSE		FALSE	TRUE	Decrease		
52343	Cystourethroscopy	Urological Procedur	October 2010	65	AUA	6.55	Site of Serv April 2008	000	6.55	2.79		0.79	24	FALSE		FALSE	TRUE	Decrease		
52344	Cystourethroscopy	Urological Procedur	October 2010	65	AUA	7.05	Site of Serv September 000	000	7.05	2.97		0.87	3092	FALSE		FALSE	TRUE	Decrease		
52345	Cystourethroscopy	Urological Procedur	October 2010	65	AUA	7.55	Site of Serv April 2008	000	7.55	3.14		0.93	403	FALSE		FALSE	TRUE	Decrease		
52346	Cystourethroscopy	Urological Procedur	October 2010	65	AUA	8.58	Site of Serv April 2008	000	8.58	3.50		1.06	415	FALSE		FALSE	TRUE	Decrease		
52351	Cystourethroscopy	Cystourethroscopy	September 2011	23	AUA	5.75	Harvard Va September 000	000	5.75	2.47		0.71	21054	FALSE		FALSE	TRUE	Decrease		
52352	Cystourethroscopy	Cystourethroscopy	September 2011	23	AUA	6.75	Harvard Va September 000	000	6.75	2.86		0.82	19659	FALSE		FALSE	TRUE	Decrease		
52353	Cystourethroscopy	Cystourethroscopy	April 2013	13	AUA	7.50	Harvard Va April 2011	000	7.5	3.12		0.92	10320	FALSE		TRUE	The Joint V February 2013 15	Complete	TRUE	Decrease
52354	Cystourethroscopy	Cystourethroscopy	September 2011	23	AUA	8.58	Harvard Va September 000	000	8	3.30		0.98	8347	FALSE		FALSE	TRUE	Increase		
52355	Cystourethroscopy	Cystourethroscopy	September 2011	23	AUA	10.00	Harvard Va September 000	000	9	3.65		1.11	733	FALSE		FALSE	TRUE	Increase		
52356	Cystourethroscopy	Cystourethroscopy	April 2013	13	AUA	8.00	Codes Rep January 20 000	000	8	3.26		0.98	82797	FALSE		FALSE	TRUE	Decrease		
52400	Cystourethroscopy	Urological Procedur	October 2010	65	AUA	8.69	Site of Serv September 090	090	8.69	4.46		1.08	64	FALSE		FALSE	TRUE	Decrease		
52442	Cystourethroscopy	PE Subcommittee	October 2020	24	AUA, AACU	Maintain	PE Units Sc April 2020 ZZZ		1.01	0.36	24.51	0.12	90771	FALSE		FALSE	TRUE	Maintain		
52500	Transurethral rese	Urological Procedur	October 2010	65	AUA	8.14	Site of Serv September 090	090	8.14	5.67		1.01	2334	FALSE		FALSE	TRUE	Decrease		
52601	Transurethral elect	Transurethral Electr	April 2016	26	AUA	13.16	Site of Serv October 20090	090	13.16	6.96		1.61	39607	FALSE		FALSE	TRUE	Decrease		
52640	Transurethral rese	Urological Procedur	April 2008	45	AUA	4.79	Site of Serv September 090	090	4.79	4.37		0.58	1129	FALSE		FALSE	TRUE	Decrease		
52648	Laser vaporization	Laser Surgery of Pro	April 2008	57	AUA		Remove fr High Volun February 20090		12.15	7.08	34.57	1.49	14767	FALSE		FALSE	TRUE	Remove from Screen		
53445	Insertion of inflatal	Urological Procedur	February 2011	31	AUA	13.00	Site of Serv September 090	090	13	8.07		1.59	1959	FALSE		FALSE	TRUE	Decrease		
53850	Transurethral dest	Transurethral Destri	April 2012	43	AUA	10.08	CMS High E September 090	090	5.42	4.64	36.11	0.66	950	FALSE		FALSE	TRUE	Maintain		
54405	Insertion of multi-c	Urological Procedur	April 2008	45	AUA	14.39	Site of Serv September 090	090	14.52	7.84		1.76	4474	FALSE		FALSE	TRUE	Maintain		
54410	Removal and repla	Urological Procedur	February 2011	31	AUA	15.18	Site of Serv September 090	090	15.18	8.78		1.85	1130	FALSE		FALSE	TRUE	Decrease		
54520	Orchiectomy, simp	Removal of Testical	September 2007	16	AUA		Reduce 99: Site of Serv September 090		5.3	3.87		0.72	1941	FALSE		FALSE	TRUE	PE Only		
54530	Orchiectomy, radic	Urological Procedur	October 2010	65	AUA	8.46	Site of Serv September 090	090	8.46	5.76		1.08	1012	FALSE		FALSE	TRUE	Decrease		
55700	Biopsy, prostate; n	Prostate Biopsy Ser	September 2022	13	April 2024 RUC	ACR, AUA	Refer to CF CMS High E July 2015	000	2.5	1.05	4.42	0.31	139388	FALSE		TRUE	In April 20: February 2024		FALSE	Decrease
55706	Biopsies, prostate, RAW		April 2014	52			Maintain 010-Day G January 20 010		6.28	4.23		0.75	3387	FALSE		FALSE	TRUE	Maintain		
55840	Prostatectomy, retropubic radical, with		April 2014	31	AUA	21.36	CMS Requ October 20090	090	21.36	10.82		2.65	1119	FALSE		FALSE	TRUE	Decrease		
55842	Prostatectomy, retropubic radical, with		April 2014	31	AUA	24.16	CMS Requ October 20090	090	21.36	10.81		2.64	78	FALSE		FALSE	TRUE	Decrease		
55845	Prostatectomy, ret RAW		April 2014	31	AUA	29.07	CMS Requ July 2013 090	090	25.18	12.17		3.12	497	FALSE		FALSE	TRUE	Decrease		
55866	Laparoscopy,urgi	Laparoscopic Radica	September 2023	22	September 2 RUC	AUA	Refer to CF New Techr September 090	090	22.46	10.33		2.74	19034	FALSE		TRUE	In April 20: May 2024		FALSE	Decrease
55873	Cryosurgical ablati	Cryoablation of Pros	February 2009	25			CMS Requ September 090	090	13.6	7.59	154.94	1.65	1134	FALSE		FALSE	TRUE	Decrease		
56515	Destruction of lesic	Destruction of Lesio	September 2007	16			Reduce 99: Site of Serv September 010	010	3.08	2.85	4.81	0.5	2361	FALSE		FALSE	TRUE	PE Only		
56620	Vulvectomy simple	Partial Removal of V	February 2008	D			Site of Serv September 090	090	7.53	9.01		1.27	2801	FALSE		FALSE	TRUE	Decrease		
57150	Irrigation of vagina	Vaginal Treatments	April 2017	15			CMS 000-D July 2016 000	000	0.5	0.19	1.16	0.08	18396	FALSE		FALSE	TRUE	Decrease		
57155	Insertion of uterine	RAW	January 2017	30			ACOG, ASTRO 5.40 Site of Serv September 000	000	5.15	2.88	6.37	0.45	2436	FALSE		TRUE	ACOG conc October 2009 33	Complete	TRUE	Decrease
57156	Insertion of a vagir	RAW	January 2017	30			ACOG, ASTRO 2.69 Site of Serv September 000	000	2.69	1.61	3.98	0.22	15742	FALSE		FALSE	October 2009 33		TRUE	Decrease
57160	Fitting and inserti	Vaginal Treatments	April 2017	15			ACOG 0.89 CMS 000-D July 2016 000	000	0.89	0.34	1.21	0.14	74056	FALSE		FALSE	TRUE	Maintain		
57240	Anterior colporrha	Colporrhaphy with C	January 2017	14			ACOG 10.08 Site of Serv October 20090	090	10.08	6.86		1.57	6757	FALSE		TRUE	In October September 2011:35	yes	TRUE	Decrease
57250	Posterior colporrha	Colporrhaphy with C	January 2017	14			ACOG 10.08 Site of Serv April 2016 090	090	10.08	6.88		1.63	8365	FALSE		TRUE	In October September 2011:35	yes	TRUE	Decrease
57260	Combined anterop	Colporrhaphy with C	January 2017	14			ACOG 13.25 Site of Serv April 2016 090	090	13.25	8.07		2.15	8276	FALSE		TRUE	In October September 2011:35	yes	TRUE	Decrease
57265	Combined anterop	Colporrhaphy with C	January 2017	14			ACOG 15.00 Site of Serv April 2016 090	090	15	8.79		2.45	3521	FALSE		TRUE	In October September 2011:35	yes	TRUE	Decrease
57282	Colpopexy, vaginal	Colpopexy	January 2020	26			13.48 Site of Serv October 20090	090	11.63	7.46		1.83	6291	FALSE		FALSE	TRUE	Increase		
57283	Colpopexy, vaginal	Colpopexy	January 2020	26			13.51 Site of Serv October 20090	090	11.66	7.51		1.9	4959	FALSE		FALSE	TRUE	Increase		
57287	Removal or revisio	Urological Procedur	February 2008	C			AUA 10.97 Site of Serv September 090	090	11.15	9.58		1.68	1342	FALSE		FALSE	TRUE	Decrease		
57288	Sling operation for	Sling Operation for	February 2008	O			ACOG, AUA 12.00 New Techr September 090	090	12.13	8.44		1.85	19924	FALSE		FALSE	TRUE	Decrease		
57425	Laparoscopy,urgi	Laparoscopic Colop	January 2020	27			18.02 Site of Serv October 20090	090	17.03	9.56		2.67	10619	FALSE		FALSE	TRUE	Increase		
58100	Endometrial sampl	Biopsy of Uterus Lin	April 2017	16			ACOG 1.21 CMS 000-D July 2016 000	000	1.21	0.48	1.65	0.2	59384	FALSE		FALSE	TRUE	Decrease		
58110	Endometrial sampl	Biopsy of Uterus Lin	April 2017	16			ACOG 0.77 CMS 000-D April 2017 ZZZ	ZZZ	0.77	0.30	0.61	0.13	663	FALSE		FALSE	TRUE	Maintain		
58555	Hysteroscopy, diag	Hysteroscopy	January 2016	37			ACOG 3.07 CMS Requ NA 000	000	2.65	1.44	7.75	0.44	1212	FALSE		FALSE	TRUE	Decrease		
58558	Hysteroscopy, surg	Hysteroscopy	January 2016	37			ACOG 4.37 CMS Requ NA 000	000	4.17	2.04	34.67	0.71	42979	FALSE		FALSE	TRUE	Decrease		
58559	Hysteroscopy, surg	Hysteroscopy	January 2016	37			ACOG 5.54 CMS High E July 2015 000	000	5.2	2.41		0.88	75	FALSE		FALSE	TRUE	Decrease		
58560	Hysteroscopy, surg	Hysteroscopy	January 2016	37			ACOG 6.15 CMS High E July 2015 000	000	5.75	2.62		0.98	21	FALSE		FALSE	TRUE	Decrease		
58561	Hysteroscopy, surg	Hysteroscopy	January 2016	37			ACOG 7.00 CMS High E July 2015 000	000	6.6	2.97		1.13	2058	FALSE		FALSE	TRUE	Decrease		
58562	Hysteroscopy, surg	Hysteroscopy	January 2016	37			ACOG 4.17 CMS Requ NA 000	000	4	1.95	8.28	0.68	175	FALSE		FALSE	TRUE	Decrease		
58563	Hysteroscopy, surg	Hysteroscopy	January 2016	37			ACOG 4.62 CMS Requ NA 000	000	4.47	2.13	57.45	0.75	1475	FALSE		FALSE	TRUE	Decrease		
58660	Laparoscopy,urgi	Laprosopic Proced	September 2007	16			AUA, ACOG Reduce 99: Site of Serv September 090	090	11.59	6.81		2.25	610	FALSE		FALSE	TRUE	PE Only		
58661	Laparoscopy,urgi	Laprosopic Proced	September 2007	16			ACOG Reduce 99: Site of Serv September 010	010	11.35	6.38		1.92	11612	FALSE		FALSE	TRUE	PE Only		
58823	Drainage of pelvic	Drainage of Abscess	January 2013	04			Deleted frc Codes Rep January 2012									FALSE	October 2012 06	Complete	TRUE	Deleted from CPT
59200	Insertion of cervic	Insertion of Cervical	January 2024	13			ACOG 1.20 CMS Requ November 000	000	0.79	0.31	2.14	0.23	185	FALSE		FALSE	TRUE	Increase		
59400	Routine obstetric c	Obstetrical Care	October 2009	15			ACOG, AAFP 32.69 High IWPU February 2 MMM	MMM	37	25.80		10.2	1827	FALSE		FALSE	TRUE	Increase		
59409	Vaginal delivery on	Obstetrical Care	October 2009	15			ACOG, AAFP 14.37 High IWPU February 2 MMM	MMM	14.37	5.73		3.91	985	FALSE		FALSE	TRUE	Increase		
59410	Vaginal delivery on	Obstetrical Care	October 2009	15			ACOG, AAFP 18.54 High IWPU February 2 MMM	MMM	18.76	8.60		5.15	517	FALSE		FALSE	TRUE	Increase		
59412	External cephalic v	Obstetrical Care	October 2009	15			ACOG, AAFP 1.71 High IWPU April 2008 MMM	MMM	1.71	0.86		0.52	28	FALSE		FALSE	TRUE	Maintain		
59414	Delivery of placent	Obstetrical Care	October 2009	15			ACOG, AAFP 1.61 High IWPU April 2008 MMM	MMM	1.61	0.62		0.49	50	FALSE		FALSE	TRUE	Maintain		
59425	Antepartum care o	Obstetrical Care	October 2009	15			ACOG, AAFP 6.31 High IWPU April 2008 MMM	MMM	7.8	3.07	7.05	2.15	538	FALSE		FALSE	TRUE	Decrease		
59426	Antepartum care o	Obstetrical Care	October 2009	15			ACOG, AAFP 11.16 High IWPU April 2008 MMM	MMM	14.3	5.63	12.82	3.98	430	FALSE		FALSE				

59610	Routine obstetric c	Obstetrical Care	October 2009	15			ACOG, AAFP	34.40	High IWPU April 2008	MMM	38.71	25.92		11.9	45	FALSE		FALSE	TRUE	Increase				
59612	Vaginal delivery on	Obstetrical Care	October 2009	15			ACOG, AAFP	16.09	High IWPU April 2008	MMM	16.09	6.20		4.92	35	FALSE		FALSE	TRUE	Increase				
59614	Vaginal delivery on	Obstetrical Care	October 2009	15			ACOG, AAFP	20.26	High IWPU April 2008	MMM	20.48	8.40		6.27	27	FALSE		FALSE	TRUE	Increase				
59618	Routine obstetric c	Obstetrical Care	October 2009	15			ACOG, AAFP	36.69	High IWPU April 2008	MMM	41.57	27.69		12.78	17	FALSE		FALSE	TRUE	Increase				
59620	Cesarean delivery c	Obstetrical Care	October 2009	15			ACOG, AAFP	16.66	High IWPU April 2008	MMM	16.66	6.42		5.11	8	FALSE		FALSE	TRUE	Decrease				
59622	Cesarean delivery c	Obstetrical Care	October 2009	15			ACOG, AAFP	22.53	High IWPU April 2008	MMM	23.32	11.36		7.17	16	FALSE		FALSE	TRUE	Increase				
60220	Total thyroid lobec	Total Thyroid Lobec	April 2008	46			ACS, AAO-HNS	12.29	Site of Serv	September 090	11.19	7.98		2.14	6529	FALSE		FALSE	TRUE	Maintain				
60225	Total thyroid lobec	Total Thyroid Lobec	April 2008	46			ACS, AAO-HNS	14.67	Site of Serv	September 090	14.79	10.63		2.84	194	FALSE		FALSE	TRUE	Maintain				
60520	Thymectomy, parti	RAW Review	January 2013	34					No reliable CMS Requ	November 090	17.16	10.23		4.13	340	FALSE		FALSE	TRUE	Remove from Screen				
60521	Thymectomy, parti	RAW Review	January 2013	34					No reliable CMS Requ	November 090	19.18	9.64		4.61	216	FALSE		FALSE	TRUE	Remove from Screen				
60522	Thymectomy, parti	RAW Review	January 2013	34					No reliable CMS Requ	November 090	23.48	11.24		5.74	96	FALSE		FALSE	TRUE	Remove from Screen				
61055	Cisternal or lateral	Myelography	April 2014	17					Editorial ch Codes Rep	January 20 000	2.1	1.04		0.35	87	FALSE		TRUE	This code c	October 2013 21	Complete	TRUE	Remove from Screen	
61624	Transcatheter perr	Endovascular Thera	September 2022	13	April 2024	RUC	AANS, ACR, C	Refer to CF	Codes Rep	April 2022 000	20.12	8.36		6.29	10270	FALSE		TRUE	In April 20:	February 2024		FALSE		
61781	Stereotactic comp	Stereotactic Compul	February 2010	13			NASS, AANS/C	3.75	CMS Faste:	October 20ZZZ	3.75	1.79		1.54	15392	FALSE		FALSE		October 2009 34		TRUE	Decrease	
61782	Stereotactic comp	Stereotactic Compul	February 2010	13			NASS, AANS/C	3.18	CMS Faste:	October 20ZZZ	3.18	1.48		0.47	17763	FALSE		FALSE		October 2009 34		TRUE	Decrease	
61783	Stereotactic comp	Stereotactic Compul	February 2010	13			NASS, AANS/C	3.75	CMS Faste:	October 20ZZZ	3.75	1.83		1.35	26207	FALSE		FALSE		October 2009 34		TRUE	Decrease	
61793	Deleted from CPT	Stereotactic Radios	October 2008	26			AANS	Deleted frc	CMS Faste:	September 2007						FALSE		FALSE		February 2008		TRUE	Deleted from CPT	
61795	Deleted from CPT	Stereotactic Radios	February 2009	38			NASS, AAO-HH	Deleted frc	CMS Faste:	October 2008						FALSE		TRUE	The specia	October 2009 34	Code Delete	TRUE	Deleted from CPT	
61796	Stereotactic radios	Stereotactic Radios	February 2009	38					CMS Requ	NA 090	13.93	11.48		5.74	5843	FALSE		FALSE				TRUE	Decrease	
61797	Stereotactic radios	Stereotactic Radios	February 2009	38					CMS Requ	NA ZZZ	3.48	1.67		1.45	7831	FALSE		FALSE				TRUE	Decrease	
61798	Stereotactic radios	Stereotactic Radios	February 2009	38					CMS Requ	NA 090	19.75	14.19		8.06	2820	FALSE		FALSE				TRUE	Decrease	
61799	Stereotactic radios	Stereotactic Radios	February 2009	38					CMS Requ	NA ZZZ	4.81	2.31		0.02	633	FALSE		FALSE				TRUE	Decrease	
61800	Application of ster	Stereotactic Radios	April 2008	16					CMS Faste:	February 2 ZZZ	2.25	1.36		0.93	3856	FALSE		FALSE				TRUE	Decrease	
61885	Insertion or replac	Vagal Nerve Stimula	February 2010	14			AANS/CNS	6.44	Site of Serv	September 090	6.05	7.76		2.39	4146	FALSE		TRUE	In Feb 200:	October 2009 35	Complete	TRUE	Decrease	
62263	Percutaneous lysis	Epidural Lysis	October 2010	66			AAPM, AANS/i	6.54	Site of Serv	September 010	5	4.22		0.5	199	FALSE		FALSE				TRUE	Maintain	
62270	Spinal puncture, lu	Lumbar Puncture	January 2019	09			ACR, ASNR, SII	1.44	Different P	October 20000	1.22	0.41		2.9	22631	FALSE		TRUE	In January	September 2011:24	Complete	TRUE	Increase	
62272	Spinal puncture, th	Lumbar Puncture	January 2019	09					Different P	September 000	1.58	0.71		3.52	0.46	3156	FALSE		FALSE	September 2011:24	Complete	TRUE	Increase	
62281	Injection/infusion c	injection of Neuroly	September 2007	16			ASA	Remove 99	Site of Serv	September 010	2.66	1.75		4.32	0.23	96	TRUE	Q&A May	Yes			FALSE	PE Only	
62284	Injection procedur	Myelography	April 2014	17			ACR, ASNR	1.54	Codes Rep	October 20000	1.54	0.75		3.89	0.17	14175	FALSE		TRUE	Joint Work	October 2013 21	Complete	TRUE	Maintain
62287	Decompression prc	Percutaneous Diske	September 2007	16			ASA	Reduce 99:	Site of Serv	September 090	9.03	8.10		0.96	103	FALSE		FALSE				TRUE	PE Only	
62290	Injection procedur	injection for discogr	April 2010	45			ASA, AAPM, A	3.00, CPT A	Different P	October 20000	3	1.36		7.01	0.27	4934	TRUE	Mar 2011	Yes			FALSE	Maintain	
62302	Myelography via lu	Myelography	April 2014	17			ACR, ASNR	2.29	Codes Rep	October 20000	2.29	1.00		5.08	0.22	2064	FALSE		TRUE	Joint Work	October 2013 21	Complete	TRUE	Decrease
62303	Myelography via lu	Myelography	April 2014	17			ACR, ASNR	2.29	Codes Rep	October 20000	2.29	1.01		5.22	0.21	307	FALSE		TRUE	Joint Work	October 2013 21	Complete	TRUE	Decrease
62304	Myelography via lu	Myelography	April 2014	17			ACR, ASNR	2.25	Codes Rep	October 20000	2.25	1.00		5.08	0.22	9215	FALSE		TRUE	Joint Work	October 2013 21	Complete	TRUE	Decrease
62305	Myelography via lu	Myelography	April 2014	17			ACR, ASNR	2.35	Codes Rep	October 20000	2.35	1.03		5.65	0.22	4331	FALSE		TRUE	Joint Work	October 2013 21	Complete	TRUE	Decrease
62310	Injection(s), of diag	Epidural Injections	October 2015	10		RUC	AAPM, AAPMI	Deleted frc	CMS High E	January 2012						FALSE		TRUE	In the NPR	May 2015 15	Complete	TRUE	Deleted from CPT	
62311	Injection(s), of diag	Epidural Injections	October 2015	10		RUC	AAPM, AAPMI	Deleted frc	CMS High E	September 2011						FALSE		TRUE	In the NPR	May 2015 15	Complete	TRUE	Deleted from CPT	
62318	Injection(s), includi	Epidural Injections	October 2015	10		RUC	AAPM, AAPMI	Deleted frc	CMS High E	January 2012						FALSE		TRUE	In the NPR	May 2015 15	Complete	TRUE	Deleted from CPT	
62319	Injection(s), includi	Epidural Injections	October 2015	10		RUC	AAPM, AAPMI	Deleted frc	CMS High E	January 2012						FALSE		TRUE	In the NPR	May 2015 15	Complete	TRUE	Deleted from CPT	
62320	Injection(s), of diag	Epidural Injections	October 2015	10		RUC	AANS, AANEM	1.80	Final Rule f	May 2015 000	1.8	0.93		2.87	0.25	1661	FALSE		FALSE	May 2015 15	Complete	TRUE	Decrease	
62321	Injection(s), of diag	Epidural Injections	October 2015	10		RUC	AANS, AANEM	1.95	Final Rule f	May 2015 000	1.95	1.06		5.75	0.19	175954	FALSE		FALSE	May 2015 15	Complete	TRUE	Decrease	
62322	Injection(s), of diag	Epidural Injections	October 2015	10		RUC	AANS, AANEM	1.55	Final Rule f	May 2015 000	1.55	0.64		2.34	0.17	21604	FALSE		FALSE	May 2015 15	Complete	TRUE	Decrease	
62323	Injection(s), of diag	Epidural Injections	October 2015	10		RUC	AANS, AANEM	1.80	Final Rule f	May 2015 000	1.8	0.98		5.78	0.18	548699	FALSE		FALSE	May 2015 15	Complete	TRUE	Decrease	
62324	Injection(s), includi	Epidural Injections	October 2015	10		RUC	AANS, AANEM	1.89	Final Rule f	May 2015 000	1.89	0.59		2.06	0.16	10995	FALSE		FALSE	May 2015 15	Complete	TRUE	Decrease	
62325	Injection(s), includi	Epidural Injections	October 2015	10		RUC	AANS, AANEM	2.20	Final Rule f	May 2015 000	2.2	0.88		5.1	0.2	731	FALSE		FALSE	May 2015 15	Complete	TRUE	Decrease	
62326	Injection(s), includi	Epidural Injections	October 2015	10		RUC	AANS, AANEM	1.78	Final Rule f	May 2015 000	1.78	0.59		2.18	0.16	1641	FALSE		FALSE	May 2015 15	Complete	TRUE	Decrease	
62327	Injection(s), includi	Epidural Injections	October 2015	10		RUC	AANS, AANEM	1.90	Final Rule f	May 2015 000	1.9	1.10		6.09	0.2	1126	FALSE		FALSE	May 2015 15	Complete	TRUE	Decrease	
62328	Spinal puncture, lu	Lumbar Puncture	January 2019	09					Different P	September 000	1.73	0.62		4.74	0.17	40475	FALSE		FALSE	September 2011:24	Complete	TRUE	Increase	
62329	Spinal puncture, th	Lumbar Puncture	January 2019	09					Different P	September 000	2.03	0.76		5.5	0.3	2067	FALSE		FALSE	September 2011:24	Complete	TRUE	Increase	
62350	Implantation, revis	Intrathecal Epidural	October 2010	67			AAPM, AANS/i	6.05	Site of Serv	September 010	6.05	4.78		1.21	3825	FALSE		FALSE				TRUE	Decrease	
62355	Removal of previou	Intrathecal Epidural	October 2010	67			AAPM, AANS/i	4.35	Site of Serv	September 010	3.55	3.98		0.85	741	FALSE		FALSE				TRUE	Decrease	
62360	Implantation or re	Intrathecal Epidural	October 2010	67			AAPMR, ASA,	14.33	Site of Serv	April 2008 010	4.33	4.10		0.98	211	FALSE		FALSE				TRUE	Decrease	
62361	Implantation or re	Intrathecal Epidural	October 2010	67			AAPM, AANS/i	5.65	Site of Serv	April 2008 010	5	6.28		2.08	28	FALSE		FALSE				TRUE	Decrease	
62362	Implantation or re	Intrathecal Epidural	October 2010	67			AAPM, AANS/i	6.10	Site of Serv	September 010	5.6	4.76		1.32	5790	FALSE		FALSE				TRUE	Decrease	
62365	Removal of subcut	Intrathecal Epidural	October 2010	67			AAPMR, ASA,	14.65	Site of Serv	September 010	3.93	4.12		1.01	904	FALSE		FALSE				TRUE	Decrease	
62367	Electronic analysis	Electronic Analysis II	April 2018	14			AAPM, AAPMI	New PE in	Codes Rep	October 20XXX	0.48	0.20		0.42	0.06	6627	FALSE		TRUE	Identified t	October 2010 49	Complete	TRUE	Maintain
62368	Electronic analysis	Electronic Analysis II	April 2018	14			AAPM, AAPMI	New PE in	Codes Rep	October 20XXX	0.67	0.27		0.58	0.08	29798	FALSE		TRUE	Identified t	October 2010 49	Complete	TRUE	Decrease
62369	Electronic analysis	Electronic Analysis II	April 2018	14			AAPM, AAPMI	New PE in	Codes Rep	October 20XXX	0.67	0.29		2.02	0.08	20819	FALSE		TRUE	October 2010 49	Complete	TRUE	Decrease	
62370	Electronic analysis	Electronic Analysis II	April 2018	14			AAPM, AAPMI	New PE in	Codes Rep	October 20XXX	0.9	0.36		1.77	0.1	86854	FALSE		TRUE	October 2010 49	Complete	TRUE	Decrease	
63020	Laminotomy (hemi	Lumbar Laminotom	January 2022	17			AANS, AAOS,	15.95	Site of Serv	January 20 090	14.91	13.60		4.89	851	FALSE		FALSE				TRUE	Decrease	
63030	Laminotomy (hemi	Lumbar Laminotom	January 2022	17			AANS, AAOS,	13.18	Pre-Time A	January 20 090	12	11.95		3.9	19263	FALSE		TRUE	In October	September 2021	CCA rejectec	TRUE	Maintain	
63035	Laminotomy (hemi	Lumbar Laminotom	January 2022	17			AANS, AAOS,	14.00	Site of Serv	January 20 ZZZ	3.86	1.91		1.21	3991	FALSE		FALSE				TRUE	Increase	
63042	Laminotomy (hemi	RAW	September 2014	21			AANS, AAOS,	11	Pre-Time A	January 20 090	18.76	14.90		5.63	7182	FALSE		FALSE				TRUE	Maintain	
63045	Laminectomy, face	Laminectomy	September 2014	16		RUC	Review work and dir	17.95	CMS Requ	November 090	17.95	14.84		6.42	10185	FALSE		FALSE				TRUE	Maintain	
63046	Laminectomy, face	Laminectomy	September 2014	16		RUC	Review work and dir	17.25	CMS Requ	November 090	17.25	14.35		5.8	4093	FALSE		FALSE				TRUE	Maintain	
63047	Laminectomy, face	Laminectomy	January 2013	24			NASS, AANS	15.37	CMS High E	September 090	15.37	13.32		4.92	81538	FALSE		FALSE				TRUE	Maintain	
63048	Laminectomy, face	Laminectomy	January 2013	24			NASS, AANS	3.47	CMS High E	January 20 ZZZ	3.47	1.72		1.11	103832	FALSE		FALSE				TRUE	Maintain	
63056	Transpedicular app	RAW	October 2015	21		RAW	NASS, AANS	Review act	CMS Faste:	October 20090	21.86	16.05		7.27	4385									



63664	Revision including Neurostimulator (Sp) April 2009	17			ISIS, NASS, AA	11.39	Site of Serv	April 2008	090	11.52	11.40		4.13	545	FALSE		FALSE		TRUE	Decrease			
63685	Insertion or replacement Spinal Neurostimulator September 2022	04			AANS, AAPM,	5.19	Site of Serv	September 010		5.19	3.98		1.11	25687	FALSE		FALSE		TRUE	Decrease			
63688	Revision or replacement Spinal Neurostimulator September 2022	04			AANS, AAPM,	4.35	Site of Serv	September 010		4.35	3.73		1.01	7096	FALSE		FALSE		TRUE	Decrease			
64400	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAN, AAPM&f	1.00	Added as p	October 20000		0.75	0.59	2.46	0.21	37413	FALSE		FALSE		TRUE	Decrease			
64405	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAN, AAPM,	A 0.94	CMS 000-D	July 2016 000		0.94	0.42		1.11	120882	FALSE		FALSE		TRUE	Maintain			
64408	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, NANS,	0.90	Added as p	October 20000		0.75	0.48	1.59	0.11	1567	FALSE		FALSE		TRUE	Decrease			
64412	Injection, anesthetic Anesthetic Injection April 2014	36			AAN, ASA, AA	Deleted frc	High Volun	April 2013							TRUE	FAQ Sept 2	Yes	TRUE	In April 2010: October 2014	21	Complete	TRUE	Deleted from CPT
64415	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, ASA	1.50	CMS Faste:	October 20000		1.5	0.43	2.39	0.13	192508	TRUE	Dec 2011 8	Yes	TRUE	During the May 2021	14	complete	TRUE	Increase
64416	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, ASA	1.80	Site of Serv	September 000		1.8	0.33		0.15	13485	FALSE		TRUE	During the May 2021	14	complete	TRUE	Decrease	
64417	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, ASA	1.31	part of Nev	October 20000		1.31	0.46	3.37	0.13	15886	FALSE		TRUE	During the May 2021	14	complete	TRUE	Decrease	
64418	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, SIS	1.10	Harvard Va	October 20000		1.1	0.43	1.37	0.12	28406	FALSE		FALSE		TRUE	Decrease			
64420	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, AAPM	1.18	Added as p	October 20000		1.08	0.55	1.76	0.1	22533	FALSE		FALSE		TRUE	Maintain			
64421	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, AAPM	0.60	Added as p	October 20000		0.5	0.19	0.45	0.05	17399	FALSE		FALSE		TRUE	Decrease			
64425	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, AAPM	1.19	Added as p	October 20000		1	0.52	2.22	0.1	6972	FALSE		FALSE		TRUE	Decrease			
64430	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, ACOG,	1.15	Added as p	October 20000		1	0.51	1.83	0.12	4492	FALSE		FALSE		TRUE	Decrease			
64435	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, ACOG,	0.75	Added as p	October 20000		0.75	0.43	1.54	0.13	37	FALSE		FALSE		TRUE	Decrease			
64445	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, AAPM	1.39	CMS Faste:	October 20000		1.39	0.61	3.23	0.14	131118	TRUE	Dec 2011 8	Yes	FALSE			TRUE	Decrease	
64446	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, ASA	1.75	Site of Serv	February 2 000		1.75	0.33		0.15	4622	FALSE		TRUE	During the May 2021	14	complete	TRUE	Decrease	
64447	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, ASA	1.34	CMS Faste:	October 20000		1.34	0.42	2.03	0.11	340001	TRUE	Dec 2011 8	Yes	TRUE	During the May 2021	14	complete	TRUE	Decrease
64448	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, ASA	1.68	Site of Serv	February 2 000		1.68	0.31		0.14	28796	FALSE		TRUE	During the May 2021	14	complete	TRUE	Increase	
64449	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, NANS,	1.55	Site of Serv	September 000		1.27	0.48		0.14	914	FALSE		TRUE	The RUC re February 2008	31	Complete	TRUE	Decrease	
64450	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, AAPM	0.75	Harvard Va	October 20000		0.75	0.41	1.42	0.09	362024	TRUE	Jan 2013	Yes	FALSE			TRUE	Maintain	
64451	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, AAPM	1.52	Added as p	October 20000		1.52	0.77	5.18	0.14	22213	FALSE		FALSE		TRUE	Maintain			
64454	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, NANS,	1.52	Added as p	October 20000		1.52	0.79	5	0.14	45000	FALSE		FALSE		TRUE	Maintain			
64455	Injection(s), anesthetic Somatic Nerve Injection October 2021	05			AAPM, APMA,	0.75	High Volun	October 20000		0.75	0.18	0.69	0.06	65814	FALSE		FALSE		TRUE	Maintain			
64470	Deleted from CPT Injection Anesthetic April 2008	57			ASA, NASS,	AA Deleted frc	High Volun	April 2008							FALSE		TRUE	The RUC re February 2009	28	Code Delete	TRUE	Deleted from CPT	
64472	Deleted from CPT Injection Anesthetic April 2008	57			ASA, NASS,	AA Deleted frc	High Volun	February 2008							FALSE		TRUE	The RUC re February 2009	28	Code Delete	TRUE	Deleted from CPT	
64475	Deleted from CPT Injection Anesthetic April 2008	57			ASA, NASS,	AA Deleted frc	High Volun	April 2008							FALSE		TRUE	The RUC re February 2009	28	Code Delete	TRUE	Deleted from CPT	
64476	Deleted from CPT Injection Anesthetic April 2008	57			ASA, NASS,	AA Deleted frc	High Volun	April 2008							FALSE		TRUE	The RUC re February 2009	28	Code Delete	TRUE	Deleted from CPT	
64479	Injection(s), anesthetic Injection Anesthetic October 2009	05			AAPM, ISIS,	AS 2.29	CMS Faste:	October 20000		2.29	1.39	5.48	0.21	35983	FALSE		TRUE	The RUC re June 2009	19	CPT Editoria	TRUE	Increase	
64480	Injection(s), anesthetic Injection Anesthetic October 2009	05			AAPM, ISIS,	AS 1.20	CMS Faste:	October 20000		1.2	0.50	2.73	0.11	13294	FALSE		TRUE	The RUC re June 2009	19	CPT Editoria	TRUE	Decrease	
64483	Injection(s), anesthetic Injection of Anesthetic October 2009	05			AAPM, ISIS,	AS 1.90	CMS Faste:	October 20000		1.9	1.24	5.32	0.18	880177	FALSE		TRUE	The RUC re June 2009	19	CPT Editoria	TRUE	Decrease	
64484	Injection(s), anesthetic Injection of Anesthetic October 2009	05			AAPM, ISIS,	AS 1.00	CMS Faste:	October 20000		1	0.43	2.24	0.1	325687	FALSE		TRUE	The Workg June 2009	19	CPT Editoria	TRUE	Decrease	
64488	Transversus abdominis RAW September 2022	13			ANA, ASA	Maintain	High Volun	April 2022 000		1.6	0.30	2.39	0.13	62861	FALSE		FALSE		TRUE	Maintain			
64490	Injection(s), diagnostic Facet Joint Injection April 2009	18			ASA, NASS,	AS 1.82	High Volume	Growth1 000		1.82	1.14	3.79	0.18	228012	FALSE		FALSE		TRUE	Decrease			
64491	Injection(s), diagnostic Facet Joint Injection April 2009	18			ASA, NASS,	AS 1.16	High Volume	Growth1 2ZZ		1.16	0.48	1.64	0.12	203743	FALSE		FALSE		TRUE	Decrease			
64492	Injection(s), diagnostic Facet Joint Injection April 2009	18			ASA, NASS,	AS 1.16	High Volume	Growth1 2ZZ		1.16	0.51	1.65	0.12	960	FALSE		FALSE		TRUE	Decrease			
64493	Injection(s), diagnostic Facet Joint Injection April 2009	18			ASA, NASS,	AS 1.52	High Volume	Growth1 000		1.52	1.03	3.66	0.15	767913	FALSE		FALSE		TRUE	Decrease			
64494	Injection(s), diagnostic Facet Joint Injection April 2009	18			ASA, NASS,	AS 1.00	High Volume	Growth1 2ZZ		1	0.41	1.63	0.1	689688	FALSE		FALSE		TRUE	Decrease			
64495	Injection(s), diagnostic Facet Joint Injection April 2009	18			ASA, NASS,	AS 1.00	High Volume	Growth1 2ZZ		1	0.44	1.63	0.1	2562	FALSE		FALSE		TRUE	Decrease			
64510	Injection, anesthetic Fluoroscopy April 2009	27			ASA, ISIS,	AAP New PE in	CMS Requ	April 2009 000		1.22	0.96	3.06	0.12	5787	FALSE		FALSE		TRUE	PE Only			
64520	Injection, anesthetic Fluoroscopy April 2009	27			ASA, ISIS,	AAP PE Review	CMS Requ	April 2009 000		1.35	1.06	5.44	0.13	12518	FALSE		FALSE		TRUE	PE Only			
64550	Application of surface Percutaneous Neurostimulation January 2017	29			AANS, CNS,	AC Deleted frc	Final Rule f	January 2017							FALSE		TRUE	In Septem June 2017	12	yes	TRUE	Deleted from CPT	
64553	Percutaneous implant Percutaneous Neurostimulation January 2017	15		RUC	AANS, CNS,	AS 6.13	Final Rule f	July 2014 010		6.13	5.06	107.38	2.55	42	FALSE		TRUE	The RUC di September 2013	36	yes	TRUE	Increase	
64555	Percutaneous implant Percutaneous Neurostimulation January 2019	37			AANS, CNS,	AS 5.76	Articl High	Volun February 2 010		5.76	3.30	57.29	0.62	9610	TRUE	Jan 2016	Yes	TRUE	The RUC di September 2013	36	yes	TRUE	Increase
64561	Percutaneous implant Percutaneous Neurostimulation October 2020	24			AANS, CNS	5.44. 9921	CMS Faste:	October 20010		5.44	2.88	15.82	0.74	26286	FALSE		FALSE	September 2013	36	yes	TRUE	Decrease	
64565	Percutaneous implant Percutaneous Neurostimulation January 2017	15			AANS, CNS	Deleted frc	Final Rule f	January 2017							FALSE		FALSE	September 2013	36	yes	TRUE	Deleted from CPT	
64566	Posterior tibial neurostimulation Posterior Tibial Neurostimulation January 2019	37			ACOG, AUA	0.60	CMS Requ	July 2013 000		0.6	0.22	2.82	0.08	159314	FALSE		FALSE		TRUE	Maintain			
64568	Open implantation Vagus Nerve Stimulation February 2010	14			AANS/CNS	11.19	Site of Serv	February 2 090		9	7.31		1.92	251	FALSE		FALSE	October 2009	35		TRUE	Decrease	
64573	Deleted from CPT Neurosurgical Procedure February 2009	28			AANS/CNS	Deleted frc	Site of Serv	September 2007							FALSE		TRUE	In Feb 2009: October 2009	35	Code Delete	TRUE	Deleted from CPT	
64581	Open implantation Urological Procedure January 2016	54			AUA	12.20. 992	Site of Serv	September 090		12.2	5.74		1.68	6897	FALSE		FALSE		TRUE	Decrease			
64590	Insertion or replacement Skin Adhesives (PE) April 2023	07			ACOG, AUA	New PE in	Harvard-Va	April 2022 010		5.1	3.00	7.44	0.73	15943	TRUE		TRUE	In October 2017, this service was ident		Code incorr	TRUE	Remove from Screen	
64595	Revision or replacement Skin Adhesives (PE) April 2023	07		RAW	ACOG, AUA	New PE in	RUC recom	April 2022 010		3.79	2.54	6.59	0.56	3024	TRUE		FALSE				FALSE		
64596	Insertion or replacement Spinal Neurostimulation September 2022	04	April 2028	RAW	AAPM, ASA,	A Review act	Contractor	September 010		0	0.00	0		0	FALSE		FALSE				FALSE	Contractor Price	
64597	Insertion or replacement Spinal Neurostimulation September 2022	04	April 2028	RAW	AAPM, ASA,	A Review act	Contractor	September 010		0	0.00	0		0	FALSE		FALSE				FALSE	Contractor Price	
64598	Revision or replacement Spinal Neurostimulation September 2022	04	April 2028	RAW	AAPM, ASA,	A Review act	Contractor	September 010		0	0.00	0		0	FALSE		FALSE				FALSE	Contractor Price	
64615	Chemodestruction of muscle(s); muscle October 2020	23			AAN, AANEM,	Maintain	High Volun	October 20010		1.85	1.22	2.16	0.63	161627	FALSE		FALSE				FALSE	Maintain	
64622	Destruction by neurostimulation April 2009	27			ASA, ISIS,	AAP PE Review	CMS Requ	April 2008							FALSE		TRUE	The Execut June 2008 and FEC & 7		Code Delete	TRUE	Deleted from CPT	
64623	Destruction by neurostimulation Destruction by Neurostimulation April 2008	57			ASA, NASS,	AA Deleted frc	High Volun	February 2008							FALSE		TRUE	The Execut June 2008 and FEC & 7		Code Delete	TRUE	Deleted from CPT	
64626	Destruction by neurostimulation Fluoroscopy April 2009	27			ASA, ISIS,	AAP PE Review	CMS Requ	April 2008							FALSE		TRUE	The Execut June 2008 and FEC & 7		Code Delete	TRUE	Deleted from CPT	
64627	Destruction by neurostimulation Destruction by Neurostimulation April 2008	57			ASA, NASS,	AA Deleted frc	High Volun	April 2008							FALSE		TRUE	The Execut June 2008 and FEC & 7		Code Delete	TRUE	Deleted from CPT	
64633	Destruction by neurostimulation Destruction by Neurostimulation October 2020	17			ASA, AAPM,	A 3.42	Work Neut	September 010		3.32	2.10	9.51	0.32	86733	TRUE	Feb 2015	Yes	TRUE	In February May 2015	20	complete	TRUE	Decrease
64634	Destruction by neurostimulation Destruction by Neurostimulation October 2020	17			ASA, AAPM,	A 1.32	Work Neut	September ZZZ		1.32	0.54	6.22	0.13	95086	TRUE	Feb 2015	Yes	TRUE	In February May 2015	20	complete	TRUE	Maintain
64635	Destruction by neurostimulation Destruction by Neurostimulation October 2020	17			ASA, AAPM,	A 3.42	Work Neut	September 010		3.32	2.11	9.62	0.32	352439	TRUE	Feb 2015	Yes	TRUE	In February May 2015	20	complete	TRUE	Decrease
64636	Destruction by neurostimulation Destruction by Neurostimulation October 2020	17			ASA, AAPM,	A 1.16	Work Neut	September ZZZ		1.16	0.47	5.93	0.11	381076	TRUE	Feb 2015	Yes	TRUE	In February May 2015	20	complete	TRUE	Maintain
64640	Destruction by neurostimulation Injection Treatment September 2011	25			ASAM AAPM,	1.23. Rem	Site of Serv	September 010		1.98	1.37	5.27	0.21	72404	FALSE		FALSE				FALSE	Decrease	
64708	Neuroplasty, major Neuroplasty - Leg October 2010	69			AOFAS, ASSH,	6.36	Site of Serv	September 090		6.36	8.08		1.03	8567	FALSE		FALSE				FALSE	Maintain	
64712	Neuroplasty, major Neuroplasty - Leg October 2009	40			AOFAS, ASSH,	Remove frc	Site of Serv	September 090		8.07	8.28		1.71	628	FALSE		TRUE	The special February 2010	32	Editorial Cha	TRUE	Remove from Screen	
64831	Suture of digital nerve Neurolysis - Fin October 2010	70			AAOS, ASPS,	A 9.16	Site of Serv	September 090		9.16	10.18		1.71	728	FALSE		FALSE						

65855	Trabeculectomy by Trabeculectomy	April 2015	11	RUC	AAO	3.00	010-Day GI	January 20 010	3 2.85	4.07	0.24	129556	FALSE	TRUE	Referred to	February 2015	28	Complete	TRUE	Decrease	
66170	Fistulization of sclera Glaucoma Surgery	April 2015	32	RUC	AAO	13.94	090-Day GI	January 20 090	13.94 17.49		1.11	4824	FALSE	FALSE					TRUE	Decrease	
66172	Fistulization of sclera Glaucoma Surgery	April 2015	32	RUC	AAO	14.81	090-Day GI	January 20 090	14.84 19.52		1.18	1836	FALSE	FALSE					TRUE	Decrease	
66174	Transluminal dilatation Dilatation of Aqueous	September 2023	22	April 2024	RAW	AAO	Review act	New Techr April 2010 090	7.62 10.36		0.59	19414	FALSE	FALSE					FALSE	Decrease	
66175	Transluminal dilatation Dilatation of Aqueous	September 2023	22	April 2024	RAW	AAO	Review act	New Techr October 20 090	9.34 11.48		0.74	418	FALSE	FALSE	In April 20:	February 2024			FALSE	Decrease	
66179	Aqueous shunt to Aqueous Shunt	January 2014	12		AAO	14.00	Harvard-Vz	January 20 090	14 17.01		1.12	709	FALSE	TRUE		October 2013	24	Complete	TRUE	Decrease	
66180	Aqueous shunt to Aqueous Shunt	January 2020	37		AAO	Maintain. 1	Harvard-Vz	October 20 090	15 17.65		1.19	9127	FALSE	TRUE	In April 20:	October 2013	24	Complete	TRUE	Decrease	
66183	Insertion of anterior Aqueous Shunt	January 2020	37		AAO	Maintain. 1	Harvard-Vz	January 20 090	13.2 16.37		1.05	6916	FALSE	FALSE					TRUE	Maintain	
66184	Revision of aqueous Aqueous Shunt	January 2014	12		AAO	9.58	Harvard-Vz	January 20 090	9.58 13.25		0.75	521	FALSE	TRUE		October 2013	24	Complete	TRUE	Decrease	
66185	Revision of aqueous Aqueous Shunt	January 2020	37		AAO	Maintain. 1	Harvard-Vz	October 20 090	10.58 13.90		0.83	1520	FALSE	TRUE	In April 20:	October 2013	24	Complete	TRUE	Increase	
66711	Ciliary body destruction Cyclophotocoagulation	January 2019	11		AAO	6.36	Codes Rep	October 20 090	5.62 9.05		0.43	676	FALSE	TRUE	In October	May 2018	26	Yes	TRUE	Decrease	
66761	Iridotomy/Iridectomy Iridotomy	January 2020	37		AAO	Maintain. 2	High IWPU	February 2 010	3 3.79	5.69	0.24	48797	FALSE	TRUE	In April 20:	February 2010	33	Revised	TRUE	Decrease	
66821	Discission of secondary membranous cataract	February 2011	41		AAO	Maintain MPC List	October 20 090		3.42 5.62	6.31	0.25	625427	FALSE	FALSE					TRUE	Maintain	
66982	Extracapsular cataract Cataract Removal w/	September 2023	22	April 2024	RAW	AAO	Review act	High IWPU September 090	10.25 11.07		0.79	140997	TRUE	Sep 2009	Yes				FALSE	Decrease	
66983	Intracapsular cataract Cyclophotocoagulation	January 2019	11				Contractor Codes Rep	January 20 090	0 0.00	0	0	38	FALSE	FALSE					TRUE	Contractor Price	
66984	Extracapsular cataract Cataract Removal w/	September 2023	22	April 2024	RAW	AAO	Review act	High IWPU February 2 090	7.35 8.24		0.55	1485103	FALSE	FALSE					FALSE	Decrease	
66987	Extracapsular cataract Cataract Removal w/	January 2021	16			AAO	13.15	Codes Rep	January 20 090	0 0.00	0	542	FALSE	FALSE					TRUE	Decrease	
66988	Extracapsular cataract Cyclophotocoagulation	January 2019	11				10.25	Codes Rep	January 20 090	0 0.00	0	3028	FALSE	FALSE					TRUE	Decrease	
66989	Extracapsular cataract Cataract Removal w/	January 2021	16			AAO	12.13	High Volun	January 20 090	12.13 12.29	0.95	5185	FALSE	FALSE		October 2020	37	complete	TRUE	Maintain	
66991	Extracapsular cataract Cataract Removal w/	January 2021	16			AAO	9.23	High Volun	January 20 090	9.23 10.35	0.7	41677	FALSE	FALSE		October 2020	37	complete	TRUE	Maintain	
67028	Intravitreal injection Treatment of Retina	September 2023	13		AAO, ASRS	1.44	High Volun	February 2 000	1.44 1.16	1.82	0.11	3989677	FALSE	FALSE					TRUE	Maintain	
67036	Vitrectomy, mecha Vitrectomy	October 2013	11		AAO	12.13	Harvard-Vz	October 20 090	12.13 13.50		0.96	17654	FALSE	FALSE					TRUE	Decrease	
67038	Deleted from CPT Ophthalmological Procedure	September 2007	16		AAO	Deleted fr	Site of Serv	September 2007					FALSE	FALSE		February 2007			TRUE	Deleted from CPT	
67039	Vitrectomy, mecha Vitrectomy	October 2013	11		AAO	13.20	Site of Serv	September 090	13.2 14.19		1.05	3693	FALSE	FALSE					TRUE	Decrease	
67040	Vitrectomy, mecha Vitrectomy	October 2013	11		AAO	14.50	Site of Serv	September 090	14.5 15.02		1.16	5876	FALSE	FALSE					TRUE	Decrease	
67041	Vitrectomy, mecha Vitrectomy	October 2013	11		AAO	16.33	Harvard-Vz	October 20 090	16.33 16.20		1.28	10569	FALSE	FALSE					TRUE	Decrease	
67042	Vitrectomy, mecha Vitrectomy	October 2013	11		AAO	16.33	Harvard-Vz	October 20 090	16.33 16.20		1.28	22448	FALSE	FALSE					TRUE	Decrease	
67043	Vitrectomy, mecha Vitrectomy	October 2013	11		AAO	17.40	Harvard-Vz	October 20 090	17.4 16.89		1.36	245	FALSE	FALSE					TRUE	Decrease	
67101	Repair of retinal detachment Retinal Detachment	October 2015	11		RUC	AAO, ASRS	3.50	090-Day GI	April 2015 010	3.5 4.70	6.23	316	FALSE	TRUE	In April 20:	May 2015	21	Complete	TRUE	Decrease	
67105	Repair of retinal detachment Retinal Detachment	October 2015	11		RUC	AAO, ASRS	3.84	090-Day GI	April 2015 010	3.39 4.52	5.19	0.26	3557	FALSE	TRUE	In April 20:	May 2015	21	Complete	TRUE	Decrease
67107	Repair of retinal detachment Retinal Detachment	April 2015	12			AAO	16.00.	Red Site of Serv	September 090	16 15.99	1.25	409	FALSE	FALSE		October 2014	23		TRUE	Decrease	
67108	Repair of retinal detachment Retinal Detachment	April 2015	12		RUC	AAO	17.13	Site of Serv	September 090	17.13 16.71	1.34	15275	FALSE	FALSE		October 2014	23		TRUE	Decrease	
67110	Repair of retinal detachment Retinal Detachment	April 2015	12			AAO	10.25.	Rem Site of Serv	September 090	10.25 13.12	15.46	0.8	2304	FALSE	FALSE		October 2014	23		TRUE	Maintain
67112	Repair of retinal detachment Retinal Detachment	April 2015	12			AAO	Deleted fr	090-Day GI April 2014					FALSE	TRUE	Added as p	October 2014	23	Complete	TRUE	Deleted from CPT	
67113	Repair of complex Retinal Detachment	April 2015	12		RUC	AAO	19.00	090-Day GI	January 20 090	19 18.83		1.5	10182	FALSE	FALSE		October 2014	23	Complete	TRUE	Decrease
67141	Prophylaxis of retinal Retinal Detachment	October 2020	08		AAO, ASRS	2.53	Harvard Va	January 20 010	2.53 3.72	5.34	0.2	1171	FALSE	TRUE	CPT code 6	May 2020		complete	TRUE	Decrease	
67145	Prophylaxis of retinal Retinal Detachment	October 2020	08		AAO, ASRS	2.53	Harvard Va	October 20 010	2.53 3.72	4.54	0.2	29855	FALSE	TRUE	CPT code 6	May 2020		Complete	TRUE	Decrease	
67210	Destruction of loca Treatment of Retina	October 2010	13		AAO	6.36	High IWPU	February 2 090	6.36 7.95	8.48	0.5	38623	FALSE	TRUE	Code originally referred to CPT with re	Complete		Complete	TRUE	Decrease	
67220	Destruction of loca Treatment of Retina	October 2010	13		AAO	6.36	High IWPU	February 2 090	6.36 7.96	8.94	0.49	1885	FALSE	TRUE	Code originally referred to CPT with re	Complete		Complete	TRUE	Decrease	
67225	Destruction of loca Photodynamic Therapy	February 2008	P		AAO	0.47	New Techr	September ZZZ	0.47 0.30	0.35	0.04	75	FALSE	FALSE					TRUE	Maintain	
67228	Treatment of exenter Treatment of Retina	October 2009	40		AAO	Remove fr	High IWPU	February 2 010	4.39 4.24	5.37	0.35	40257	FALSE	FALSE					TRUE	Remove from Screen	
67255	Scleral reinforcement Aqueous Shunt	January 2014	12		AAO	10.17	Harvard-Vz	January 20 090	8.38 11.47		0.66	638	FALSE	TRUE		October 2013	24	Complete	TRUE	Maintain	
67311	Strabismus surgery Strabismus Surgery	October 2020	18		AAO, AAP	5.93	ZZZ Global	April 2020 090	5.93 7.16		0.46	4714	FALSE	FALSE					TRUE	Decrease	
67312	Strabismus surgery Strabismus Surgery	October 2020	18		AAO, AAP	9.50	ZZZ Global	April 2020 090	9.5 9.47		0.74	1244	FALSE	FALSE					TRUE	Decrease	
67314	Strabismus surgery Strabismus Surgery	October 2020	18		AAO, AAP	5.93	ZZZ Global	April 2020 090	5.93 7.16		0.46	2320	FALSE	FALSE					TRUE	Decrease	
67316	Strabismus surgery Strabismus Surgery	October 2020	18		AAO, AAP	10.31	ZZZ Global	April 2020 090	10.31 10.02		0.8	107	FALSE	FALSE					TRUE	Decrease	
67318	Strabismus surgery Strabismus Surgery	October 2020	18		AAO, AAP	9.80	ZZZ Global	April 2020 090	9.8 9.88		0.76	134	FALSE	FALSE					TRUE	Decrease	
67320	Transposition procedure Strabismus Surgery	October 2020	18		AAO, AAP	3.00	ZZZ Global	October 20 ZZZ	3 1.90		0.24	308	FALSE	FALSE					TRUE	Decrease	
67331	Strabismus surgery Strabismus Surgery	October 2020	18		AAO, AAP	2.00	ZZZ Global	October 20 ZZZ	2 2.45		0.16	944	FALSE	FALSE					TRUE	Decrease	
67332	Strabismus surgery Strabismus Surgery	October 2020	18		AAO, AAP	3.50	ZZZ Global	October 20 ZZZ	3.5 2.22		0.27	1400	FALSE	FALSE					TRUE	Decrease	
67334	Strabismus surgery Strabismus Surgery	October 2020	18		AAO, AAP	2.06	ZZZ Global	October 20 ZZZ	2.06 2.32		0.16	92	FALSE	FALSE					TRUE	Decrease	
67335	Placement of adjunct Strabismus Surgery	October 2020	18		AAO, AAP	3.23	ZZZ Global	October 20 ZZZ	3.23 2.03		0.24	1398	FALSE	FALSE					TRUE	Increase	
67340	Strabismus surgery Strabismus Surgery	October 2020	18		AAO, AAP	5.00	ZZZ Global	October 20 ZZZ	5 3.21		0.39	59	FALSE	FALSE					TRUE	Decrease	
67500	Retrolbulbar injection Injection – Eye	October 2017	11		AAO, ASRS	1.18	CMS 000-D	October 20 000	1.18 0.63	1.03	0.1	5723	FALSE	FALSE					TRUE	Decrease	
67505	Retrolbulbar injection Injection – Eye	October 2017	11		AAO, ASRS	1.18	CMS 000-D	October 20 000	1.18 0.86	1.29	0.09	71	FALSE	FALSE					TRUE	Decrease	
67515	Injection of medication Injection – Eye	October 2017	11		AAO, ASRS	0.84	CMS 000-D	July 2016 000	0.75 0.58	0.72	0.06	19697	FALSE	FALSE					TRUE	Decrease	
67820	Correction of trichiasis Correction of Trichiasis	April 2016	29		AOA, AOA (op	0.32	CMS High E	July 2015 000	0.32 0.32	0.22	0.02	173837	FALSE	FALSE					TRUE	Decrease	
67914	Repair of ectropion Repair of Eyelid	April 2013	24		AAO	3.75	Harvard-Vz	October 20 090	3.75 5.74	10.54	0.34	1353	FALSE	FALSE					TRUE	Maintain	
67915	Repair of ectropion Repair of Eyelid	April 2013	24		AAO	2.03	Harvard-Vz	October 20 090	2.03 3.79	7.28	0.16	181	FALSE	FALSE					TRUE	Decrease	
67916	Repair of ectropion Repair of Eyelid	April 2013	24		AAO	5.48	Harvard-Vz	October 20 090	5.48 6.85	12.29	0.45	1028	FALSE	FALSE					TRUE	Maintain	
67917	Repair of ectropion Repair of Eyelid	April 2013	24		AAO	5.93	Harvard-Vz	October 20 090	5.93 7.14	12.22	0.49	19453	FALSE	FALSE					TRUE	Decrease	
67921	Repair of entropion Repair of Eyelid	April 2013	24		AAO	3.47	Harvard-Vz	October 20 090	3.47 5.59	10.56	0.27	2698	FALSE	FALSE					TRUE	Maintain	
67922	Repair of entropion Repair of Eyelid	April 2013	24		AAO	2.03	Harvard-Vz	October 20 090	2.03 3.79	7.01	0.16	75	FALSE	FALSE					TRUE	Decrease	
67923	Repair of entropion Repair of Eyelid	April 2013	24		AAO	5.48	Harvard-Vz	October 20 090	5.48 6.87	12.31	0.44	690	FALSE	FALSE					TRUE	Decrease	
67924	Repair of entropion Repair of Eyelid	April 2013	24		AAO	5.93	Harvard-Vz	October 20 090	5.93 7.15	12.99	0.48	9060	FALSE	FALSE					TRUE	Maintain	
68040	Expression of conjunctiva Treatment of Eyelid	September 2011	51		AAO	Revised pa	High Volun	February 2 000	0.85 0.52	0.97	0.04	6534	FALSE	TRUE	AAO to de	February 2013	18	Complete	TRUE	Maintain	
68200	Subconjunctival injection Subconjunctival Injection	October 2013	18		AAO	0.49	Harvard Va	April 2011 000	0.49 0.48	0.71	0.04	5018	FALSE	FALSE					TRUE	Maintain	
68801	Dilatation of lacrimal Dilatation and Probing	January 2015	23		AAO, AOA (op	1.00	010-Day GI	January 20 010	0.82 1.51	2.02	0.05	22991	FALSE	FALSE					TRUE	Maintain	
68810	Probing of nasolacrimal Dilatation and Probing	January 2015	23		AAO, AOA (op	1.54	Site of Serv	September 010	1.54 2.15	3.16	0.12	22242	FALSE	FALSE					TRUE	Decrease	
68811	Probing of nasolacrimal duct, with or without	January 2015	23		AAO, AOA (op	2.03	010-Day GI	September 010	1.74 2.13		0.15	331	FALSE	FALSE					TRUE	Decrease	
68815	Probing of nasolacrimal Dilatation and Probing	January 2015	23		AAO, AOA (op	3.00	010-Day GI	January 20 010	2.7 3.70	8.29	0.22	6655	FALSE	FALSE					TRUE	Decrease	
68816	Probing of nasolacrimal duct, with or without</																				

69802	Labyrinthotomy, w Labyrinthotomy	April 2010	16	AAO-HNS	Deleted frc CMS Fastest Growing / Site of Service Anomaly (99238-Only)					FALSE	TRUE	Prior to sur February 2011	25	Code Delete	TRUE	Deleted from CPT
69930	Cochlear device im Cochlear Device Im	February 2008	M	AAO-HNS	17.60 Site of Serv	September 090	17.73	16.24		FALSE	FALSE				TRUE	Maintain
70030	Radiologic examin: X-Ray of Eye	January 2020	28		0.18	CMS-Other January 20 XXX	0.18	NA	0.78	0.02	19427	FALSE			FALSE	Increase
70100	Radiologic examin: RAW	October 2013	18			RUC to sub High Volun April 2013 XXX	0.18	NA	0.97	0.02	17784	FALSE			FALSE	Maintain
70210	Radiologic examin: X-Ray Exam - Sinuse	January 2019	24	AAFP, ACP, AC	0.20	CMS-Other October 20 XXX	0.17	NA	0.78	0.02	14374	FALSE			FALSE	Increase
70220	Radiologic examin: X-Ray Exam - Sinuse	January 2019	24	AAFP, ACP, AC	0.22	CMS-Other October 20 XXX	0.22	NA	0.89	0.02	32703	FALSE			FALSE	Decrease
70250	Radiologic examin: X-Ray Exam - Skull	January 2019	25	ACR, ASNR	0.20	CMS-Other October 20 XXX	0.18	NA	0.89	0.02	39351	FALSE			FALSE	Decrease
70260	Radiologic examin: X-Ray Exam - Skull	January 2019	25	ACR, ASNR	0.29	CMS-Other October 20 XXX	0.28	NA	1.04	0.02	7741	FALSE			FALSE	Decrease
70310	Radiologic examin: RAW	October 2013	18			RUC to sub High Volun April 2013 XXX	0.16	NA	1.04	0.02	648	FALSE			FALSE	Maintain
70360	Radiologic examin: X-Ray Exam - Neck	January 2019	26	AAFP, ACP, AC	0.20	CMS-Other October 20 XXX	0.18	NA	0.74	0.02	37844	FALSE			FALSE	Increase
70371	Complex dynamic t Laryngography	January 2019	37	ACR, AAFP	CPT Assist	Codes Rep: October 20 XXX	0.84	NA	2.39	0.05	754	TRUE	July 2014	Yes	FALSE	Maintain
70373	Laryngography, co Laryngography	October 2012		ACR, AAFP	CPT Assist	Codes Rep: October 2012						TRUE	July 2014	Yes	FALSE	Deleted from CPT
70450	Computed tomogr: CT Head/Brain	April 2019	15	ACR, ASNR	0.85	CMS-Other April 2011 XXX	0.85	NA	2.36	0.05	5054448	FALSE			FALSE	Maintain
70460	Computed tomogr: CT Head/Brain	April 2019	15	ACR, ASNR	1.13	CMS High E April 2013 XXX	1.13	NA	3.36	0.07	18899	FALSE			FALSE	Maintain
70470	Computed tomogr: CT Head/Brain	April 2019	15	ACR, ASNR	1.27	Harvard Va October 20 XXX	1.27	NA	3.98	0.09	61447	FALSE			FALSE	Maintain
70480	Computed tomogr: CT - Orbit/Ear/Foss: October 2018	October 2018	16	ACR, ASNR	1.28	CMS-Other October 20 XXX	1.28	NA	3.52	0.09	50681	FALSE			FALSE	Maintain
70481	Computed tomogr: CT - Orbit/Ear/Foss: October 2018	October 2018	16	ACR, ASNR	1.13	CMS-Other October 20 XXX	1.13	NA	4.35	0.08	9497	FALSE			FALSE	Decrease
70482	Computed tomogr: CT - Orbit/Ear/Foss: October 2018	October 2018	16	ACR, ASNR	1.27	CMS-Other October 20 XXX	1.27	NA	5.13	0.09	4103	FALSE			FALSE	Decrease
70486	Computed tomogr: CT - Maxillofacial	April 2014	41	ACR, ASNR	0.85	CMS-Other April 2013 XXX	0.85	NA	3.04	0.05	478315	FALSE			FALSE	Decrease
70487	Computed tomogr: CT - Maxillofacial	April 2014	41	ACR, ASNR	1.17	CMS-Other April 2014 XXX	1.13	NA	3.47	0.08	27343	FALSE			FALSE	Decrease
70488	Computed tomogr: CT - Maxillofacial	April 2014	41	ACR, ASNR	1.30	CMS-Other April 2014 XXX	1.27	NA	4.31	0.09	3206	FALSE			FALSE	Decrease
70490	Computed tomogr: CT Soft Tissue Neck	January 2017	21	ACR, ASNR	1.28	CMS High E July 2015 XXX	1.28	NA	3.25	0.08	61888	FALSE			FALSE	Maintain
70491	Computed tomogr: CT Soft Tissue Neck	January 2017	21	ACR, ASNR	1.38	CMS High E July 2015 XXX	1.38	NA	4.2	0.09	254652	FALSE			FALSE	Maintain
70492	Computed tomogr: CT Soft Tissue Neck	January 2017	21	ACR, ASNR	1.62	CMS High E July 2015 XXX	1.62	NA	5.08	0.1	21596	FALSE			FALSE	Increase
70496	Computed tomogr: Computed Tomogra	September 2022	13	ACR, ASNR	Refer to CF	High Volun February 2 XXX	1.75	NA	6.62	0.12	630855	FALSE			FALSE	Maintain
70498	Computed tomogr: Computed Tomogra	September 2022	13	ACR, ASNR	Refer to CF	High Volun February 2 XXX	1.75	NA	6.61	0.12	655679	FALSE			TRUE	In April 20: May 2024
70540	Magnetic resonanc MRI Face and Neck	January 2016	39	ACR, ASNR	1.35	CMS High E July 2015 XXX	1.35	NA	5.54	0.09	9027	FALSE			FALSE	Maintain
70542	Magnetic resonanc MRI Face and Neck	January 2016	39	ACR, ASNR	1.62	CMS High E July 2015 XXX	1.62	NA	6.55	0.11	738	FALSE			FALSE	Maintain
70543	Magnetic resonanc MRI Face and Neck	January 2016	39	ACR, ASNR	2.15	CMS High E July 2015 XXX	2.15	NA	8.16	0.14	64328	FALSE			FALSE	Maintain
70544	Magnetic resonanc Magnetic Resonanc	September 2022	22	ACR, ASNR	Review act	CMS High E July 2015 XXX	1.2	NA	5.36	0.09	187401	FALSE			FALSE	Maintain
70545	Magnetic resonanc Magnetic Resonanc	October 2016	18	ACR, ASNR	1.20	CMS High E July 2015 XXX	1.2	NA	5.72	0.09	3106	FALSE			FALSE	Maintain
70546	Magnetic resonanc Magnetic Resonanc	October 2016	18	ACR, ASNR	1.48	CMS High E July 2015 XXX	1.48	NA	8.59	0.12	19586	FALSE			FALSE	Decrease
70547	Magnetic resonanc Magnetic Resonanc	September 2022	13	ACR, ASNR	Review act	CMS High E July 2015 XXX	1.2	NA	5.37	0.09	64182	FALSE			FALSE	Maintain
70548	Magnetic resonanc Magnetic Resonanc	October 2016	19	ACR, ASNR	1.50	CMS High E July 2015 XXX	1.5	NA	5.99	0.11	13081	FALSE			FALSE	Increase
70549	Magnetic resonanc Magnetic Resonanc	October 2016	19	ACR, ASNR	1.80	CMS High E July 2015 XXX	1.8	NA	8.73	0.13	42918	FALSE			FALSE	Maintain
70551	Magnetic resonanc MRI-Brain	January 2013	26	ACR, ASNR	1.48	CMS High E September XXX	1.48	NA	4.47	0.1	1072270	FALSE			FALSE	Maintain
70552	Magnetic resonanc MRI-Brain	January 2013	26	ACR, ASNR	1.78	CMS High E September XXX	1.78	NA	6.44	0.12	17490	FALSE			FALSE	Maintain
70553	Magnetic resonanc MRI-Brain	January 2013	26	ACR, ASNR	2.36	CMS-Other April 2011 XXX	2.29	NA	7.38	0.15	943751	FALSE			FALSE	Maintain
71010	Radiologic examin: Chest X-Rays	April 2016	07	ACR	Deleted frc	Low Value- October 2010						FALSE			FALSE	February 2016 20
71015	Radiologic examin: Chest X-Rays	April 2016	07	ACR	Deleted frc	CMS High E July 2015						FALSE			FALSE	February 2016 20
71020	Radiologic examin: Chest X-Rays	April 2016	07	ACR	Deleted frc	MPC List / October 2010						FALSE			FALSE	February 2016 20
71021	Radiologic examin: Chest X-Rays	April 2016	07	ACR	Deleted frc	CMS High E July 2015						FALSE			FALSE	February 2016 20
71022	Radiologic examin: Chest X-Rays	April 2016	07	ACR	Deleted frc	CMS High E July 2015						FALSE			FALSE	February 2016 20
71023	Radiologic examin: Chest X-Ray	April 2016	07	ACR	Deleted frc	CMS High E July 2015						FALSE			FALSE	February 2016 20
71030	Radiologic examin: Chest X-Rays	April 2016	07	ACR	Deleted frc	CMS High E July 2015						FALSE			FALSE	February 2016 20
71034	Radiologic examin: Chest X-Rays	April 2016	07	ACR	Deleted frc	CMS High E July 2015						FALSE			FALSE	February 2016 20
71035	Radiologic examin: Chest X-Rays	April 2016	07	ACR	Deleted frc	CMS High E July 2015						FALSE			FALSE	February 2016 20
71045	Radiologic examin: Chest X-Ray	April 2016	07	ACR	0.18	CMS High E February 2 XXX	0.18	NA	0.57	0.02	13857156	FALSE			FALSE	February 2016 20
71046	Radiologic examin: Chest X-Ray	April 2016	07	ACR	0.22	CMS High E February 2 XXX	0.22	NA	0.77	0.02	6158080	FALSE			FALSE	February 2016 20
71047	Radiologic examin: Chest X-Ray	April 2016	07	ACR	0.27	CMS High E February 2 XXX	0.27	NA	0.98	0.02	12579	FALSE			FALSE	February 2016 20
71048	Radiologic examin: Chest X-Ray	April 2016	07	ACR	0.31	CMS High E February 2 XXX	0.31	NA	1.04	0.02	7817	FALSE			FALSE	February 2016 20
71090	Insertion pacemak: Insertion/Removal c	April 2011	10	ACC	Deleted frc	Codes Rep: February 2010						FALSE			TRUE	33213 - Thi February 2011 13
71100	Radiologic examin: X-Ray of Ribs	April 2016	30	ACR	0.22	CMS-Other April 2013 XXX	0.22	NA	0.86	0.02	126789	FALSE			FALSE	Maintain
71101	Radiologic examin: X-Ray of Ribs	April 2016	30	ACR	0.27	CMS-Other October 20 XXX	0.27	NA	0.98	0.02	247342	FALSE			FALSE	Maintain
71110	Radiologic examin: X-Ray of Ribs	April 2016	30	ACR	0.29	CMS-Other October 20 XXX	0.29	NA	1.01	0.02	20431	FALSE			FALSE	Maintain
71111	Radiologic examin: X-Ray of Ribs	April 2016	30	ACR	0.32	CMS-Other October 20 XXX	0.32	NA	1.23	0.03	27294	FALSE			FALSE	Maintain
71250	Computed tomogr: Screening CT of Tho	October 2019	07	ACR	1.16	CMS Faste: October 20 XXX	1.08	NA	2.94	0.07	2268146	FALSE			FALSE	Increase
71260	Computed tomogr: Screening CT of Tho	October 2019	07	ACR	1.38	CMS High E July 2015 XXX	1.16	NA	3.9	0.08	1641425	FALSE			FALSE	Maintain
71270	Computed tomogr: Screening CT of Tho	October 2019	07	ACR	1.24	CMS High E July 2015 XXX	1.25	NA	4.71	0.08	52341	FALSE			FALSE	Maintain
71271	Computed tomogr: Screening CT of Tho	October 2019	07		1.16	CMS-Other May 2019 XXX	1.08	NA	3.07	0.08	358112	FALSE			FALSE	Increase
71275	Computed tomogr: CT Angiography-Che	January 2014	27	ACR, SIR	1.82	CMS Faste: October 20 XXX	1.82	NA	6.71	0.13	1426486	TRUE	Jun 2009	Yes	FALSE	Decrease
72020	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.16	CMS-Other April 2016 XXX	0.16	NA	0.55	0.02	94308	FALSE			FALSE	Increase
72040	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.22	Low Value- October 20 XXX	0.22	NA	0.95	0.02	552527	FALSE			TRUE	The RUC re October 2011 17
72050	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.27	Low Value- October 20 XXX	0.27	NA	1.32	0.02	319562	FALSE			TRUE	The RUC re October 2011 17
72052	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.30	Low Value- October 20 XXX	0.3	NA	1.55	0.03	59046	FALSE			TRUE	The RUC re October 2011 17
72070	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.20	CMS-Other April 2013 XXX	0.2	NA	0.77	0.02	266493	FALSE			FALSE	Decrease
72072	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.23	CMS-Other April 2016 XXX	0.23	NA	0.94	0.02	142321	FALSE			FALSE	Increase
72074	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.25	CMS-Other October 20 XXX	0.25	NA	1.07	0.02	11215	FALSE			FALSE	Increase
72080	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.21	CMS-Other October 20 XXX	0.21	NA	0.81	0.02	42662	FALSE			FALSE	Decrease
72100	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.22	Harvard Va February 2 XXX	0.22	NA	0.96	0.02	1537302	FALSE			TRUE	This servic October 2010 18
72110	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.26	Harvard Va October 20 XXX	0.26	NA	1.28	0.02	726844	FALSE			TRUE	April 2010, October 2010 18
72114	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.30	Harvard Va February 2 XXX	0.3	NA	1.51	0.03	84552	FALSE			TRUE	This servic October 2010 18
72120	Radiologic examin: X-Ray Spine	January 2019	27	AAOS, ACR, AS	0.22	Harvard Va February 2 XXX	0.22	NA	0.98	0.02	44877	FALSE			TRUE	Code 7211: October 2010 18
72125	Computed tomogr: CT Spine	April 2018	18	ACR, ASNR	1.07	CMS Faste: October 20 XXX	1	NA	2.94	0.06	1400600	FALSE			FALSE	Maintain
72126	Computed tomogr: CT Spine	April 2018														



72132	Computed tomogr:CT Spine	April 2018	18		ACR, ASNR	1.22	CMS Faste:February 2 XXX	1.22 NA	3.9	0.08	59350	FALSE		FALSE	TRUE	Maintain			
72133	Computed tomogr:CT Spine	April 2018	18		ACR, ASNR	1.27	CMS Faste:February 2 XXX	1.27 NA	4.73	0.09	3516	FALSE		FALSE	TRUE	Maintain			
72141	Magnetic resonancMRI Neck and Lumb	April 2013	25		ACR	1.48	CMS High ESeptember XXX	1.48 NA	4.3	0.1	539537	FALSE		FALSE	TRUE	Decrease			
72142	Magnetic resonancMRI Neck and Lumb	April 2013	25		ACR	1.78	CMS High EApril 2013 XXX	1.78 NA	6.59	0.13	2550	FALSE		FALSE	TRUE	Decrease			
72146	Magnetic resonancMRI Neck and Lumb	April 2013	25		ACR	1.48	CMS High EApril 2013 XXX	1.48 NA	4.29	0.1	213221	FALSE		FALSE	TRUE	Decrease			
72147	Magnetic resonancMRI Neck and Lumb	April 2013	25		ACR	1.78	CMS High EApril 2013 XXX	1.78 NA	6.52	0.12	2352	FALSE		FALSE	TRUE	Decrease			
72148	Magnetic resonancMRI Neck and Lumb	April 2013	25		AAOS, AUR, At	1.48	CMS-Other April 2011 XXX	1.48 NA	4.32	0.1	1236516	FALSE		FALSE	TRUE	Maintain			
72149	Magnetic resonancMRI Neck and Lumb	April 2013	25			1.78	CMS High EApril 2013 XXX	1.78 NA	6.44	0.13	4470	FALSE		FALSE	TRUE	Maintain			
72156	Magnetic resonancMRI Neck and Lumb	April 2013	25			2.29	CMS High EApril 2013 XXX	2.29 NA	7.43	0.15	110978	FALSE		FALSE	TRUE	Decrease			
72157	Magnetic resonancMRI Neck and Lumb	April 2013	25			2.29	CMS High EApril 2013 XXX	2.29 NA	7.45	0.15	97740	FALSE		FALSE	TRUE	Decrease			
72158	Magnetic resonancMRI Neck and Lumb	April 2013	25			2.29	CMS High EApril 2013 XXX	2.29 NA	7.41	0.15	208724	FALSE		FALSE	TRUE	Decrease			
72170	Radiologic examin: X-Ray Exam – Pelvis	January 2019	28		AAOS, ACR	0.17	Low Value- October 2CXXX	0.17 NA	0.65	0.02	714774	FALSE		TRUE	The Joint V October 2014	27	Complete	TRUE	Maintain
72190	Radiologic examin: X-Ray Exam – Pelvis	January 2019	28		AAOS, ACR	0.25	CMS-Other October 2CXXX	0.25 NA	1	0.02	57488	FALSE		FALSE				TRUE	Increase
72191	Computed tomogr:CT Angiography	October 2013	12		ACR, SIR	1.81	High Volun February 2 XXX	1.81 NA	7.43	0.13	2706	FALSE		TRUE	The Workg October 2010	19	Complete	TRUE	Maintain
72192	Computed tomogr:CT Pelvis	October 2008	26		ACR	1.09	Codes Rep:October 2CXXX	1.09 NA	2.93	0.07	181245	FALSE		TRUE	The specia October 2009	37	Complete	TRUE	Maintain
72193	Computed tomogr:CT Pelvis	October 2008	26		ACR	1.16	Codes Rep:October 2CXXX	1.16 NA	5.81	0.08	31631	FALSE		TRUE	The specia October 2009	37	Complete	TRUE	Maintain
72194	Computed tomogr:CT Abdomen and Pe	April 2014	44		ACR	1.22	Codes Rep:February 2 XXX	1.22 NA	6.48	0.08	4787	FALSE		TRUE	Referred to October 2009	37	Complete	TRUE	Maintain
72195	Magnetic resonancMRI Pelvis	October 2016	21	RUC	ACR	1.46	CMS High EJuly 2015 XXX	1.46 NA	5.51	0.1	80188	FALSE		FALSE				TRUE	Maintain
72196	Magnetic resonancMRI Pelvis	October 2016	21	RUC	ACR	1.73	CMS High EJuly 2015 XXX	1.73 NA	6.43	0.12	2468	FALSE		FALSE				TRUE	Maintain
72197	Magnetic resonancMRI Pelvis	October 2016	21	RUC	ACR	2.20	CMS High EJuly 2015 XXX	2.2 NA	8.05	0.14	282485	FALSE		FALSE				TRUE	Decrease
72200	Radiologic examin: X-Ray Sacrum	January 2019	29		AAOS, ACR	0.20	CMS-Other October 2CXXX	0.17 NA	0.81	0.02	13432	FALSE		FALSE				TRUE	Increase
72202	Radiologic examin: X-Ray Sacrum	January 2019	29		AAOS, ACR	0.26	CMS-Other October 2CXXX	0.23 NA	0.93	0.02	38895	FALSE		FALSE				TRUE	Increase
72220	Radiologic examin: X-Ray Sacrum	January 2019	29		AAOS, ACR	0.20	CMS-Other April 2016 XXX	0.17 NA	0.79	0.02	100542	FALSE		FALSE				TRUE	Increase
72240	Myelography, cerv Myelography	April 2014	17		ACR, ASNR	0.91	Codes Rep:October 2CXXX	0.91 NA	2.38	0.07	308	FALSE		TRUE	Joint Work October 2013	21	Complete	TRUE	Maintain
72255	Myelography, thor Myelography	April 2014	17		ACR, ASNR	0.91	Codes Rep:October 2CXXX	0.91 NA	2.26	0.06	75	FALSE		TRUE	This code c October 2013	21	Complete	TRUE	Maintain
72265	Myelography, luml Myelography	April 2014	17		ACR, ASNR	0.83	Codes Rep:October 2CXXX	0.83 NA	2.39	0.05	1897	FALSE		TRUE	Joint Work October 2013	21	Complete	TRUE	Maintain
72270	Myelography, 2 or Myelography	April 2014	17		ACR, ASNR	1.33	Codes Rep:October 2CXXX	1.33 NA	3.16	0.09	406	FALSE		TRUE	Joint Work October 2013	21	Complete	TRUE	Maintain
72275	Epidurography, rac Epidurography	January 2020	37		ASA, AAPM, A	Deleted frc	Different P October 2CXXX					TRUE	Oct 2009 a Yes	TRUE	In October October 2020	40	complete	TRUE	Deleted from CPT
72291	Radiological supen Percutaneous Verte	April 2014	06			Deleted frc	Codes Rep:October 2012				FALSE			TRUE	Joint Work February 2014	16	Complete	TRUE	Deleted from CPT
72292	Radiological supen Percutaneous Verte	April 2014	06			Deleted frc	Codes Rep:October 2012				FALSE			TRUE	Joint Work February 2014	16	Complete	TRUE	Deleted from CPT
73000	Radiologic examin: X-Ray – Clavicle/Sho	October 2018	17		ACR, AAOS	0.16	CMS-Other October 2CXXX	0.16 NA	0.8	0.02	90561	FALSE		FALSE				TRUE	Maintain
73010	Radiologic examin: X-Ray – Clavicle/Sho	October 2018	17		ACR, AAOS	0.17	CMS-Other October 2CXXX	0.17 NA	0.53	0.02	43139	FALSE		FALSE				TRUE	Maintain
73020	Radiologic examin: X-Ray – Clavicle/Sho	October 2018	17		ACR, AAOS	0.15	CMS-Other October 2CXXX	0.15 NA	0.48	0.02	99075	FALSE		FALSE				TRUE	Maintain
73030	Radiologic examin: X-Ray – Clavicle/Sho	October 2018	17		ACR, AAOS	0.18	Low Value- October 2CXXX	0.18 NA	0.85	0.02	2553512	FALSE		FALSE				TRUE	Maintain
73050	Radiologic examin: X-Ray – Clavicle/Sho	October 2018	17		ACR, AAOS	0.18	CMS-Other October 2CXXX	0.18 NA	0.67	0.02	6025	FALSE		FALSE				TRUE	Decrease
73060	Radiologic examin: X-Ray Exams	September 2014	17		AAOS, ACR	0.16	CMS-Other April 2013 XXX	0.16 NA	0.78	0.02	302091	FALSE		FALSE				TRUE	Decrease
73070	Radiologic examin: X-Ray Elbow/Forear	January 2019	30		AAOS, ACR, AS	0.16	CMS-Other April 2016 XXX	0.16 NA	0.7	0.02	188018	FALSE		FALSE				TRUE	Increase
73080	Radiologic examin: X-Ray Elbow/Forear	January 2019	30		AAOS, ACR, AS	0.17	Harvard Va October 2CXXX	0.17 NA	0.8	0.02	379493	FALSE		FALSE				TRUE	Maintain
73090	Radiologic examin: X-Ray Elbow/Forear	January 2019	30		AAOS, ACR, AS	0.16	CMS-Other April 2016 XXX	0.16 NA	0.7	0.02	207500	FALSE		FALSE				TRUE	Maintain
73100	Radiologic examin: X-Ray Wrist	April 2016	32		ACR	0.16	CMS High EJuly 2015 XXX	0.16 NA	0.84	0.02	215304	FALSE		FALSE				TRUE	Maintain
73110	Radiologic examin: X-Ray Wrist	April 2016	32		ACR	0.17	Low Value- October 2CXXX	0.17 NA	1.05	0.02	979641	FALSE		FALSE				TRUE	Maintain
73120	Radiologic examin: X-Ray of Hand/Finge	April 2016	33		ACR	0.16	CMS High EJuly 2015 XXX	0.16 NA	0.77	0.02	230852	FALSE		FALSE				TRUE	Maintain
73130	Radiologic examin: X-Ray of Hand/Finge	April 2016	33		ACR	0.17	Low Value- October 2CXXX	0.17 NA	0.93	0.02	1222532	FALSE		FALSE				TRUE	Maintain
73140	Radiologic examin: X-Ray of Hand/Finge	April 2016	33		ACR	0.13	CMS High EJuly 2015 XXX	0.13 NA	1	0.02	335611	FALSE		FALSE				TRUE	Maintain
73200	Computed tomogr:CT Upper Extremity	October 2009	23		ACR	1.09	CMS Faste:October 2CXXX	1 NA	3.9	0.06	136051	FALSE		FALSE				TRUE	Maintain
73201	Computed tomogr:CT Upper Extremity	October 2009	40		ACR	Remove frc	CMS Faste:February 2 XXX	1.16 NA	4.94	0.08	19399	FALSE		FALSE				TRUE	Remove from Screen
73202	Computed tomogr:CT Upper Extremity	October 2009	40		ACR	Remove frc	CMS Faste:February 2 XXX	1.22 NA	6.36	0.08	1735	FALSE		FALSE				TRUE	Remove from Screen
73206	Computed tomogr:CT Angiography	October 2013	12		ACR, SIR	Survey witl	CMS Requ:May 2013 XXX	1.81 NA	7.2	0.13	6967	FALSE		FALSE				TRUE	Remove from Screen
73218	Magnetic resonancMRI	October 2013	18		ACR	CPT Assiste	CMS Faste:October 2CXXX	1.35 NA	7.92	0.1	31726	TRUE	Feb 2011 Yes	FALSE				TRUE	Maintain
73221	Magnetic resonancMRI	January 2012	20		ACR	1.35	CMS Faste:October 2CXXX	1.35 NA	4.82	0.09	427765	FALSE		FALSE				TRUE	Maintain
73500	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	Deleted frc	CMS-Other April 2011				FALSE			TRUE	In Jan 2012October 2014	27	Complete	TRUE	Deleted from CPT
73501	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	0.17	Codes Rep:October 2CXXX	0.18 NA	0.79	0.02	211832	FALSE		FALSE	October 2014	27	Complete	TRUE	Decrease
73502	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	0.22	Codes Rep:October 2CXXX	0.22 NA	1.19	0.02	2413547	FALSE		FALSE	October 2014	27	Complete	TRUE	Decrease
73503	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	0.27	Codes Rep:October 2CXXX	0.27 NA	1.51	0.02	47886	FALSE		FALSE	October 2014	27	Complete	TRUE	Decrease
73510	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	Deleted frc	Harvard Val October 2008				FALSE			FALSE	October 2014	27	Complete	TRUE	Deleted from CPT
73520	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	Deleted frc	CMS-Other April 2013				FALSE			TRUE	CPT code 7 October 2014	27	Complete	TRUE	Deleted from CPT
73521	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	0.22	Codes Rep:October 2CXXX	0.22 NA	1	0.02	139203	FALSE		FALSE	October 2014	27	Complete	TRUE	Decrease
73522	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	0.29	Codes Rep:October 2CXXX	0.29 NA	1.31	0.02	170217	FALSE		FALSE	October 2014	27	Complete	TRUE	Decrease
73523	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	0.31	Codes Rep:October 2CXXX	0.31 NA	1.52	0.03	101443	FALSE		FALSE	October 2014	27	Complete	TRUE	Decrease
73540	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	Deleted frc	Codes Rep:October 2014				FALSE			FALSE	October 2014	27	Complete	TRUE	Deleted from CPT
73542	Radiological exami Sacroiliac Joint Arthi	April 2010	45		ASA, AAPM, A	Deleted frc	Different P October 2009				TRUE	Deleted frc Yes	TRUE	The RUC re February 2011	76	Code Delete	TRUE	Deleted from CPT	
73550	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	Deleted frc	CMS-Other April 2011				FALSE			TRUE	In Jan 2012October 2014	27	Complete	TRUE	Deleted from CPT
73551	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	0.16	Codes Rep:October 2CXXX	0.16 NA	0.7	0.02	30051	FALSE		FALSE	October 2014	27	Complete	TRUE	Decrease
73552	Radiologic examin: Radiologic Exam-Hiç	April 2015	14		AAOS, ACR	0.18	Codes Rep:October 2CXXX	0.18 NA	0.87	0.02	505953	FALSE		FALSE	October 2014	27	Complete	TRUE	Decrease
73560	Radiologic examin: X-Ray Exams	September 2014	17		AAOS, ACR	0.16	Low Value- October 2CXXX	0.16 NA	0.85	0.02	1401750	FALSE		FALSE	October 2014	27	Complete	TRUE	Decrease
73562	Radiologic examin: X-Ray Exams	September 2014	17		AAOS, ACR	0.18	Low Value- October 2CXXX	0.18 NA	1.03	0.02	2245081	FALSE		FALSE				TRUE	Maintain
73564	Radiologic examin: X-Ray Exams	September 2014	17		AAOS, ACR	0.22	Low Value- October 2CXXX	0.22 NA	1.18	0.02	1692467	FALSE		FALSE				TRUE	Maintain
73565	Radiologic examin: X-Ray Exams	September 2014	17		AAOS, ACR	0.16	CMS-Other April 2013 XXX	0.16 NA	1.02	0.02	107072	FALSE		FALSE				TRUE	Decrease
73580	Radiologic examin: Contrast X-Ray of Kr	October 2021	16		ACR	0.59	High Volun February 2 XXX	0.59 NA	2.66	0.07	14951	TRUE	Jun 2012 Yes	FALSE	These procedures were referred to CPT for possible			TRUE	Increase
73590	Radiologic examin: X-Ray Exams	September 2014	17		AAOS, ACR	0.16	CMS-Other April 2013 XXX	0.16 NA	0.77	0.02	436482	FALSE		FALSE				TRUE	Decrease
73600	Radiologic examin: X-Ray Exams	September 2014	17		AAOS, ACR, AF	0.16	CMS-Other April 2013 XXX	0.16 NA	0.79	0.02	194585	FALSE		FALSE				TRUE	Maintain
73610	Radiologic examin: Radiologic Examinat	October 2009	24		ACR, AAOS, AF	0.17	Havard Val October 2CXXX	0.17 NA	0.91	0.02	1119294	FALSE		FALSE				TRUE	Maintain
73620	Radiologic examin: X-Ray Exam of Foot	April 2011	27		ACR, AAOS, AF	0.16	Low Value- October 2CXXX	0.16 NA	0.68	0.02	418010	FALSE		FALSE				TRUE	Maintain
73630	Radiologic examin: Radiologic Examinat	October 2009	24		ACR, AAOS, AF	0.17	Havard Val October 2CXXX	0.17 NA	0.84	0.02	2541907	FALSE		FALSE				TRUE	Maintain
73650	Radiologic examin: X-Ray Heel	January 2019	31		AAOS, ACR, AF	0.16	CMS-Other April 2016 XXX	0.16 NA	0.68	0.02	61267	FALSE		FALSE				TRUE	Maintain
73660	Radiologic examin: X-Ray Toe	January 2019	32		AAOS, ACR, AF	0.13	CMS-Other April 2016 XXX	0.13 NA	0.73	0.02	96920	FALSE		FALSE				TRUE	Maintain

73718	Magnetic resonanc MRI Lower Extremit	October 2016	20	RUC	ACR	1.35	CMS High E July 2015 XXX	1.35 NA	5.45	0.09	130912	FALSE	FALSE	TRUE	Maintain				
73719	Magnetic resonanc MRI Lower Extremit	October 2016	20	RUC	ACR	1.62	CMS High E July 2015 XXX	1.62 NA	6.39	0.11	976	FALSE	FALSE	TRUE	Maintain				
73720	Magnetic resonanc MRI Lower Extremit	October 2016	20	RUC	ACR	2.15	CMS High E July 2015 XXX	2.15 NA	8.11	0.14	60134	FALSE	FALSE	TRUE	Maintain				
73721	Magnetic resonanc MRI of Lower Extrer	January 2012	20		ACR	1.35	MPC List October 20XXX	1.35 NA	4.81	0.09	598710	FALSE	FALSE	TRUE	Maintain				
74000	Radiologic examinεAbdominal X-Ray	April 2016	08		ACR	Deleted frc	Low Value- October 2010					FALSE	FALSE	February 2016	21	Complete	TRUE	Deleted from CPT	
74010	Radiologic examinεAbdominal X-Ray	April 2016	08		ACR	Deleted frc	CMS High E July 2015					FALSE	FALSE	February 2016	21	Complete	TRUE	Deleted from CPT	
74018	Radiologic examinεAbdominal X-Ray	April 2016	08		ACR	0.18	CMS High E February 2 XXX	0.18 NA	0.71	0.02	1874682	FALSE	FALSE	February 2016	21	Complete	TRUE	Decrease	
74019	Radiologic examinεAbdominal X-Ray	April 2016	08		ACR	0.23	CMS High E February 2 XXX	0.23 NA	0.85	0.02	275467	FALSE	FALSE	February 2016	21	Complete	TRUE	Decrease	
74020	Radiologic examinεAbdominal X-Ray	April 2016	08		ACR	Deleted frc	CMS High E July 2015					FALSE	FALSE	February 2016	21	Complete	TRUE	Deleted from CPT	
74021	Radiologic examinεAbdominal X-Ray	April 2016	08		ACR	0.27	CMS High E February 2 XXX	0.27 NA	1	0.02	36927	FALSE	FALSE	February 2016	21	Complete	TRUE	Decrease	
74022	Radiologic examinεAbdominal X-Ray	April 2016	08		ACR	0.32	CMS High E July 2015 XXX	0.32 NA	1.15	0.03	124177	FALSE	FALSE	February 2016	21	Complete	TRUE	Maintain	
74150	Computed tomogr:CT Abdomen	February 2008	5		ACR	Review PE.	Codes Repr:February 2 XXX	1.19 NA	2.94	0.07	59980	FALSE	TRUE	Referred to	October 2009	37	Complete	TRUE	Maintain
74160	Computed tomogr:CT Abdomen and Pe	April 2014	44		ACR	0.42	Codes Repr:February 2 XXX	1.27 NA	5.82	0.09	76112	FALSE	TRUE	Referred to	October 2009	37	Complete	TRUE	Maintain
74170	Computed tomogr:CT Abdomen	April 2012	34		ACR	1.40	Codes Repr:February 2 XXX	1.4 NA	6.58	0.09	93507	FALSE	TRUE	Referred to	October 2009	37	Complete	TRUE	Maintain
74174	Computed tomogr:CT Angiography	October 2013	12		ACR, SIR	2.20	Codes Reported Toget XXX	2.2 NA	9.35	0.16	342167	FALSE	FALSE				TRUE	Decrease	
74175	Computed tomogr:CT Angiography	October 2013	12		ACR, SIR	1.82	CMS Faste:October 20XXX	1.82 NA	7.46	0.13	28396	FALSE	TRUE	The ACR su	October 2010	19	Complete	TRUE	Decrease
74176	Computed tomogr:CT Abdomen/CT Pel	February 2010	16		ACR	1.74	CMS Faste:October 20XXX	1.74 NA	3.78	0.11	2190688	FALSE	FALSE	October 2009	37		TRUE	Decrease	
74177	Computed tomogr:CT Abdomen and Pe	April 2014	44		ACR	1.82	CMS Faste:October 20XXX	1.82 NA	7.41	0.11	3110250	FALSE	FALSE	October 2009	37		TRUE	Decrease	
74178	Computed tomogr:CT Abdomen/CT Pel	February 2010	16		ACR	2.01	CMS Faste:October 20XXX	2.01 NA	8.34	0.13	461097	FALSE	FALSE	October 2009	37		TRUE	Decrease	
74181	Magnetic resonanc MRI of Abdomen	October 2016	21	RUC	ACR	1.46	CMS High E July 2015 XXX	1.46 NA	4.48	0.1	101709	FALSE	FALSE				TRUE	Maintain	
74182	Magnetic resonanc MRI of Abdomen	October 2016	21	RUC	ACR	1.73	CMS High E July 2015 XXX	1.73 NA	7.48	0.12	3838	FALSE	FALSE				TRUE	Maintain	
74183	Magnetic resonanc MRI of Abdomen	October 2016	21	RUC	ACR	2.20	CMS High E July 2015 XXX	2.2 NA	8.09	0.14	415444	FALSE	FALSE				TRUE	Decrease	
74210	Radiologic examinεX-Ray Exam – Upper	January 2019	12		ACR	0.59	CMS-Other October 20XXX	0.59 NA	2.21	0.04	991	FALSE	FALSE				TRUE	Maintain	
74220	Radiologic examinεX-Ray Exam – Upper	January 2019	12		ACR	0.60	CMS-Other April 2016 XXX	0.6 NA	2.28	0.04	93312	FALSE	FALSE				TRUE	Decrease	
74221	Radiologic examinεX-Ray Exam – Upper	January 2019	12		ACR	0.70	CMS-Other October 20XXX	0.7 NA	2.54	0.05	65558	FALSE	FALSE				TRUE	Increase	
74230	Radiologic examinεX-Ray Esophagus	April 2017	25		ACR	0.53	CMS-Other April 2013 XXX	0.53 NA	3.17	0.04	297036	FALSE	FALSE				TRUE	Maintain	
74240	Radiologic examinεX-Ray Exam – Upper	January 2019	12		ACR	0.80	CMS-Other October 20XXX	0.8 NA	2.83	0.05	64318	FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Increase
74241	Radiologic examinεX-Ray Exam – Upper	January 2019	12		ACR	Deleted frc	CMS-Other October 2017					FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Deleted from CPT
74245	Radiologic examinεX-Ray Exam – Upper	January 2019	12		ACR	Deleted frc	CMS-Other October 2017					FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Deleted from CPT
74246	Radiologic examinεX-Ray Exam – Upper	January 2019	12		ACR	0.90	CMS-Other October 20XXX	0.9 NA	3.21	0.06	46283	FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Increase
74247	Radiological exami X-Ray Exam – Upper	January 2019	12		ACR	Deleted frc	Harvard Va April 2011					FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Deleted from CPT
74248	Radiologic small in: X-Ray Exam – Upper	January 2019	12		ACR	0.70	CMS-Other October 20ZZZ	0.7 NA	1.72	0.05	13994	FALSE	TRUE	In January	February 2019-EC-T Issue	complete	TRUE	Increase	
74249	Radiological exami X-Ray Exam – Upper	January 2019	12		ACR	Deleted frc	CMS-Other October 2017					FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Deleted from CPT
74250	Radiologic examinε Lower Gastroinetstii	October 2018	11		ACR	0.81	CMS-Other October 20XXX	0.81 NA	2.79	0.05	43530	FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Increase
74251	Radiologic examinε Lower Gastroinetstii	October 2018	11		ACR	1.17	CMS-Other October 20XXX	1.17 NA	9.63	0.07	267	FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Increase
74260	Duodenography, h X-Ray Exam – Small	October 2018	11		ACR	Deleted frc	CMS-Other October 2017					FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Deleted from CPT
74270	Radiologic examinε Lower Gastroinetstii	October 2018	11		ACR	1.04	CMS-Other October 20XXX	1.04 NA	3.5	0.06	18364	FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Increase
74280	Radiologic examinε Lower Gastroinetstii	October 2018	11		ACR	1.26	Harvard Va April 2011 XXX	1.26 NA	5.24	0.09	4872	FALSE	TRUE	In January	May 2018	27	Yes	TRUE	Increase
74300	Cholangiography a X-Rays at Surgery Ac	April 2019	19		ACR, SAGES	0.32	CMS-Other October 20XXX	0 NA	0	0	18854	FALSE	FALSE				TRUE	Decrease	
74301	Cholangiography a X-Rays at Surgery Ac	October 2020	19		ACR, ACS, SAG	0.21	CMS-Other October 20ZZZ	0 NA	0	0	84	FALSE	FALSE	This service was identified with	74300.	In January 2		TRUE	Maintain
74305	Deleted from CPT Percutaneous Biliari	October 2015	06	RUC	ACR, SIR	Deleted frc	Codes Repr:October 2012					FALSE	TRUE	The Joint V	February 2015	16	Complete	TRUE	Deleted from CPT
74320	Cholangiography, f Percutaneous Biliari	October 2015	06	RUC	ACR, SIR	Deleted frc	Codes Repr:October 2012					FALSE	TRUE	The Joint V	February 2015	16	Complete	TRUE	Deleted from CPT
74327	Postoperative bilia Percutaneous Biliari	October 2015	06	RUC	ACR, SIR	Deleted frc	Codes Repr:February 2015					FALSE	FALSE	February 2015	16		TRUE	Deleted from CPT	
74328	Endoscopic cathetεX-Rays at Surgery Ac	April 2019	19		ACR, SAGES	0.47	CMS-Other October 20XXX	0 NA	0	0	59438	FALSE	FALSE				TRUE	Decrease	
74329	Endoscopic cathetεX-Rays at Surgery Ac	April 2019	19		ACR, SAGES	0.50	CMS-Other October 20XXX	0 NA	0	0	2412	FALSE	FALSE				TRUE	Decrease	
74330	Combined endosccc X-Rays at Surgery Ac	April 2019	19		ACR, SAGES	0.70	CMS-Other October 20XXX	0 NA	0	0	9243	FALSE	FALSE				TRUE	Decrease	
74400	Urography (pyelog Contrast X-Ray Exan	September 2011	31		ACR	0.49	Harvard Va April 2011 XXX	0.49 NA	3.51	0.05	2816	FALSE	FALSE				TRUE	Maintain	
74420	Urography, retrogr X-Ray Urinary Tract	April 2017	26		ACR, AUA	0.52	CMS-Other April 2016 XXX	0.52 NA	1.79	0.03	140712	FALSE	FALSE				TRUE	Increase	
74425	Urography, antegr: Urography	October 2018	18		ACR, AUA, SIR	0.51, edito	Codes Repr:October 2013 XXX	0.51 NA	3.53	0.03	1153	FALSE	TRUE	CPT code 7	September 2015	27	yes	TRUE	Increase
74475	Introduction of intr Genitourinary Cathe	January 2015	09		ACR, SIR	Deleted frc	Codes Repr:October 2012					FALSE	TRUE	The Joint V	October 2014	18	Complete	TRUE	Deleted from CPT
74480	Introduction of ure Genitourinary Cathe	January 2015	09		ACR, SIR	Deleted frc	Codes Repr:October 2012					FALSE	TRUE	The Joint V	October 2014	18	Complete	TRUE	Deleted from CPT
74485	Dilation of ureter(s) Dilation of Urinary	T January 2018	12			0.83	Codes Repr:September XXX	0.83 NA	2.71	0.04	1157	FALSE	TRUE				TRUE	Increase	
75561	Cardiac magnetic resonance imaging fo	January 2021	29			Maintain	High Volun October 20XXX	2.6 NA	8.47	0.14	39904	FALSE	FALSE				TRUE	Remove from Screen	
75571	Computed tomogr:RAW	September 2022	13		ACC, ACR, SCC	Maintain	High Volun April 2022 XXX	0.58 NA	2.44	0.05	61908	FALSE	FALSE				TRUE	Maintain	
75572	Computed tomography, heart, with cor	January 2021	29			Maintain	High Volun October 20XXX	1.75 NA	5.14	0.11	43954	FALSE	FALSE				TRUE	Remove from Screen	
75574	Computed tomographic angiography, h	January 2021	29		ACR, SIR, ACC	Maintain	CMS Requε May 2013 XXX	2.4 NA	7.35	0.15	128542	FALSE	FALSE				TRUE	Remove from Screen	
75625	Aortography, abdo Abdominal Aortogra	October 2018	19		ACC, SCAI, SIR	1.75	CMS-Other October 20XXX	1.44 NA	2.13	0.22	70808	FALSE	FALSE				TRUE	Increase	
75630	Aortography, abdo Abdominal Aortogra	October 2018	19		ACC, SCAI, SIR	2.00	CMS-Other October 20XXX	2 NA	2.47	0.23	16292	FALSE	FALSE				TRUE	Increase	
75635	Computed tomogr:CT Angiography of A	April 2016	34		ACR	2.40	High Volun February 2 XXX	2.4 NA	10.06	0.18	100384	FALSE	FALSE				TRUE	Maintain	
75650	Angiography, carot Carotid Angiography	April 2010	45		ACC, ACR, ASN	Deleted frc	Codes Repr:February 2010					FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Deleted from CPT
75671	Angiography, carot Carotid Angiography	April 2010	45		AANS/CNS, AC	Deleted frc	Codes Repr:February 2010					FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Deleted from CPT
75680	Angiography, carot Carotid Angiography	April 2010	45		AANS/CNS, AC	Deleted frc	Codes Repr:February 2010					FALSE	TRUE	The Workg	February 2012	12	Complete	TRUE	Deleted from CPT
75710	Angiography, extre Angiography of Extr	January 2021	29	January 2025	RAW	ACR, ACC, RPA	Refer to CF CMS High E July 2015 XXX	1.75 NA	2.5	0.25	120526	TRUE	July 2021	Yes			FALSE	Increase	
75716	Angiography, extre Angiography of Extr	October 2016	22		RUC	ACR, ACC, RPA	1.97 CMS High E July 2015 XXX	1.97 NA	2.68	0.23	50511	FALSE	FALSE				TRUE	Increase	
75722	Angiography, renal Renal Angiography	April 2010	45		ACC, ACR, ASN	Deleted frc	Codes Repr:February 2010					FALSE	TRUE	The Workg	February 2011	06	Code Delete	TRUE	Deleted from CPT
75724	Angiography, renal Renal Angiography	April 2010	45		ACC, ACR, ASN	Deleted frc	Codes Repr:February 2010					FALSE	TRUE	The Workg	February 2011	06	Code Delete	TRUE	Deleted from CPT
75726	Angiography, visce Angiography	October 2018	20		SCAI, SIR, SVS	2.05	CMS-Other October 20XXX	2.05 NA	2.87	0.17	35816	FALSE	FALSE				TRUE	Increase	
75774	Angiography, selec Angiography	October 2018	20		SCAI, SIR, SVS	1.01	CMS-Other October 20ZZZ	1.01 NA	1.79	0.09	73343	FALSE	FALSE				TRUE	Increase	
75790	Deleted from CPT Arteriovenous Shun	April 2009	9		SVS, SIR, ACR	Deleted frc	Codes Repr:February 2008					FALSE	TRUE	Referred to	February 2009	31	Deleted	TRUE	Deleted from CPT
75791	Angiography, arter Dialysis Circuit -1	January 2016	14		ACR, RPA, SIR	Deleted frc	Codes Reported Together 95% or More					FALSE	FALSE	October 2015	24	Complete	TRUE	Deleted from CPT	
75820	Venography, extre: Venography	January 2020	29			1.05	CMS-Other January 20 XXX	1.05 NA	2.09	0.09	19807	FALSE	FALSE				TRUE	Increase	
75822	Venography, extre: Venography	January 2020	29			1.48	CMS-Other October 20XXX	1.48 NA	2.38	0.14	9519	FALSE	FALSE				TRUE	Increase	
75885	Percutaneous tran: Interventional Radic	February 2009	21		ACR, SIR	New PE inε	CMS Requε NA XXX	1.44 NA	2.53	0.12	236	FALSE	FALSE				TRUE	PE Only	
75887	Percutaneous tran: Interventional Radic	February 2009	21		ACR, SIR	New PE inε	CMS Requε NA XXX	1.44 NA	2.56	0.12	565	FALSE	FALSE				TRUE	PE Only	
75894	Transcatheter ther Endovascular Thera	September 2022	13	April 2024	RUC	AANS, ACR, C	Refer to CF Codes Repr:February 2 XXX	0 NA	0	0	10938	FALSE	TRUE	In April 20:	February 2024			FALSE	Maintain
75896	Transcatheter ther Intracranial Endovas	April 2015	09		AANS/CNS, AC	Deleted frc	Codes Repr:February 2010					FALSE	TRUE	AANS indic	February 2014 F21 & 14	Complete	TRUE	Deleted from CPT	
75898	Angiography throu Endovascular Thera	September 2022	13	April 2024	RUC	AANS, ACR, C	Refer to CF Codes Repr:February 2 XXX	0 NA	0	0	14757	TRUE	Sep 2019	Yes			FALSE	Contractor Price	
75940	Percutaneous placε Major Vein Revision	April 2010	45		ACR, SIR, SVS	Deleted frc													





77048	Magnetic resonance Breast MRI with Cor	October 2017	06	ACR	2.10	CMS High E June 2017 XXX	2.1 NA	8.12	0.14	928	FALSE	FALSE	June 2017	14	TRUE	Increase	
77049	Magnetic resonance Breast MRI with Cor	October 2017	06	ACR	2.30	CMS High E June 2017 XXX	2.3 NA	8.12	0.15	107171	FALSE	FALSE	June 2017	14	TRUE	Increase	
77051	Computer-aided detection Mammography-Con	January 2016	20	ACR	Deleted frc	CMS-Other - Utilization over 250,000 / Final Rule for 2015					FALSE	FALSE	October 2015	38	Complete	TRUE Deleted from CPT	
77052	Computer-aided detection Mammography-Con	January 2016	20	ACR	Deleted frc	Low Value-October 2010					FALSE	FALSE	October 2015	38	Complete	TRUE Deleted from CPT	
77055	Mammography; ur Mammography-Con	January 2016	20	ACR	Deleted frc	CMS-Other January 2014					FALSE	TRUE	In the NPR	October 2015	38	Complete	TRUE Deleted from CPT
77056	Mammography; bil Mammography-Con	January 2016	20	ACR	Deleted frc	CMS-Other January 2014					FALSE	TRUE	In the NPR	October 2015	38	Complete	TRUE Deleted from CPT
77057	Screening mammo Mammography-Con	January 2016	20	ACR	Deleted frc	CMS-Other January 2014					FALSE	TRUE	In the NPR	October 2015	38	Complete	TRUE Deleted from CPT
77058	Magnetic resonance Breast MRI with Cor	October 2017	06	ACR	Deleted frc	CMS High E July 2015					FALSE	TRUE	In preparat	June 2017	14	yes	TRUE Deleted from CPT
77059	Magnetic resonance Breast MRI with Cor	October 2017	06	ACR	Deleted frc	CMS High E July 2015					FALSE	TRUE	In preparat	June 2017	14	yes	TRUE Deleted from CPT
77065	Diagnostic mammo Mammography-Con	January 2016	20	ACR	0.81	Final Rule f October 20XXX	0.81 NA	2.9	0.05	699591	FALSE	FALSE	October 2015	38	Complete	TRUE Increase	
77066	Diagnostic mammo Mammography-Con	January 2016	20	ACR	1.00	Final Rule f October 20XXX	1 NA	3.69	0.07	556274	FALSE	FALSE	October 2015	38	Complete	TRUE Increase	
77067	Screening mammo Mammography-Con	January 2016	20	ACR	0.76	Final Rule f October 20XXX	0.76 NA	3.03	0.05	5666028	FALSE	FALSE	October 2015	38	Complete	TRUE Maintain	
77073	Bone length studie X-Ray Exam - Bone	April 2018	25	AAOS, ACR	0.26	CMS-Other October 20XXX	0.26 NA	1.07	0.03	62871	FALSE	FALSE	October 2015	38	Complete	TRUE Decrease	
77074	Radiologic examinat X-Ray Exam - Bone	April 2018	25	ACR	0.44	CMS-Other October 20XXX	0.44 NA	1.49	0.03	2732	FALSE	FALSE	October 2015	38	Complete	TRUE Decrease	
77075	Radiologic examinat X-Ray Exam - Bone	April 2018	25	ACR	0.55	CMS-Other October 20XXX	0.55 NA	2.39	0.05	28156	FALSE	FALSE	October 2015	38	Complete	TRUE Increase	
77076	Radiologic examinat X-Ray Exam - Bone	April 2018	25	ACR	0.70	CMS-Other October 20XXX	0.7 NA	2.46	0.06	15	FALSE	FALSE	October 2015	38	Complete	TRUE Maintain	
77077	Joint survey, single X-Ray Exam - Bone	April 2018	25	ACR	0.33	CMS-Other October 20XXX	0.33 NA	1.05	0.03	34387	FALSE	FALSE	October 2015	38	Complete	TRUE Increase	
77079	Computed tomogr:CT Bone Density Stu	February 2010	31	ACR, AAFP, AC	Deleted frc	Different P October 2009					FALSE	TRUE	The Workg	October 2010	22	Complete	TRUE Deleted from CPT
77080	Dual-energy X-ray :Dual Energy X-Ray	October 2013	07	AAACE, ACNM,	0.20	CMS Requ September XXX	0.2 NA	0.95	0.02	2532885	FALSE	TRUE	In Oct 2012	May 2013	Complete	TRUE Maintain	
77081	Dual-energy X-ray :Dual-energy X-Ray A	January 2018	25		0.20	Negative IV April 2017 XXX	0.2 NA	0.73	0.02	84437	FALSE	FALSE	May 2013	Complete	TRUE Decrease		
77082	Dual-energy X-ray :Dual Energy X-Ray	October 2013	07	AAACE, ACNM,	Deleted frc	CMS Requ September 2011					FALSE	TRUE	In Oct 2012	May 2013	Complete	TRUE Deleted from CPT	
77083	Radiographic absor Radiographic Absor	February 2010	31	ACR, ACP	Deleted frc	Different P October 2009					FALSE	TRUE	The Workg	October 2010	22	Complete	TRUE Deleted from CPT
77085	Dual-energy X-ray :Dual Energy X-Ray	October 2013	07	AAACE, ACNM,	0.30	Codes Reported Toget XXX	0.3 NA	1.27	0.03	98754	FALSE	FALSE	May 2013	Complete	TRUE Decrease		
77086	Vertebral fracture. Dual Energy X-Ray	October 2013	07	AAACE, ACNM,	0.17	Codes Reported Toget XXX	0.17 NA	0.82	0.02	1413	FALSE	FALSE	May 2013	Complete	TRUE Maintain		
77261	Therapeutic radiol Radiation Therapy P	April 2016	37	ASTRO	1.30	CMS High E July 2015 XXX	1.3 0.73	0.73	0.08	9653	FALSE	FALSE	October 2012	22	Complete	TRUE Decrease	
77262	Therapeutic radiol Radiation Therapy P	April 2016	37	ASTRO	2.00	CMS High E July 2015 XXX	2 1.10	1.1	0.13	2999	FALSE	FALSE	October 2012	22	Complete	TRUE Decrease	
77263	Therapeutic radiol Radiation Therapy P	April 2016	37	ASTRO	3.14	CMS High E July 2015 XXX	3.14 1.63	1.63	0.24	280552	FALSE	FALSE	October 2012	22	Complete	TRUE Maintain	
77280	Therapeutic radiol Set Radiation Therap	January 2013	14	ASTRO	0.70	Harvard Va April 2011 XXX	0.7 NA	7.34	0.04	406305	FALSE	TRUE	ASTRO revi	October 2012	22	Complete	TRUE Maintain
77285	Therapeutic radiol Respiratory Motion	January 2013	14	ASTRO	1.05	Harvard Va September XXX	1.05 NA	12.12	0.06	5544	FALSE	TRUE	ASTRO revi	October 2012	22	Complete	TRUE Maintain
77290	Therapeutic radiol Respiratory Motion	January 2013	14	ASTRO	1.56	MPC List / October 20XXX	1.56 NA	11.77	0.1	171643	FALSE	TRUE	ASTRO revi	October 2012	22	Complete	TRUE Maintain
77293	Respiratory motior Respiratory Motion	January 2013	14	ASTRO	2.00	Harvard Valued - Utiliz XXX	2 NA	10.14	0.11	34246	FALSE	FALSE	October 2012	22	Complete	TRUE Decrease	
77295	3-dimensional radi Surface Radionuclid	January 2013	14	ASTRO	4.29	Harvard Va September XXX	4.29 NA	9.88	0.25	112013	FALSE	TRUE	ASTRO revi	October 2012, C22, 28/29	Complete	TRUE Decrease	
77300	Basic radiation dos Surface Radionuclid	April 2014	20	ASTRO	0.62	MPC List / October 20XXX	0.62 NA	1.32	0.04	1171954	FALSE	TRUE	On 8-21-12	February 2014, 44, 28/29	complete	TRUE Maintain	
77301	Intensity modulate IMRT - PE Only	April 2013	28	ASTRO	New PE In	CMS Fast October 20XXX	7.99 NA	46.68	0.69	167261	TRUE	Nov 2009	Yes	FALSE	TRUE Maintain		
77305	Teletherapy, isodo Isodose Calculation	April 2014	20	ASTRO	Deleted frc	Codes Repr October 2010					FALSE	TRUE	On 8-21-12	February 2014	44	Complete	TRUE Deleted from CPT
77306	Teletherapy isodos Isodose Calculation	April 2014	20		1.40	Codes Repr October 20XXX	1.4 NA	2.97	0.08	964	FALSE	FALSE	February 2014	44	Complete	TRUE Decrease	
77307	Teletherapy isodos Isodose Calculation	April 2014	20		2.90	Codes Repr October 20XXX	2.9 NA	5.56	0.16	26401	FALSE	FALSE	February 2014	44	Complete	TRUE Decrease	
77310	Teletherapy, isodo Isodose Calculation	April 2014	20	ASTRO	Deleted frc	Codes Repr October 2010					FALSE	TRUE	On 8-21-12	February 2014	44	Complete	TRUE Deleted from CPT
77315	Teletherapy, isodo Isodose Calculation	April 2014	20	ASTRO	Deleted frc	Codes Repr October 2010					FALSE	TRUE	On 8-21-12	February 2014	44	Complete	TRUE Deleted from CPT
77316	Brachytherapy isoc Isodose Calculation	April 2014	20		1.50	Codes Repr October 20XXX	1.4 NA	5.88	0.11	4136	FALSE	FALSE	February 2014	44	Complete	TRUE Decrease	
77317	Brachytherapy isoc Isodose Calculation	April 2014	20		1.83	Codes Repr October 20XXX	1.83 NA	7.75	0.14	2079	FALSE	FALSE	February 2014	44	Complete	TRUE Decrease	
77318	Brachytherapy isoc Isodose Calculation	October 2015	21		2.90	Codes Repr October 20XXX	2.9 NA	10.67	0.21	4319	FALSE	TRUE	On 8-21-12	February 2014	44	Complete	TRUE Decrease
77326	Brachytherapy isoc Isodose Calculation	April 2014	20		Deleted frc	Codes Repr October 2012					FALSE	TRUE	On 8-21-12	February 2014	44	Complete	TRUE Deleted from CPT
77327	Brachytherapy isoc Isodose Calculation	April 2014	20	ASTRO	Deleted frc	Codes Repr October 2010					FALSE	TRUE	On 8-21-12	February 2014	44	Complete	TRUE Deleted from CPT
77328	Brachytherapy isoc Isodose Calculation	April 2014	20		Deleted frc	Codes Repr October 2012					FALSE	TRUE	On 8-21-12	February 2014	44	Complete	TRUE Deleted from CPT
77332	Treatment devices RAW	January 2016	40	RUC	ASTRO	0.54	CMS High E April 2015 XXX	0.45 NA	0.7	0.03	63894	FALSE	FALSE	February 2014	44	Complete	TRUE Maintain
77333	Treatment devices RAW	January 2016	40	RUC	ASTRO	0.84	CMS High E April 2015 XXX	0.75 NA	3.32	0.04	10855	FALSE	FALSE	February 2014	44	Complete	TRUE Maintain
77334	Treatment devices, design and constru	January 2016	40	RUC	ASTRO	1.24	MPC List / October 20XXX	1.15 NA	2.56	0.06	698395	FALSE	FALSE	February 2014	44	Complete	TRUE Maintain
77336	Continuing medica Continuing Medical	April 2013	31	ASTRO	New PE In	CMS Requ October 20XXX	0 NA	2.59	0.08	349305	FALSE	FALSE	February 2014	44	Complete	TRUE PE Only	
77338	Multi-leaf collimat:IMRT - PE Only	April 2013	28		New PE In	Services wi October 20XXX	4.29 NA	9.5	0.27	184716	FALSE	FALSE	February 2014	44	Complete	TRUE PE Only	
77371	Radiation treatmer Radiation Treatmen	April 2009	30	ASTRO	New PE In	CMS Requ NA XXX	0 0.00	0	0	97	FALSE	FALSE	February 2014	44	Complete	TRUE PE Only	
77372	Radiation treatmer Radiation Treatmen	October 2013	18		New PE In	Services wi October 20XXX	0 NA	28.39	0.2	614	FALSE	FALSE	February 2014	44	Complete	TRUE PE Only	
77373	Stereotactic body r Radiation Treatmen	October 2013	18	ACR, ASTRO, A	New PE In	Services wi July 2012 XXX	0 NA	29.6	0.25	40662	FALSE	FALSE	February 2014	44	Complete	TRUE PE Only	
77385	Intensity modulate Radiation Treatmen	September 2023	22	September 2 RUC	ACRO, ASTRO	Refer to CF Services wi January 20 XXX	0 0.00	0	0	0	FALSE	TRUE	In October	May 2024	FALSE	PE Only	
77386	Intensity modulate Radiation Treatmen	September 2023	22	September 2 RUC	ACRO, ASTRO	Refer to CF Services wi January 20 XXX	0 0.00	0	0	0	FALSE	TRUE	In October	May 2024	FALSE	PE Only	
77387	Guidance for locali Radiation Treatmen	September 2023	22	September 2 RUC	ACRO, ASTRO	Refer to CF Services wi January 20 XXX	0 0.00	0	0	0	FALSE	TRUE	In October	May 2024	FALSE	Decrease	
77401	Radiation treatmer Radiation Treateme	January 2020	31		New PE In	High Volun October 20XXX	0 NA	1.24	0.01	284336	FALSE	TRUE	In October	May 2019	08	Withdrawn	TRUE PE Only
77402	Radiation treatmer Radiation Treatmen	September 2023	22	September 2 RUC	ACRO, ASTRO	Refer to CF Services wi October 20XXX	0 0.00	0	0	0	FALSE	TRUE	At the Apri	May 2024	FALSE	PE Only	
77403	Radiation treatmer Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Services wi October 2012					FALSE	TRUE	At the Apri	October 2013	28	Complete	TRUE Deleted from CPT
77404	Radiation treatmer Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Services wi October 2012					FALSE	TRUE	At the Apri	October 2013	28	Complete	TRUE Deleted from CPT
77406	Radiation treatmer Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Services wi October 2012					FALSE	TRUE	At the Apri	October 2013	28	Complete	TRUE Deleted from CPT
77407	Radiation treatmer Radiation Treatmen	September 2023	22	September 2 RUC	ACRO, ASTRO	Refer to CF Services wi October 20XXX	0 0.00	0	0	0	FALSE	TRUE	At the Apri	May 2024	FALSE	PE Only	
77408	Radiation treatmer Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Services wi October 2012					FALSE	TRUE	At the Apri	October 2013	28	Complete	TRUE Deleted from CPT
77409	Radiation treatmer Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Services wi October 2012					FALSE	TRUE	At the Apri	October 2013	28	Complete	TRUE Deleted from CPT
77411	Radiation treatmer Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Services wi October 2012					FALSE	TRUE	At the Apri	October 2013	28	Complete	TRUE Deleted from CPT
77412	Radiation treatmer Radiation Treatmen	September 2023	22	September 2 RUC	ACRO, ASTRO	Refer to CF Services wi October 20XXX	0 0.00	0	0	0	FALSE	TRUE	At the Apri	May 2024	FALSE	PE Only	
77413	Radiation treatmer Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Services wi October 2012					FALSE	TRUE	At the Apri	October 2013	28	Complete	TRUE Deleted from CPT
77414	Radiation treatmer Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Services wi October 2012					FALSE	TRUE	At the Apri	October 2013	28	Complete	TRUE Deleted from CPT
77416	Radiation treatmer Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Services wi October 2012					FALSE	TRUE	At the Apri	October 2013	28	Complete	TRUE Deleted from CPT
77418	Intensity modulate Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc CMS Fast October 2008					TRUE	Nov 2009	Yes	October 2013	28	Complete	TRUE Deleted from CPT
77421	Stereoscopic X-ray Radiation Treatmen	January 2014	14		ACRO, ASTRO	Deleted frc Codes Repr February 2010					FALSE	TRUE	In Jan 2012	October 2013	28	Complete	TRUE Deleted from CPT
77422	High energy neutrc High Energy Neutroi	April 2015	35	RUC	AAOS, ASPS, A	Contractor CMS Requ November 2014	0 0.00	0	0	0	FALSE	FALSE	October 2013	28	Complete	TRUE Deleted from CPT	
77423	High energy neutrc High Energy Neutroi	April 2015	35	RUC	AAOS, ASPS, A	Contractor CMS Requ November XXX	0 0.00	0	0	0	FALSE	FALSE	October 2013	28	Complete	TRUE Maintain	
77427	Radiation treatmer Radiation Treatmen	January 2016	54		ASTRO	3.45. Remc Site of Serv September XXX	3.37 2.07	2.07	0.26	914002	FALSE	TRUE	In October	June 2009	21	Complete	TRUE Decrease
77435	Stereotactic body r RAW	January 2017	30			Remove frc High Volun October 20XXX	11.87 6.34	6.34	0.95	44169	FALSE	FALSE	June 2009	21	Complete	TRUE Remove from Screen	
77470	Special treatment i Special Radiation Tr	January 2016	41		ASTRO	2.03	CMS High E July 2015 XXX	2.03 NA	2.12	0.11	82000	FALSE	FALSE	June 2009	21	Complete	TRUE Decrease
77520	Proton treatment c Proton Beam Treatn	April 2019	19		ASTRO	New PE In	Contractor October 20XXX	0 0.00	0	0	181	FALSE	FALSE	June 2009	21	Complete	TRUE PE Only
77522	Proton treatment c Proton Beam Treatn	April 2019	19		ASTRO	New PE In	Contractor January 20 XXX	0 0.00	0	0	7240	FALSE	FALSE	June 2009	21	Complete	TRUE PE Only
77523	Proton treatment c Proton Beam Treatn	April 2019	19		ASTRO	New PE In	High Volun October 20XXX	0 0.00	0	0	65902	FALSE	FALSE	June 2009	21	Complete	TRUE PE Only
77525	Proton treatment c Proton Beam Treatn	April 2019	19		ASTRO	New PE In	Contractor October 20XXX	0 0.00	0	0	11709	FALSE	FALSE	June 2009	21	Complete	TRUE PE Only





85097	Bone marrow, sme	Bone Marrow Interç	April 2017	31			CAP	1.00	CMS-Other April 2016 XXX	0.94	0.42	1.09	0.05	129491	FALSE		FALSE	TRUE	Increase				
85390	Fibrinolysins or cor	Fibrinolysins Screen	January 2018	26				0.75	Negative IV April 2017 XXX	0	0.00	0	0	26869	FALSE		FALSE	TRUE	Increase				
88104	Cytopathology, flui	Cytopathology	April 2015	36			AUR, ASC, CAF	New PE Inç Harvard Va	October 20XXX	0.56	NA	1.68	0.03	33535	FALSE		FALSE	TRUE	Maintain				
88106	Cytopathology, flui	Cytopathology	April 2015	36			AUR, ASC, CAF	New PE Inç Harvard Va	February 2 XXX	0.37	NA	1.74	0.03	1246	FALSE		FALSE	TRUE	Maintain				
88107	Deleted from CPT	Cytopathology	October 2010	17			AUR, ASC, CAF	Deleted frc Harvard Va	February 2010						FALSE		TRUE	Deleted from CPT					
88108	Cytopathology, cor	Cytopathology Conc	April 2015	36		RUC	ACR, CAP	New PE Inç Harvard Va	February 2 XXX	0.44	NA	1.6	0.02	178673	FALSE		FALSE	TRUE	Maintain				
88112	Cytopathology, selç	Cytopathology Conc	April 2015	36		RUC	ACR, CAP	New PE Inç CMS High E	September XXX	0.56	NA	1.46	0.02	743800	FALSE		FALSE	TRUE	Decrease				
88120	Cytopathology, in s	RAW review	October 2017	19				Utilization CMS Requç	November XXX	1.2	NA	16.14	0.05	42054	FALSE		FALSE	TRUE	Maintain				
88121	Cytopathology, in s	RAW review	October 2017	19				Utilization CMS Requç	November XXX	1	NA	11.54	0.04	20338	FALSE		FALSE	TRUE	Maintain				
88141	Cytopathology, cer	Cytopathology Cervi	April 2018	26			CAP	0.42	CMS-Other October 20XXX	0.26	0.45	0.45	0.01	43300	FALSE		FALSE	TRUE	Maintain				
88160	Cytopathology, sm	Cytopathology Conc	April 2015	36				New PE Inç CMS Requç	April 2015 XXX	0.5	NA	1.86	0.03	4853	FALSE		FALSE	TRUE	PE Only				
88161	Cytopathology, sm	Cytopathology Conc	April 2015	36				New PE Inç CMS Requç	April 2015 XXX	0.5	NA	1.91	0.03	3844	FALSE		FALSE	TRUE	PE Only				
88162	Cytopathology, sm	Cytopathology Conc	April 2015	36				New PE Inç CMS Requç	April 2015 XXX	0.76	NA	3.06	0.04	566	FALSE		FALSE	TRUE	PE Only				
88184	Flow cytometry, ce	Flow Cytometry	January 2016				CAP	New PE Inç CMS High E	July 2015 XXX	0	NA	2.32	0.02	94171	FALSE		FALSE	TRUE	PE Only				
88185	Flow cytometry, ce	Flow Cytometry	January 2016				CAP	New PE Inç CMS High E	July 2015 ZZZ	0	NA	0.71	0	1966902	FALSE		FALSE	TRUE	PE Only				
88187	Flow cytometry, in	Flow Cytometry Inte	January 2016	42			CAP	0.74	CMS High E July 2015 XXX	0.74	0.28	0.28	0.03	27897	FALSE		FALSE	TRUE	Decrease				
88188	Flow cytometry, in	Flow Cytometry Inte	January 2016	42			CAP	1.40	CMS High E July 2015 XXX	1.2	0.55	0.55	0.06	38457	FALSE		FALSE	TRUE	Decrease				
88189	Flow cytometry, in	Flow Cytometry Inte	January 2016	42			CAP	1.70	CMS High E July 2015 XXX	1.7	0.67	0.67	0.08	236357	FALSE		FALSE	TRUE	Decrease				
88300	Level I - Surgical p	aPathology Consultat	January 2012	24			AAD, AGA, CAI	0.08 and nç Harvard Val	February 2 XXX	0.08	NA	0.39	0.02	166076	FALSE		FALSE	TRUE	Maintain				
88302	Level II - Surgical p	aPathology Consultat	January 2012	24			AAD, AGA, CAI	0.13 and nç Havard Val	February 2 XXX	0.13	NA	0.85	0.02	58536	FALSE		FALSE	TRUE	Maintain				
88304	Level III - Surgical p	aPathology Consultat	January 2012	24			AAD, AGA, CAI	0.22 and nç Havard Val	October 20XXX	0.22	NA	1.05	0.02	779959	FALSE		FALSE	TRUE	Maintain				
88305	Level IV - Surgical ç	aPathology Consultat	January 2012	24			AAD, AGA, CAI	0.75 and nç Havard Val	October 20XXX	0.75	NA	1.38	0.02	15836017	FALSE		FALSE	TRUE	Maintain				
88307	Level V - Surgical p	aPathology Consultat	January 2012	24			AAD, AGA, CAI	1.59 and nç Havard Val	February 2 XXX	1.59	NA	6.98	0.07	897943	FALSE		FALSE	TRUE	Maintain				
88309	Level VI - Surgical ç	aPathology Services	January 2012	24			AAD, AGA, CAI	2.80 and nç Havard Val	February 2 XXX	2.8	NA	10.09	0.09	131272	FALSE		FALSE	TRUE	Maintain				
88312	Special stain includ	Special Stains	January 2012	33			CAP	0.54	Havard Val October 20XXX	0.54	NA	2.82	0.02	1163061	FALSE		TRUE	At the Febr June 2010	12	Complete	TRUE	Maintain	
88313	Special stain includ	Special Stains	February 2011	33			CAP	0.24	Havard Val October 20XXX	0.24	NA	2.23	0.02	1236949	FALSE		TRUE	At the Febr June 2010	12	Complete	TRUE	Maintain	
88314	Special stain includ	Special Stains	February 2011	33			CAP	0.45	Havard Val February 2 XXX	0.45	NA	2.18	0.03	21903	FALSE		TRUE	At the Febr June 2010	12	Complete	TRUE	Maintain	
88318	Deleted from CPT	Special Stains	February 2010	22			CAP, AAD	Deleted frc Havard Valued -	Utilization over 1 Million						FALSE		TRUE	At the Febr June 2010	12	Complete	TRUE	Deleted from CPT	
88319	Special stain includ	Special Stains	February 2011	33			CAP	0.53	Havard Valued - Utilizç	XXX	0.53	NA	3.54	0.03	12731	FALSE		TRUE	At the Febr June 2010	12	Complete	TRUE	Maintain
88321	Consultation and rç	Microslide Consulta	January 2016	43			CAP, ASC	1.63	CMS High E July 2015 XXX	1.63	0.73	1.18	0.08	163519	FALSE		FALSE	TRUE	Maintain				
88323	Consultation and rç	Microslide Consulta	January 2016	43			CAP, ASC	1.83	CMS High E July 2015 XXX	1.83	NA	1.59	0.03	33571	FALSE		FALSE	TRUE	Maintain				
88325	Consultation, comç	Microslide Consulta	January 2016	43			CAP, ASC	2.85	CMS High E July 2015 XXX	2.85	0.95	1.66	0.12	11300	FALSE		FALSE	TRUE	Increase				
88329	Pathology consulta	Pathology Consultat	October 2010	18			CAP	0.67	Harvard Va February 2 XXX	0.67	0.32	0.94	0.04	22555	FALSE		FALSE	TRUE	Maintain				
88331	Pathology consulta	Pathology Consultat	October 2010	18			CAP	1.19	Harvard Va October 20XXX	1.19	NA	1.81	0.03	333252	FALSE		FALSE	TRUE	Maintain				
88332	Pathology consulta	Pathology Consultat	October 2010	18			CAP	0.59	Harvard Va October 20XXX	0.59	NA	1.02	0.02	122479	FALSE		FALSE	TRUE	Maintain				
88333	Pathology consulta	Pathology Consultat	April 2016	39			ASC, CAP	1.20	CMS Requç July 2015 XXX	1.2	NA	1.51	0.03	58951	FALSE		FALSE	TRUE	Maintain				
88334	Pathology consulta	Pathology Consultat	April 2016	39			ASC, CAP	0.73	CMS Requç July 2015 ZZZ	0.73	NA	0.92	0.01	28643	FALSE		FALSE	TRUE	Maintain				
88341	Immunohistochem	Morphometric Analç	April 2014	21			CAP	0.65	CMS Requç November ZZZ	0.56	NA	2.15	0.01	3299705	FALSE		FALSE	TRUE	Decrease				
88342	Immunohistochem	Morphometric Analç	April 2014	21			CAP	0.70	CMS-Other April 2011 XXX	0.7	NA	2.46	0.02	2105463	FALSE		TRUE	In Jan 2012 May 2012		Complete	TRUE	Decrease	
88343	Immunohistochem	Morphometric Analç	April 2014	21			CAP	Deleted frc CMS Requç	November 2013						FALSE		FALSE	TRUE	Deleted from CPT				
88344	Immunohistochem	Morphometric Analç	April 2014	21			CAP	0.77	CMS Requç November XXX	0.77	NA	4.4	0.02	165839	FALSE		FALSE	TRUE	Decrease				
88346	Immunofluorescen	Immunofluorescent	January 2015	17			CAP, ASC	0.74	CMS-Other April 2013 XXX	0.74	NA	3.73	0.03	52971	FALSE		TRUE	In April 20: October 2014	45	Complete	TRUE	Decrease	
88347	Immunofluorescen	Immunofluorescent	January 2015	17			CAP, ASC	Deleted frc CMS-Other	October 2013						FALSE		TRUE	In April 20: October 2014	45	Complete	TRUE	Deleted from CPT	
88348	Electron microscopç	Electron Microscopy	October 2013	14			CAP	New PE Inç Services wi	October 20XXX	1.51	NA	12.91	0.11	14060	FALSE		FALSE	TRUE	PE Only				
88349	Electron microscopç	Electron Microscopy	October 2013	14			CAP	Deleted frc Services wi	October 2012						FALSE		TRUE	Refer to CF Oct 2013		Complete	TRUE	Deleted from CPT	
88350	Immunofluorescen	Immunofluorescent	January 2015	17			CAP, ASC	0.70	CMS-Other October 20ZZZ	0.59	NA	2.81	0.02	230286	FALSE		FALSE	October 2014	45	Complete	TRUE	Decrease	
88356	Morphometric ana	RAW	April 2014	37			ASCP, CAP	2.80	High Volun April 2013 XXX	2.8	NA	4.18	0.08	20476	FALSE		FALSE	TRUE	Decrease				
88360	Morphometric ana	Tumor Immunohistç	April 2016	40			ASC, CAP	0.85	CMS High E July 2015 XXX	0.85	NA	2.74	0.02	623440	FALSE		FALSE	TRUE	Decrease				
88361	Morphometric ana	Tumor Immunohistç	April 2016	40			ASC, CAP	0.95	CMS High E July 2015 XXX	0.95	NA	2.61	0.02	145417	FALSE		FALSE	TRUE	Decrease				
88364	In situ hybridizati	Morphometric Analç	April 2014	21			CAP, ASCP, AS	0.88	CMS Requç November ZZZ	0.7	NA	3.28	0.02	36647	FALSE		FALSE	TRUE	Decrease				
88365	In situ hybridizati	Morphometric Analç	April 2014	21			CAP	0.88	CMS Requç September XXX	0.88	NA	4.41	0.03	57466	TRUE	Dec 2011 ç Yes	TRUE	In April 20: May 2013		Complete	TRUE	Decrease	
88366	In situ hybridizati	Morphometric Analç	April 2014	21			CAP, ASCP, AS	1.24	CMS Requç May 2013 XXX	1.24	NA	6.87	0.04	2587	FALSE		FALSE	May 2013		Complete	TRUE	Decrease	
88367	Morphometric ana	Morphometric Analç	September 2014	18			CAP, ASCP, AS	0.86	CMS Requç September XXX	0.73	NA	2.6	0.02	3964	TRUE	Dec 2011 ç Yes	TRUE	In April 20: May 2013		Complete	TRUE	Decrease	
88368	Morphometric ana	Morphometric Analç	September 2014	18			CAP, ASCP, AS	0.88	CMS Requç September XXX	0.88	NA	3.53	0.03	16333	TRUE	Dec 2011 ç Yes	TRUE	In April 20: May 2013		Complete	TRUE	Decrease	
88373	Morphometric ana	Morphometric Analç	April 2014	21			CAP, ASCP, AS	0.86	CMS Requç November ZZZ	0.58	NA	1.44	0.01	5203	FALSE		FALSE	TRUE	Decrease				
88374	Morphometric ana	Morphometric Analç	April 2014	21			CAP, ASCP, AS	1.04	CMS Request - Final Rç XXX	0.93	NA	7.68	0.02	142874	FALSE		FALSE	TRUE	Decrease				
88377	Morphometric ana	Morphometric Analç	October 2020	24			CAP, ASCP, AS	1.40	CMS Requç May 2013 XXX	1.4	NA	10.42	0.04	121925	FALSE		FALSE	May 2013		Complete	TRUE	Decrease	
88381	Microdissection (ie	RAW	September 2022	13	April 2025	RAW	ASC, AP	Review act High Volun	April 2022 XXX	0.53	NA	5.46	0.05	56078	FALSE		FALSE	TRUE	Decrease				
90460	Immunization adm	Immunization Admii	April 2021	19			AAFP, AAP, AC	0.24	CMS Requç July 2020 XXX	0.24	NA	0.43	0.02	146	FALSE		FALSE	TRUE	Increase				
90461	Immunization adm	Immunization Admii	April 2021	19			AAFP, AAP, AC	0.18	CMS Requç July 2020 ZZZ	0.18	NA	0.07	0.01	30	FALSE		FALSE	TRUE	Increase				
90465	Deleted from CPT	Immunization Admii	February 2008	R			AAP	New PE inç CMS Requç	NA						FALSE		FALSE	TRUE	Deleted from CPT				
90467	Deleted from CPT	Immunization Admii	February 2008	R			AAP	New PE inç CMS Requç	NA						FALSE		FALSE	TRUE	Deleted from CPT				
90471	Immunization adm	Immunization Admii	April 2021	19			AAFP, AAP, AC	0.17	CMS Requç February 2 XXX	0.17	NA	0.44	0.01	344382	FALSE		FALSE	TRUE	Maintain				
90472	Immunization adm	Immunization Admii	April 2021	19			AAFP, AAP, AC	0.15	CMS Requç February 2 ZZZ	0.15	NA	0.28	0.01	29042	FALSE		FALSE	TRUE	Maintain				
90473	Immunization adm	Immunization Admii	April 2021	19			AAFP, AAP, AC	0.17	CMS Requç NA XXX	0.17	NA	0.32	0.01	1	FALSE		FALSE	TRUE	Maintain				
90474	Immunization adm	Immunization Admii	April 2021	19			AAFP, AAP, AC	0.15	CMS Requç NA ZZZ	0.15	NA	0.2	0.01		FALSE		FALSE	TRUE	Maintain				
90785	Interactive comple	Psychotherapy for C	September 2023	22	April 2024	RAW	APA, APA (HÇF	Refer to ÇF CMS High E	April 2013 ZZZ	0.33	0.05	0.1	0.01	333763	FALSE		TRUE	CPT Februç: February 2012	55	Complete	FALSE	Increase	
90791	Psychiatric diagnos	Psychotherapy	April 2012	26			APA, APA (HÇF	3.00	CMS High E April 2013 XXX	3.84	0.49	1.23	0.01	690443	FALSE		TRUE	CPT Februç: February 2012	93	Complete	TRUE	Increase	
90792	Psychiatric diagnos	Psychotherapy	April 2012	26			APA, APA (HÇF	3.25	CMS High E April 2013 XXX	4.16	0.75	1.49	0.17	520437	FALSE		TRUE	CPT Februç: February 2012	93	Complete	TRUE	Increase	
90801	Psychiatric diagnos	RAW review	January 2012	30				Deleted frc CMS High E	September 2011						FALSE		TRUE	January 20 February 2012	93	Complete	TRUE	Deleted from CPT	
90805	Individual psychotç	RAW review	January 2012	30				Deleted frc CMS High E	September 2011						FALSE		TRUE	January 20 February 2012	93	Complete	TRUE	Deleted from CPT	
90806	Individual psychotç	RAW review	January 2012	30				Deleted frc CMS High E	September 2011						FALSE		TRUE	January 20 February 2012	93	Complete	TRUE	Deleted from CPT	
90808	Individual psychotç	RAW review	January 2012	30				Deleted frc CMS High E	September 2011						FALSE		TRUE	January 20 February 2012	93	Complete	TRUE	Deleted from CPT	
90818	Individual psychotç	RAW review	January 2012	30				Deleted frc CMS High E	September 2011						FALSE		TRUE	January 20 February 2012	93	Complete			

90839	Psychotherapy for Psychotherapy for C	April 2013	35		APA, APA (HCf 3.13	CMS High E	April 2013	XXX	3.28	0.49	1.02	0.1	18399	FALSE	TRUE	CPT Febru	February 2012	93	Complete	TRUE	Increase		
90840	Psychotherapy for Psychotherapy for C	April 2013	35		APA, APA (HCf 1.50	CMS High E	April 2013	ZZZ	1.57	0.29	0.53	0.08	6138	FALSE	TRUE	CPT Febru	February 2012	93	Complete	TRUE	Increase		
90845	Psychoanalysis Psychotherapy	October 2011			2.10	CMS High E	April 2013	XXX	2.2	0.33	0.67	0.07	7261	FALSE	FALSE				TRUE	Increase			
90846	Family psychother: Psychotherapy	April 2012	26		APA, APA (HCf 2.40	CMS High E	April 2013	XXX	2.51	0.34	0.35	0.07	22452	FALSE	TRUE	CPT Febru	February 2012	93	Complete	TRUE	Increase		
90847	Family psychother: Psychotherapy	April 2012	26		APA, APA (HCf 2.50	CMS High E	April 2013	XXX	2.62	0.36	0.38	0.07	116686	FALSE	TRUE	CPT Febru	February 2012	93	Complete	TRUE	Increase		
90853	Group psychother: Psychotherapy	April 2012	26		APA, APA (HCf 0.59	CMS High E	April 2013	XXX	0.62	0.08	0.19	0.02	421146	FALSE	TRUE	CPT Febru	February 2012	93	Complete	TRUE	Maintain		
90862	Pharmacologic mai RAW review	January 2012	30		Deleted frc	CMS High E	September 2011							FALSE	TRUE	January 20	February 2012	93	Complete	TRUE	Deleted from CPT		
90863	Pharmacologic mai Pharmacologic Man	April 2013	40		APA (HCPAC) 0.48	CMS High E	April 2013	XXX	0.48	0.19	0.24	0.03		FALSE	TRUE	CPT Febru	February 2012	93	Complete	TRUE	Increase		
90868	Therapeutic repeti RAW	September 2022	13		APA (psychiatr) Maintain	Contractor	January 20	000	0	0.00	0	0	240106	FALSE	FALSE				TRUE	Maintain			
90870	Electroconvulsive t Electroconvulsive T	April 2010	41		APA	2.50	Harvard Va	October 20	000	2.5	0.52	2.58	0.1	89143	FALSE	FALSE			TRUE	Increase			
90901	Biofeedback trainir RAW	September 2023	22	April 2024	RUC	Survey Apr	High Volun	April 2023	000	0.41	0.14	0.8	0.02	48132	FALSE	FALSE			FALSE				
90911	Biofeedback trainir Biofeedback Trainin	January 2019	15		ACOG, AUA	Deleted frc	Negative IV	April 2017						FALSE	TRUE	At the Apr	September 2013	34	complete	TRUE	Deleted from CPT		
90912	Biofeedback trainir Biofeedback Trainin	January 2019	15	April 2024	RUC	Survey with	Negative IV	September 000	0.9	0.31	1.47	0.05	24229	FALSE	TRUE	In January	February 2019-IEC-T Issue	complete	FALSE	Increase			
90913	Biofeedback trainir Biofeedback Trainin	January 2019	15	April 2024	RUC	Survey with	Negative IV	September ZZZ	0.5	0.18	0.43	0.03	14465	FALSE	TRUE	In January	February 2019-IEC-T Issue	complete	FALSE	Increase			
90935	Hemodialysis proct Hemodialysis-Dialys	October 2009	30		RPA	1.48	Harvard Val	October 20	000	1.48	0.53	0.09	696670	FALSE	FALSE				TRUE	Increase			
90937	Hemodialysis proct Hemodialysis-Dialys	October 2009	30		RPA	2.11	Harvard Val	February 2	000	2.11	0.78	0.13	30666	FALSE	FALSE				TRUE	Maintain			
90945	Dialysis procedure Hemodialysis-Dialys	October 2009	30		RPA	1.56	Harvard Val	February 2	000	1.56	0.88	0.1	123896	FALSE	FALSE				TRUE	Increase			
90947	Dialysis procedure Hemodialysis-Dialys	October 2009	30		RPA	2.52	Harvard Val	February 2	000	2.52	0.92	0.18	10059	FALSE	FALSE				TRUE	Increase			
90951	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	23.92	9.18	9.18	1.64	61	FALSE	FALSE			TRUE	PE Only			
90952	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	0	0.00	0	0	8	FALSE	FALSE			TRUE	PE Only			
90953	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	0	0.00	0	0	17	FALSE	FALSE			TRUE	PE Only			
90954	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	20.86	7.57	7.57	1.35	422	FALSE	FALSE			TRUE	PE Only			
90955	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	10.32	4.49	4.49	0.68	111	FALSE	FALSE			TRUE	PE Only			
90956	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	6.64	3.29	3.29	0.4	72	FALSE	FALSE			TRUE	PE Only			
90957	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	15.46	6.35	6.35	0.99	1196	FALSE	FALSE			TRUE	PE Only			
90958	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	9.87	4.35	4.35	0.62	406	FALSE	FALSE			TRUE	PE Only			
90959	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	6.19	3.09	3.09	0.4	283	FALSE	FALSE			TRUE	PE Only			
90960	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	6.77	3.32	3.32	0.41	1402405	FALSE	FALSE			TRUE	PE Only			
90961	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	5.52	2.86	2.86	0.34	494092	FALSE	FALSE			TRUE	PE Only			
90962	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	3.57	2.23	2.23	0.22	155332	FALSE	FALSE			TRUE	PE Only			
90963	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	12.09	5.14	5.14	0.77	132	FALSE	FALSE			TRUE	PE Only			
90964	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	10.25	4.52	4.52	0.66	682	FALSE	FALSE			TRUE	PE Only			
90965	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	9.8	4.39	4.39	0.62	1031	FALSE	FALSE			TRUE	PE Only			
90966	End-stage renal dis End-Stage Renal Dis	April 2009	29		RPA	RUC Recon	CMS Requ	February 2	XXX	5.52	2.86	2.86	0.34	323474	FALSE	FALSE			TRUE	PE Only			
91038	Esophageal funcio Gastroenterological	February 2010	23		AGA, ASGE	New PE In	CMS Requ	February 2	000	1.1	NA	10.91	0.07	3794	FALSE	FALSE			TRUE	PE Only			
91110	Gastrointestinal trc Gastrointestinal Tra	January 2016	44		ACG, AGA, ASC	2.49	CMS High E	July 2015	XXX	2.24	NA	19.58	0.08	42423	FALSE	FALSE			TRUE	Decrease			
91111	Gastrointestinal trc Gastrointestinal Tra	January 2016	44		ACG, AGA, ASC	1.00	CMS High E	July 2015	XXX	0.9	NA	25.3	0.04	142	FALSE	FALSE			TRUE	Maintain			
91120	Rectal sensation, tr RAW	September 2023	22	September 2	RUC	ACG, AGA, ASC	Refer to CF	Codes Rep	April 2023	XXX	0.97	NA	13.97	0.06	9330	FALSE	TRUE	In April 20:	May 2024	FALSE			
91122	Anorectal manome RAW	September 2023	22	September 2	RUC	ACG, AGA, ASC	Refer to CF	Codes Rep	April 2023	000	1.77	NA	6.39	0.12	17726	FALSE	TRUE	In April 20:	May 2024	FALSE			
91132	Electrogastrograph Electrogastrography	February 2010	24		AGA, ACG, ASC	New PE In	CMS Request -	Practic	XXX	0.52	NA	12.57	0.03	89	FALSE	FALSE			TRUE	PE Only			
91133	Electrogastrograph Electrogastrography	February 2010	24		AGA, ACG, ASC	New PE In	CMS Request -	Practic	XXX	0.66	NA	13.1	0.03	64	FALSE	FALSE			TRUE	PE Only			
92065	Orthoptic training; Orthoptic Training	April 2021	10		AAO, AOA (op	0.71	Harvard Va	October 20	XXX	0.71	0.27	0.47	0.01	28649	FALSE	TRUE	This servic	February 2021	135	Complete	TRUE	Increase	
92066	Orthoptic training; Orthoptic Training	April 2021	10		AAO, AOA (op	New PE In	Harvard Va	February 2	XXX	0	NA	0.78	0.01		FALSE	FALSE			TRUE	PE Only			
92081	Visual field examin Visual Field Examina	April 2010	42		AAO, AOA (op	0.30	Harvard Va	October 20	XXX	0.3	NA	0.68	0.02	77430	FALSE	FALSE			TRUE	Decrease			
92082	Visual field examin Visual Field Examina	April 2010	42		AAO, AOA (op	0.40	Harvard Va	October 20	XXX	0.4	NA	0.99	0.02	102781	FALSE	FALSE			TRUE	Decrease			
92083	Visual field examin Visual Field Examina	April 2012	46		AAO, AOA (op	0.50	MPC List /	October 20	XXX	0.5	NA	1.38	0.02	2653897	FALSE	FALSE			TRUE	Maintain			
92100	Serial tonometry (s Serial Tonometry	September 2011	36		AAO, AOA (op	0.61	Harvard Va	April 2011	XXX	0.61	0.32	1.92	0.02	23374	FALSE	FALSE			TRUE	Decrease			
92133	Scanning compute Computerized Scanr	April 2010	23		AAO, AOA (ey	0.50	CMS Faste:	October 20	XXX	0.4	NA	0.67	0.02	2647877	FALSE	FALSE			TRUE	Decrease			
92134	Scanning compute Computerized Scanr	September 2022	13		AAO, AOA (ey	0.50	CMS Faste:	October 20	XXX	0.45	NA	0.74	0.02	7625266	FALSE	FALSE			TRUE	Decrease			
92135	Deleted from CPT Ophthalmic Diagnos	October 2009	31		AAO, AOA	Deleted frc	CMS Faste:	October 2008						FALSE	TRUE	Revise to s	October 2009	44	Code Delete	TRUE	Deleted from CPT		
92136	Ophthalmic biome Ophthalmic Biometr	April 2016	36		AAO	0.54	CMS Faste:	October 20	XXX	0.54	NA	0.85	0.02	1553667	FALSE	FALSE			TRUE	Maintain			
92140	Provocative tests fr Glaucoma Provacati	April 2016	41		AAO, AOA (op	Deleted frc	Harvard Va	October 2015						FALSE	TRUE	The specia	May 2016	26	Complete	TRUE	Deleted from CPT		
92201	Ophthalmoscopy, e Ophthalmoscopy	April 2018	05		AAO, AOA (Op	0.40	Negative IV	February 2	XXX	0.4	0.25	0.32	0.02	470308	FALSE	FALSE			TRUE	Decrease			
92202	Ophthalmoscopy, e Ophthalmoscopy	April 2018	05		AAO, AOA (Op	0.26	Negative IV	February 2	XXX	0.26	0.16	0.19	0.01	692251	FALSE	FALSE			TRUE	Decrease			
92225	Ophthalmoscopy, e Ophthalmoscopy	April 2018	05		AAO, AOA (Op	Deleted frc	Negative IV	April 2017						FALSE	TRUE	A RUC mer	February 2018	22	complete	TRUE	Deleted from CPT		
92226	Ophthalmoscopy, e Ophthalmoscopy	April 2018	05		AAO, AOA (Op	Deleted frc	Negative IV	February 2018						FALSE	FALSE			February 2018	22		TRUE	Deleted from CPT	
92227	Imaging of retina fr RAW	September 2023	22			Remove frc	Work Neut	April 2023	XXX	0	NA	0.52	0.01	1025	FALSE	FALSE			TRUE	Remove from screen			
92228	Imaging of retina fr RAW	September 2023	22			Remove frc	Work Neut	April 2023	XXX	0.32	NA	0.55	0.02	5758	FALSE	FALSE			TRUE	Remove from screen			
92229	Imaging of retina fr RAW	September 2023	22			Remove frc	Work Neut	April 2023	XXX	0	NA	1.22	0.01	1426	FALSE	FALSE			TRUE	Remove from screen			
92235	Fluorescein angiog Ophthalmoscopic Ar	January 2016	21		RUC	AAO, ASRS	0.75	Harvard Va	April 2011	XXX	0.75	NA	4.1	0.02	292734	FALSE	TRUE	In January	October 2015	55	Complete	TRUE	Decrease
92240	Indocyanine-green Ophthalmoscopic Ar	January 2016	21		RUC	AAO, ASRS	0.80	Codes Rep	January 20	XXX	0.8	NA	4.76	0.08	7696	FALSE	TRUE	In January	October 2015	55	Complete	TRUE	Decrease
92242	Fluorescein angiog Ophthalmoscopic Ar	January 2016	21		RUC	AAO, ASRS	0.95	Codes Rep	October 20	XXX	0.95	NA	7.44	0.04	30533	FALSE	TRUE	In January	October 2015	55	Complete	TRUE	Decrease
92250	Fundus photograpl Fundus Photograph	January 2016	45		AAO, ASRS, AC	0.40	MPC List /	October 20	XXX	0.4	NA	0.69	0.02	3262549	FALSE	FALSE			TRUE	Decrease			
92270	Electro-oculograph Electro-oculography	October 2017	19		AAO-HNS	CPT Assist	High Volun	February 2	XXX	0.81	NA												

92537	Caloric vestibular t Vestibular Caloric In January 2015	18	AAA, AAN, AA	0.80	CMS-Other October 20XXX	0.6	NA	0.57	0.02	51886	FALSE	FALSE	October 2014	54	Complete	TRUE	Increase		
92538	Caloric vestibular t Vestibular Caloric In January 2015	18	AAA, AAN, AA	0.55	CMS-Other October 20XXX	0.3	NA	0.35	0.02	5720	FALSE	FALSE	October 2014	54	Complete	TRUE	Increase		
92540	Basic vestibular ev:EOG VNG April 2014	24	AAN, ASHA, A	1.50	Codes Reported TogetXXX	1.5	NA	1.67	0.03	69977	FALSE	FALSE				TRUE	Decrease		
92541	Spontaneous nystaEOG VNG April 2014	24	AAN, ASHA, A	0.40	Codes ReprFebruary 2 XXX	0.4	NA	0.33	0.02	11381	FALSE	TRUE	Referred to February 2009	54	Complete	TRUE	Maintain		
92542	Positional nystagmEOG VNG April 2014	24	AAN, ASHA, A	0.48	Codes ReprFebruary 2 XXX	0.48	NA	0.36	0.02	15961	FALSE	TRUE	Referred to February 2009	54	Complete	TRUE	Increase		
92543	Caloric vestibular t Vestibular Caloric In January 2015	18	AAA, AAN, AA	Deleted frc	Codes ReprFebruary 2008						FALSE	TRUE	The RUC di October 2014	54	Complete	TRUE	Deleted from CPT		
92544	Optokinetic nystag EOG VNG April 2014	24	AAN, ASHA, A	0.27	Codes ReprFebruary 2 XXX	0.27	NA	0.24	0.02	2964	FALSE	TRUE	Referred to February 2009	54	Complete	TRUE	Increase		
92545	Oscillating trackingEOG VNG April 2014	24	AAN, ASHA, A	0.25	Codes ReprFebruary 2 XXX	0.25	NA	0.23	0.02	4274	FALSE	TRUE	Referred to February 2009	54	Complete	TRUE	Increase		
92546	Sinusoidal vertical. EOG VNG April 2014	24			Editorial chCMS-Other February 2 XXX	0.29	NA	3.66	0.03	36034	FALSE	TRUE	Referred to February 2014	87	Complete	TRUE	Maintain		
92547	Use of vertical elecEOG VNG April 2014	24			Editorial chCMS-Other February 2 ZZZ	0	NA	0.32	0	22811	FALSE	TRUE	Referred to February 2014	87	Complete	TRUE	Maintain		
92548	Computerized dyn:Computerized Dyna January 2019	16	AAA, AAN, ASI	0.76	CMS-Other February 2 XXX	0.67	NA	0.71	0.03	29891	FALSE	TRUE	In 2014 the September 2011	35	complete	TRUE	Increase		
92549	Computerized dyn:Computerized Dyna January 2019	16	RUC	0.96	CMS-Other September XXX	0.87	NA	1.04	0.02	6326	FALSE	FALSE	September 2011	35	complete	TRUE	Increase		
92550	Tympanometry an Bundled Audiolog 1 April 2009	22	ASHA, AAO-H	0.35	Codes Reported TogetXXX	0.35	NA	0.29	0.01	183937	FALSE	FALSE				TRUE	Decrease		
92557	Comprehensive au Bundled Audiolog 1 April 2009	22	ASHA, AAO-H	0.60	work Codes ReprFebruary 2 XXX	0.6	0.32	0.47	0.02	1158835	FALSE	TRUE	Referred to February 2009	54	Complete	TRUE	Decrease		
92558	Evoked otoacoustic Otoacoustic Emissio April 2011	35	ASHA	0.17	CMS Faste: February 2 XXX	0.17	0.07	0.1	0.01		FALSE	FALSE	February 2011			TRUE	Increase		
92567	Tympanometry (ir Bundled Audiolog 1 April 2009	22	ASHA, AAO-H	0.20	work Codes ReprFebruary 2 XXX	0.2	0.11	0.28	0.01	876262	FALSE	TRUE	Referred to February 2009	54	Complete	TRUE	Decrease		
92568	Acoustic reflex test Bundled Audiolog 1 April 2009	22	ASHA, AAO-H	0.29	work Codes ReprFebruary 2 XXX	0.29	0.14	0.15	0.01	2572	FALSE	TRUE	Referred to February 2009	54	Complete	TRUE	Decrease		
92569	Deleted from CPT Bundled Audiolog 1 April 2009	22	ASHA, AAO-H	Deleted frc	Codes ReprFebruary 2008						FALSE	TRUE	Referred to February 2009	54	Code Delete	TRUE	Deleted from CPT		
92570	Acoustic immittanc Bundled Audiolog 1 October 2015	21	ASHA, AAO-H	0.55	Codes Reported TogetXXX	0.55	0.29	0.39	0.02	28837	FALSE	FALSE				TRUE	Decrease		
92584	Electrocochleograf Auditory Evoked Poi April 2019	06	AAA, AAO-HN:	1.00	CMS-Other February 2 XXX	1	NA	2.28	0.04	9735	FALSE	FALSE				TRUE	Increase		
92585	Auditory evoked prAuditory Evoked Poi April 2019	06	AAA, AAO-HN:	Deleted frc	CMS-Other October 2017						FALSE	TRUE	In October February 2019	19	complete	TRUE	Deleted from CPT		
92586	Auditory evoked prAuditory Evoked Poi April 2019	06	AAA, AAO-HN:	Deleted frc	CMS-Other February 2019						FALSE	FALSE	February 2019	19	complete	TRUE	Deleted from CPT		
92587	Distortion product Otoacoustic Emissio April 2011	35	ASHA	0.45	CMS Faste: October 20XXX	0.35	NA	0.27	0.02	40518	FALSE	TRUE	The special October 2010	41	Complete	TRUE	Increase		
92588	Distortion product Otoacoustic Emissio April 2011	35	ASHA	0.60	CMS Fastest Growing XXX	0.55	NA	0.42	0.02	80237	FALSE	FALSE	February 2011			TRUE	Increase		
92597	Evaluation for use: Speech Language P2 February 2009	30	ASHA	1.48	work ICMS Requ NA XXX	1.26	NA	0.87	0.04	1865	FALSE	FALSE				TRUE	Decrease		
92605	Evaluation for pres Eval of Rx for Non-Sj April 2011	35	ASHA	1.75	CMS Request/Speech XXX	1.75	0.68	0.85	0.11		FALSE	TRUE	The special February 2011	58	Complete	TRUE	Increase		
92606	Therapeutic servic:Speech Language P2 February 2010	28	ASHA	1.40	work ICMS Request/Speech XXX	1.4	0.54	0.87	0.08		FALSE	FALSE				TRUE	Decrease		
92607	Evaluation for pres Speech Language P2 February 2010	28	ASHA	1.85	work ICMS Request/Speech XXX	1.85	NA	1.82	0.05	512	FALSE	FALSE				TRUE	Decrease		
92608	Evaluation for pres Speech Language P2 February 2010	28	ASHA	0.70	work ICMS Request/Speech ZZZ	0.7	NA	0.74	0.02	243	FALSE	FALSE				TRUE	Decrease		
92609	Therapeutic servic:Speech Language P2 February 2010	28	ASHA	1.50	work ICMS Request/Speech XXX	1.5	NA	1.56	0.04	13105	FALSE	FALSE				TRUE	Decrease		
92610	Evaluation of oral ε Speech Language P2 October 2020	23	ASHA, AAO-H	Maintain	CMS Requ NA XXX	1.3	0.76	1.22	0.04	28330	FALSE	FALSE				TRUE	Decrease		
92611	Motion fluoroscop Speech Language P2 April 2009	39	ASHA	1.34	work ICMS Requ NA XXX	1.34	NA	1.35	0.07	9955	FALSE	FALSE				TRUE	Decrease		
92618	Evaluation for pres Eval of Rx for Non-Sj April 2011	35	ASHA	0.65	CMS Request/Speech ZZZ	0.65	0.25	0.26	0.04		FALSE	FALSE	February 2011	58		TRUE	Increase		
92620	Evaluation of centr Audiolog Services October 2008	17	ASHA, AAO-H	1.50	CMS Requ NA XXX	1.5	0.79	1.09	0.05	852	FALSE	FALSE				TRUE	Decrease		
92621	Evaluation of centr Audiolog Services October 2008	17	ASHA, AAO-H	0.35	CMS Requ NA ZZZ	0.35	0.19	0.29	0.01	42	FALSE	FALSE				TRUE	Decrease		
92625	Assessment of tinn Audiolog Services October 2008	17	ASHA, AAO-H	1.15	CMS Requ NA XXX	1.15	0.61	0.82	0.04	7606	FALSE	FALSE				TRUE	Decrease		
92626	Evaluation of audit Audiolog Services October 2018	30	AAA, ASHA	1.40	CMS Requ NA XXX	1.4	0.76	1.14	0.04	19283	TRUE	July 2014	Yes	TRUE	In October May 2018	34	Yes	TRUE	Decrease
92627	Evaluation of audit Audiolog Services October 2018	30	ASHA, AAO-H	0.33	CMS Requ NA ZZZ	0.33	0.18	0.27	0.01	5334	FALSE	FALSE				TRUE	Decrease		
92640	Diagnostic analysis Audiolog Services October 2008	17	ASHA, AAO-H	1.76	CMS Requ NA XXX	1.76	0.96	1.44	0.04	11	FALSE	FALSE				TRUE	Decrease		
92650	Auditory evoked prAuditory Evoked Poi April 2019	06	AAA, AAO-HN:	0.25	CMS-Other February 2 XXX	0.25	NA	0.54	0.02		FALSE	FALSE	February 2019	19	complete	TRUE	Decrease		
92651	Auditory evoked prAuditory Evoked Poi April 2019	06	AAA, AAO-HN:	1.00	CMS-Other February 2 XXX	1	NA	1.43	0.05	790	FALSE	FALSE	February 2019	19	complete	TRUE	Increase		
92652	Auditory evoked prAuditory Evoked Poi April 2019	06	AAA, AAO-HN:	1.50	CMS-Other February 2 XXX	1.5	NA	1.78	0.08	5069	FALSE	FALSE	February 2019	19	complete	TRUE	Increase		
92653	Auditory evoked prAuditory Evoked Poi April 2019	06	AAA, AAN, AA	1.05	CMS-Other February 2 XXX	1.05	NA	1.38	0.06	22574	FALSE	FALSE	February 2019	19	complete	TRUE	Increase		
92920	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	9.00	MPC List October 20000	9.85	3.37		2.23	19059	FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92921	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	4.00	MPC List October 20ZZZ	0	0.00	0	0		FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92924	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	11.00	MPC List October 20000	11.74	4.02		2.67	1613	FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92925	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	5.00	MPC List October 20ZZZ	0	0.00	0	0		FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92928	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	10.49	MPC List October 20000	10.96	3.75		2.48	192605	FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92929	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	4.44	MPC List October 20ZZZ	0	0.00	0	0	1	FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92933	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	12.32	MPC List October 20000	12.29	4.20		2.79	14719	FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92934	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	5.50	MPC List October 20ZZZ	0	0.00	0	0		FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92937	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	10.49	MPC List October 20000	10.95	3.75		2.49	12338	FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92938	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	6.00	MPC List October 20ZZZ	0	0.00	0	0		FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92941	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	12.32	MPC List October 20000	12.31	4.21		2.78	30763	FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92943	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	12.32	MPC List October 20000	12.31	4.20		2.79	7473	FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92944	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	6.00	MPC List October 20ZZZ	0	0.00	0	0		FALSE	TRUE	October 2011	21	Complete	TRUE	Decrease		
92960	Cardioversion, elec Cardioversion October 2010	19	ACC	2.25	Harvard Va October 20000	2	1.03	2.44	0.15	199137	FALSE	FALSE				TRUE	Maintain		
92973	Percutaneous tran:RAW October 2017	19			Remove frc High Volun April 2013 ZZZ	3.28	1.13		0.74	2209	FALSE	FALSE				TRUE	Maintain		
92980	Transcatheter plac Percutaneous Coror January 2012	10	ACC	Deleted frc	MPC List October 2010						FALSE	TRUE	Specialty sr October 2011	21	Deleted from	TRUE	Deleted from CPT		
92981	Transcatheter plac Percutaneous Coror January 2012	10	ACC	Deleted frc	MPC List October 2010						FALSE	TRUE	Specialty sr October 2011	21	Deleted from	TRUE	Deleted from CPT		
92982	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	Deleted frc	MPC List / October 2010						FALSE	TRUE	Specialty sr October 2011	21	Deleted from	TRUE	Deleted from CPT		
92984	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	Deleted frc	MPC List October 2010						FALSE	TRUE	Specialty sr October 2011	21	Deleted from	TRUE	Deleted from CPT		
92986	Percutaneous ballc Valvuloplasty October 2008	26	ACC	Deleted frc	CMS Faste: October 20090	22.6	11.22		5.16	2014	FALSE	FALSE				TRUE	Remove from Screen		
92992	Atrial septectomy c Atrial Septostomy January 2020	13			Deleted frc CMS Requ October 2018						FALSE	TRUE	In January September 2011	16	yes	TRUE	Deleted from CPT		
92993	Atrial septectomy c Atrial Septostomy January 2020	13			Deleted frc CMS Requ October 2018						FALSE	TRUE	In January September 2011	16	yes	TRUE	Deleted from CPT		
92995	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	Deleted frc	MPC List October 2010						FALSE	TRUE	Specialty sr October 2011	21	Deleted from	TRUE	Deleted from CPT		
92996	Percutaneous tran:Percutaneous Coror January 2012	10	ACC	Deleted frc	MPC List October 2010						FALSE	TRUE	Specialty sr October 2011	21	Deleted from	TRUE	Deleted from CPT		
93000	Electrocardiogram, Complete Electrocar April 2019	20	ACC	0.17	CMS High E September XXX	0.17	NA	0.24	0.02	10199595	FALSE	FALSE				TRUE	Maintain		
93005	Electrocardiogram, Complete Electrocar April 2019	20	ACC	0.00	High Volun February 2 XXX	0	NA	0.18	0.01	410510	FALSE	FALSE				TRUE	PE Only		
93010	Electrocardiogram, Complete Electrocar April 2019	20	ACC	0.17	MPC List / October 20XXX	0.17	0.06	0.06	0.01	15687869	FALSE	FALSE				TRUE	Maintain		
93012	Deleted from CPT External Cardiovasc April 2010	25	ACC	Deleted frc	Harvard Va October 2009						FALSE	FALSE	February 2010	57		TRUE	Deleted from CPT		
93014	Deleted from CPT External Cardiovasc April 2010	25	ACC	Deleted frc	Harvard Va October 2009						FALSE	FALSE	February 2010	57		TRUE	Deleted from CPT		
93015	Cardiovascular stre Cardiovascular Stres April 2012	47	ACC	0.75	CPT A Codes ReprFebruary 2 XXX	0.75	NA	1.37	0.04	815131	TRUE	Jan 2010	Yes	TRUE	The RUC at October 2010	42	Complete	TRUE	Maintain
93016	Cardiovascular stre Cardiovascular Stres April 2012	47	ACC	0.45	Codes ReprFebruary 2 XXX	0.45	0.16	0.16	0.01	772953	FALSE	FALSE				TRUE	Maintain		
93017	Cardiovascular stre Cardiovascular Stres April 2010	45	ACC	New PE inç	High Volun February 2 XXX	0	NA	1.11	0.02	74416	FALSE	FALSE				TRUE	PE Only		
93018	Cardiovascular stre Cardiovascular Stres April 2012	47	ACC	0.30	Codes ReprFebruary 2 XXX	0.3	0.10	0.1	0.01	918865	TRUE	Jan 2010	Yes	TRUE	The RUC at October 2010	42	Complete	TRUE	Maintain
93025	Microvolt T-wave ε Microvolt T-Wave A October 2008	18	ACC	New PE Inç	CMS Requ NA XXX	0.75	NA	2.96	0.04	78	FALSE	FALSE				TRUE	PE Only		
93040	Rhythm ECG, 1-3 le Rhythm EKG October 2009	34	ACC	0.15	Havard Val February 2 XXX	0.15	NA	0.22	0.02	76436	FALSE	FALSE				TRUE	Decrease		
93041	Rhythm ECG, 1-3 le Rhythm EKG October 2009	34	ACC	0.00	(PE or Havard Val February 2 XXX	0	NA	0.18	0.01	11534	FALSE	FALSE				TRUE	Maintain		
93042	Rhythm ECG, 1-3 le Rhythm EKG October 2009	34	ACC, ACEP	0.15	Havard Val October 20XXX	0.15	0.04</												





93526	Deleted from CPT	Cardiac Catheterizat	February 2008	5	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93527	Deleted from CPT	Cardiac Catheterizat	April 2010	26	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93528	Deleted from CPT	Cardiac Catheterizat	April 2010	26	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93529	Deleted from CPT	Cardiac Catheterizat	April 2010	26	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93539	Deleted from CPT	Cardiac Catheterizat	February 2008	5	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93540	Deleted from CPT	Cardiac Catheterizat	February 2008	5	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93541	Deleted from CPT	Cardiac Catheterizat	April 2010	26	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93542	Deleted from CPT	Cardiac Catheterizat	April 2010	26	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93543	Deleted from CPT	Cardiac Catheterizat	February 2009	31	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93544	Deleted from CPT	Cardiac Catheterizat	February 2008	5	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93545	Deleted from CPT	Cardiac Catheterizat	February 2009	31	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93555	Deleted from CPT	Cardiac Catheterizat	February 2009	31	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93556	Deleted from CPT	Cardiac Catheterizat	February 2009	31	ACC	Deleted frc	Codes Rep	February 2008							FALSE	TRUE	Referred to	October 2009	13	Deleted	TRUE	Deleted from CPT	
93561	Indicator dilution s	Cardiac Output Mea	January 2018	27		0.77	Negative I\	October 20ZZZ							FALSE	FALSE					TRUE	Increase	
93562	Indicator dilution s	Cardiac Output Mea	January 2018	27		0.95	Negative I\	October 20ZZZ							FALSE	FALSE					TRUE	Increase	
93563	Injection procedur	Diagnostic Cardiac C	April 2011	28	ACC	2.00	Codes Reported	TogetZZZ	1	0.35	0.35	0.16	110	FALSE	FALSE		October 2009	13		TRUE	Decrease		
93564	Injection procedur	Pulmonary Angiogr	October 2021	08	ACC, SCAI	Review act	Codes Rep	October 20ZZZ	1.03	0.35	0.35	0.24	2	FALSE	FALSE		October 2009	13		FALSE	Decrease		
93565	Injection procedur	Diagnostic Cardiac C	April 2011	28	ACC	1.90	Codes Reported	TogetZZZ	0.5	0.17	0.17	0.12	52	FALSE	FALSE		October 2009	13		TRUE	Decrease		
93566	Injection procedur	Diagnostic Cardiac C	April 2011	28	ACC	0.96	Codes Reported	TogetZZZ	0.5	0.17	0.17	0.09	177	FALSE	FALSE		October 2009	13		TRUE	Decrease		
93567	Injection procedur	Diagnostic Cardiac C	April 2011	28	ACC	0.97	Codes Reported	TogetZZZ	0.7	0.24	0.24	0.16	16125	FALSE	FALSE		October 2009	13		TRUE	Decrease		
93568	Injection procedur	Diagnostic Cardiac C	April 2011	28	ACC	0.98	Codes Reported	TogetZZZ	0.88	0.30	0.3	0.18	1204	FALSE	TRUE		October 2009	13	Complete	TRUE	Decrease		
93571	Intravascular Dopp	Coronary Flow Rese	October 2017	13	ACC, SCAI	1.50	High Volun	October 20ZZZ	0	NA	0	0	62078	FALSE	FALSE					TRUE	Decrease		
93572	Intravascular Dopp	Coronary Flow Rese	October 2017	13	ACC, SCAI	1.00	High Volun	October 20ZZZ	0	NA	0	0	11878	FALSE	FALSE					TRUE	Decrease		
93613	Intracardiac electr	Cardiac Ablation Ser	April 2021	07	ACC, HRS	5.23	CMS Faste:	October 20ZZZ	5.23	2.08		1.21	7909	FALSE	FALSE					TRUE	Decrease		
93620	Comprehensive ele	Intracardiac Cathete	April 2010	45	ACC	11.57	Codes Rep	February 2 000	0	NA	0	0	6224	FALSE	TRUE	The Workg	October 2011	22	Complete	TRUE	Maintain		
93621	Comprehensive ele	Cardiac Ablation Ser	April 2021	07	ACC, HRS	1.75	High Volun	October 20ZZZ	0	NA	0	0	3608	FALSE	FALSE					TRUE	Decrease		
93623	Programmed stim	Pacing Heart Stimul	April 2019	22	ACC, HRS	Referral to	CMS-Other	October 20ZZZ	0	NA	0	0	38431	FALSE	TRUE	In April 20:	May 2019	EC-N	Complete	TRUE	Decrease		
93641	Electrophysiologic	Insertion/Removal c	September 2014	21	ACC	Maintain w	Codes Rep	February 2 000	0	NA	0	0	7279	FALSE	TRUE	33213 - Thi	February 2011	13	Complete	TRUE	Maintain		
93651	Intracardiac cathet	Bundling EPS with T	January 2012	11	ACC, HRS	Deleted frc	Codes Rep	February 2010							FALSE	TRUE	The Workg	October 2011	22	Complete	TRUE	Deleted from CPT	
93652	Intracardiac cathet	Bundling EPS with T	January 2012	11	ACC, HRS	Deleted frc	CMS Faste:	October 2008							FALSE	TRUE	The Workg	October 2011	22	Complete	TRUE	Deleted from CPT	
93653	Comprehensive ele	Cardiac Ablation Ser	April 2021	07	ACC, HRS	15.00	Codes Rep	October 20000	15	6.00		3.42	27100	FALSE	TRUE	The Workg	October 2011	22	Complete	TRUE	Decrease		
93654	Comprehensive ele	Cardiac Ablation Ser	April 2021	07	ACC, HRS	18.10	Codes Rep	October 20000	18.1	7.20		4.12	7891	FALSE	TRUE	The Workg	October 2011	22	Complete	TRUE	Decrease		
93655	Intracardiac cathet	Cardiac Ablation Ser	April 2021	07	ACC, HRS	7.00	Codes Rep	October 20ZZZ	5.5	2.20		1.25	44633	FALSE	TRUE	The Workg	October 2011	22	Complete	TRUE	Decrease		
93656	Comprehensive ele	Cardiac Ablation Ser	April 2021	07	ACC, HRS	17.00	Codes Rep	October 20000	17	6.82		3.87	67640	FALSE	TRUE	The Workg	October 2020	61	complete	TRUE	Decrease		
93657	Additional linear o	Cardiac Ablation Ser	April 2021	07	ACC, HRS	7.00	Codes Rep	October 20ZZZ	5.5	2.21		1.25	37851	FALSE	TRUE	The Workg	October 2011	22	Complete	TRUE	Decrease		
93662	Intracardiac echoc	Cardiac Ablation Ser	April 2021	07	ACC, HRS	2.53	High Volun	February 2 ZZZ	0	NA	0	0	26679	FALSE	FALSE					TRUE	Decrease		
93668	Peripheral arterial	Peripheral Artery Di	January 2018	28		New PE In	CMS Requ	July 2017 XXX	0	NA	0.43	0.01	1183	FALSE	FALSE					TRUE	PE Only		
93701	Bioimpedance-derived	physiologic card	February 2011	41		Remove frc	Low Value-	October 20XXX	0	NA	0.8	0.01	3819	FALSE	FALSE					TRUE	Remove from Screen		
93731	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted frc	CMS Faste:	October 2008							FALSE	FALSE					TRUE	Deleted from CPT	
93732	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted frc	CMS Faste:	October 2008							FALSE	FALSE					TRUE	Deleted from CPT	
93733	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted frc	CMS Faste:	October 2008							FALSE	FALSE					TRUE	Deleted from CPT	
93743	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted frc	CMS Faste:	October 2008							FALSE	FALSE					TRUE	Deleted from CPT	
93744	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted frc	CMS Faste:	October 2008							FALSE	FALSE					TRUE	Deleted from CPT	
93750	Interrogation of ve	Ventricular Assist D	April 2019	24	AATS, ACC, ST:	0.85	High Volun	October 20XXX	0.75	0.31	0.65	0.12	78765	FALSE	FALSE					TRUE	Decrease		
93792	Patient/caregiver t	Home INR Monitorin	January 2022	20	January 2025 RAW	Review in :	High Volun	September XXX	0	NA	2.08	0.03	890	FALSE	FALSE		September 201:	08	yes	TRUE	PE Only		
93793	Anticoagulant man	Home INR Monitorin	January 2022	20	January 2025 RAW	Review in :	High Volun	September XXX	0.18	NA	0.15	0.01	1483382	FALSE	FALSE		September 201:	08	yes	TRUE	Maintain		
93875	Deleted from CPT	Noninvasive Vascul	April 2010	45	AAN, ACC, ACF	Deleted frc	Codes Rep	February 2010							TRUE	SS in proce	Yes	The Workg	October 2010	43	Complete	TRUE	Deleted from CPT
93880	Duplex scan of extr	Duplex Scans	April 2014	33	ACR, ACC, SVS	0.80	Codes Rep	February 2 XXX	0.8	NA	4.8	0.1	1698816	TRUE	Addressed	Yes	The Workg	October 2010	43	Complete	TRUE	Increase	
93882	Duplex scan of extr	Duplex Scans	April 2014	33	ACC, ACR, SVS	0.50	CMS High	E January 20 XXX	0.5	NA	3.16	0.08	26072	FALSE	FALSE					TRUE	Increase		
93886	Transcranial Doppl	Transcranial Dopp	September 2023	09	AAN, ACR, AS	0.90	Codes Rep	February 2 XXX	0.91	NA	7.24	0.08	81451	FALSE	TRUE	In April 20:	May 2023	38	Yes	TRUE	Decrease		
93888	Transcranial Doppl	Transcranial Dopp	September 2023	09	AAN, ACC, ACF	0.73	Codes Rep	February 2 XXX	0.5	NA	4.24	0.05	8259	FALSE	TRUE	The Workg	October 2010	CCI edits	Complete	TRUE	Increase		
93890	Transcranial Doppl	Transcranial Dopp	September 2023	09	AAN, ACR, AS	Deleted frc	High Volun	October 20XXX	1	NA	7.44	0.08	39570	FALSE	TRUE	In April 20:	May 2023	38	Yes	TRUE	Deleted from CPT		
93892	Transcranial Doppl	Transcranial Dopp	September 2023	09	AAN, ACR, AS	1.15	High Volun	October 20XXX	1.15	NA	8.57	0.1	41305	FALSE	TRUE	In April 20:	May 2023	38	Yes	TRUE	Maintain		
93893	Transcranial Doppl	Transcranial Dopp	September 2023	09	AAN, ACR, AS	1.15	High Volun	October 20XXX	1.15	NA	10.82	0.12	1835	FALSE	FALSE					TRUE	Maintain		
93922	Limited bilateral n	Extremity Non-Invas	April 2010	27	SVS, ACR, ACC	0.25	CMS Faste:	October 20XXX	0.25	NA	2.17	0.05	582728	FALSE	TRUE	The Workg	February 2010	58	Revised	TRUE	Maintain		
93923	Complete bilateral	Extremity Non-Invas	April 2010	27	SVS, ACR, ACC	0.45	CMS Faste:	February 2 XXX	0.45	NA	3.37	0.09	324949	FALSE	TRUE	The Workg	February 2010	58	Revised	TRUE	Maintain		
93924	Noninvasive physic	Extremity Non-Invas	April 2010	27	SVS, ACR, ACC	0.50	CMS Faste:	February 2 XXX	0.5	NA	4.21	0.09	40889	FALSE	TRUE	The Workg	February 2010	58	Revised	TRUE	Maintain		
93925	Duplex scan of low	Duplex Scans	April 2014	33	ACC, ACR, SVS	0.80	CMS-Other	April 2011 XXX	0.8	NA	6.3	0.11	600464	FALSE	FALSE					TRUE	Maintain		
93926	Duplex scan of low	Duplex Scans	April 2014	33	ACC, ACR, SVS	0.60	CMS-Other	April 2011 XXX	0.5	NA	3.74	0.08	217657	FALSE	FALSE					TRUE	Increase		
93930	Duplex scan of upp	Duplex Scans	April 2014	33	AAN, ACC, ACF	0.80	CMS Requ	November XXX	0.8	NA	5.03	0.11	21965	FALSE	FALSE					TRUE	Increase		
93931	Duplex scan of upp	Duplex Scans	April 2014	33	AAN, ACC, ACF	0.50	Codes Rep	February 2 XXX	0.5	NA	3.14	0.07	41366	FALSE	TRUE	The Workg	October 2010	CCI edits	Complete	TRUE	Increase		
93965	Noninvasive physic	Non-invasive Physio	January 2016	47	ACC, ACR, SCA	Deleted frc	CMS High	E July 2015							FALSE	TRUE	In January	May 2016	28	Complete	TRUE	Deleted from CPT	
93970	Duplex scan of extr	Duplex Scans	April 2014	33	ACC, ACR, SVS	0.70	CMS-Other	April 2011 XXX	0.7	NA	4.82	0.09	1476860	FALSE	FALSE					TRUE	Maintain		
93971	Duplex scan of extr	Duplex Scans	April 2014	33	ACR, SVS, ACC	0.45	Low Value-	October 20XXX	0.45	NA	3.07	0.05	1491961	FALSE	FALSE					TRUE	Maintain		
93975	Duplex scan of arte	Duplex Scans	April 2014	33	ACR, SVS, ACC	1.30	CMS Requ	November XXX	1.16	NA	6.64	0.13	202616	FALSE	FALSE					TRUE	Decrease		
93976	Duplex scan of arte	Duplex Scans	April 2014	33	ACR	1.00	CMS Faste:	October 20XXX	0.8	NA	3.89	0.07	148998	FALSE	FALSE					TRUE	Decrease		
93978	Duplex scan of aor	Duplex Scans	April 2014	33		0.97	CMS-Other	April 2013 XXX	0.8	NA	4.48	0.13	242324	FALSE	FALSE					TRUE	Increase		
93979	Duplex scan of aor	Duplex Scans	April 2014	33		0.70	CMS-Other	October 20XXX	0.5	NA	2.96	0.08	53565	FALSE	FALSE					TRUE	Increase		
93982	Noninvasive physic	Endovascular Repair	January 2017	10	SVS, SIR, STS,	Deleted frc	Codes Rep	January 2017							FALSE	FALSE					TRUE	Deleted from CPT	
93985	Duplex scan of arte	Duplex Scan Arterial	January 2019	17		0.80	CMS-Other	October 20XXX	0.8	NA	6.47	0.16	18144	FALSE	FALSE		September 201:	36		TRUE	Increase		
93986	Duplex scan of arte	Duplex Scan Arterial	January 2019	17		0.50	CMS-Other	October 20XXX	0.5	NA	3.77	0.1	6266	FALSE	FALSE		September 201:	36		TRUE	Increase		
93990	Duplex scan of hen	Doppler Flow Testin	April 2014	40	ACR, SVS	0.60	CMS Faste:	October 20XXX	0.5	NA	3.8	0.11	95663	FALSE	FALSE								

94260	Deleted from CPT Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted frc Codes Repri February 2010					FALSE	TRUE	The RUC at October 2010	44	Complete	TRUE	Deleted from CPT					
94350	Deleted from CPT Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted frc Codes Repri February 2010					FALSE	TRUE	The RUC at October 2010	44	Complete	TRUE	Deleted from CPT					
94360	Deleted from CPT Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted frc Codes Repri February 2010					FALSE	TRUE	The RUC at October 2010	44	Complete	TRUE	Deleted from CPT					
94370	Determination of a Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted frc Codes Repri February 2010					FALSE	TRUE	The RUC at October 2010	44	Complete	TRUE	Deleted from CPT					
94400	Breathing response Evaluation of Wheez April 2019	25		ATS, CHEST	Deleted frc Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018					TRUE	Mar 2014	Yes	TRUE	In January	September 2015	49	yes	TRUE	Deleted from CPT		
94450	Breathing response Pulmonary Tests	February 2009	38	ACCP/ATS	Remove frc High Volun February 2 XXX	0.4	NA	1.96	0.03	515	FALSE							TRUE	Remove from Screen		
94617	Exercise test for br Pulmonary Diagnost	October 2016	05	ATS, CHEST	0.70 CMS High F February 2 XXX	0.7	NA	1.93	0.04	7524	FALSE			February 2016	39	Complete	TRUE	Decrease			
94618	Pulmonary stress t Pulmonary Diagnost	October 2016	05	ATS, CHEST	0.48 CMS High F February 2 XXX	0.48	NA	0.51	0.03	240300	FALSE			February 2016	39	Complete	TRUE	Decrease			
94620	Pulmonary stress t Pulmonary Diagnost	October 2016	05	ATS, CHEST	Deleted frc CMS High E July 2015						FALSE			In January	February 2016	39	Complete	TRUE	Deleted from CPT		
94621	Cardiopulmonary e Pulmonary Diagnost	October 2016	05	ATS, CHEST	1.42 CMS High E January 20 XXX	1.42	NA	3.11	0.11	16346	FALSE			In January	February 2016	39	Complete	TRUE	Maintain		
94640	Pressurized or non Evaluation of Wheez April 2019	25		AAFP, ATS, CH	New PE Inr Codes Reported Toget XXX	0	NA	0.23	0.01	166120	TRUE	Mar 2014	Yes					FALSE	TRUE	PE Only	
94667	Manipulation ches Evaluation of Wheez April 2019	25		ATS, CHEST	New PE Inr CPT Assistz April 2019 XXX	0	NA	0.73	0.02	3277	FALSE							FALSE	TRUE	PE Only	
94668	Manipulation ches Evaluation of Wheez April 2019	25		AAFP, ATS, CH	New PE Inr Codes Reported Toget XXX	0	NA	1.15	0.03	6247	TRUE	Mar 2014	Yes					FALSE	TRUE	PE Only	
94669	Mechanical chest v Evaluation of Wheez April 2019	25		ATS, CHEST	New PE Inr CPT Assistz April 2019 XXX	0	NA	0.6	0.02	130	FALSE							FALSE	TRUE	PE Only	
94681	Oxygen uptake, ex Pulmonary Tests	September 2011	51	AAACE, TES, AC	Remove frc High Volun February 2 XXX	0.2	NA	1.21	0.03	3429	FALSE							FALSE	TRUE	Remove from Screen	
94720	Carbon monoxide r Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted frc Codes Repri February 2010						FALSE			The RUC at October 2010	44	Complete	TRUE	Deleted from CPT			
94725	Membrane diffusio Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted frc Codes Repri February 2010						FALSE			The RUC at October 2010	44	Complete	TRUE	Deleted from CPT			
94726	Plethysmography f Pulmonary Function	April 2011	19	ACCP, ATS	0.31 Codes Repri February 2 XXX	0.26	NA	1.39	0.03	587560	FALSE			February 2011				FALSE	TRUE	Decrease	
94727	Gas dilution or was Pulmonary Function	April 2011	19	ACCP, ATS	0.31 Codes Repri February 2 XXX	0.26	NA	1.06	0.02	259358	FALSE			February 2011				FALSE	TRUE	Decrease	
94728	Airway resistance t Pulmonary Function	April 2011	19	ACCP, ATS	0.31 Codes Repri February 2 XXX	0.26	NA	1.05	0.02	3318	FALSE			February 2011				FALSE	TRUE	Decrease	
94729	Diffusing capacity ( Pulmonary Function	April 2011	19	ACCP, ATS	0.19 Codes Repri February 2 ZZZ	0.19	NA	1.49	0.02	922733	FALSE			February 2011				FALSE	TRUE	Decrease	
94750	Pulmonary complie RAW	October 2019	17		Deleted frc CMS-Other January 2019						FALSE								FALSE	TRUE	Deleted from CPT
94760	Noninvasive ear or Measure Blood Oxyt February 2009	32		ACCP, ATS	New PE inr CMS Requ NA XXX	0	NA	0.07	0.01	11156	FALSE							FALSE	TRUE	PE Only	
94761	Noninvasive ear or Measure Blood Oxyt February 2009	32		ACCP, ATS	New PE inr CMS Requ NA XXX	0	NA	0.11	0.01	2493	FALSE							FALSE	TRUE	PE Only	
94762	Noninvasive ear or Measure Blood Oxyt February 2009	32		ACCP, ATS	New PE inr CMS Faste: October 2C XXX	0	NA	0.75	0.01	139776	FALSE							FALSE	TRUE	PE Only	
94770	Carbon dioxide, ex Evaluation of Wheez April 2019	25		ATS, CHEST	Deleted frc High Volun February 2008						TRUE	Mar 2014	Yes	TRUE	In April 2015	September 2015	49	yes	TRUE	Deleted from CPT	
95004	Percutaneous tests: Percutaneous Allerg	October 2016	27	RUC	AAAAI, AAOA, 0.01 Low Value- October 2C XXX	0.01	NA	0.09	0.01	8192459	FALSE								FALSE	TRUE	Maintain
95010	Percutaneous tests: Percutaneous Allerg	April 2011	31		JCAAI, ACAAI, Deleted frc Low Value- October 2010						FALSE			The special February 2012	15	Complete	TRUE	Deleted from CPT			
95012	Nitric oxide expire: Exhaled Nitric Oxide	April 2019	26		AAAAI, ACAAI, New PE Inr High Volun October 2C XXX	0	NA	0.56	0.01	84141	FALSE							FALSE	TRUE	PE Only	
95015	Intracutaneous (int Intracutaneous Allg	April 2011	31		JCAAI, ACAAI, Deleted frc Low Value- October 2010						FALSE			The special February 2012	15	Complete	TRUE	Deleted from CPT			
95017	Allergy testing, any Percutaneous Allerg	April 2012	29		JCAAI 0.07 Low Value- October 2C XXX	0.07	0.03	0.18	0.01	16575	FALSE			Deleted co February 2012	15	Complete	TRUE	Decrease			
95018	Allergy testing, any Percutaneous Allerg	April 2012	29		JCAAI 0.14 Low Value- October 2C XXX	0.14	0.06	0.45	0.01	90311	FALSE			Deleted co February 2012	15	Complete	TRUE	Decrease			
95024	Intracutaneous (int Intracutaneous Allg	October 2017	19		JCAAI, ACAAI, New PE Inr Low Value- October 2C XXX	0.01	0.01	0.22	0.01	1386947	FALSE							FALSE	TRUE	PE Only	
95027	Intracutaneous (int Intracutaneous Allg	February 2011	41		JCAAI, ACAAI, 0.01 Low Value- October 2C XXX	0.01	NA	0.13	0.01	116083	FALSE							FALSE	TRUE	Maintain	
95115	Professional servic Immunotherapy Inj	April 2012	48		JCAAI, AAOA New PE Inr CMS High E January 20 XXX	0	NA	0.3	0.01	767020	FALSE							FALSE	TRUE	PE Only	
95117	Professional servic Immunotherapy Inj	April 2012	48		JCAAI, AAOA New PE Inr CMS High E September XXX	0	NA	0.36	0.01	2410492	FALSE							FALSE	TRUE	PE Only	
95144	Professional servic Antigen Therapy Ser	January 2016	49		AAOHNS, AAO 0.06 Low Value- October 2C XXX	0.06	0.03	0.43	0.01	169071	FALSE							FALSE	TRUE	Maintain	
95148	Professional services for the supervisio	October 2010	73		0.06 Low Value- October 2C XXX	0.06	0.02	2.83	0.01	19653	FALSE							FALSE	TRUE	Maintain	
95165	Professional servic Antigen Therapy Ser	January 2016	49		AAOHNS, AAO 0.06 MPC List / October 2C XXX	0.06	0.03	0.37	0.01	6237888	FALSE							FALSE	TRUE	Maintain	
95249	Ambulatory contin Continuous Glucose	January 2023	24		AAACE, ES, ACP PE Only High Volume Growth2 XXX	0	NA	1.92	0.04	14565	TRUE	June 2018	yes	TRUE	The RUC re June 2017	EC	yes	TRUE	PE Only		
95250	Ambulatory contin Continuous Glucose	January 2023	24		AAACE, ES New PE inr High Volun October 2C XXX	0	NA	4.39	0.04	39326	FALSE			In May 2015	October 2015	& 38	yes	TRUE	PE Only		
95251	Ambulatory contin Continuous Glucose	January 2023	24		AAACE, ES 0.70 High Volun April 2013 XXX	0.7	0.29	0.29	0.04	553918	FALSE			In October	February 2017	38	yes	TRUE	Decrease		
95700	Electroencephalog Long-Term EEG Mor	September 2022	13	April 2024	RAW	AAN, ACNS	Review act High Volun May 2018 XXX	0	0.00	0	14831	FALSE							FALSE	TRUE	PE Only
95705	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	308	FALSE							FALSE	TRUE	PE Only
95706	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	272	FALSE							FALSE	TRUE	PE Only
95707	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	162	FALSE							FALSE	TRUE	PE Only
95708	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	7458	FALSE							FALSE	TRUE	PE Only
95709	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	1465	FALSE							FALSE	TRUE	PE Only
95710	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	126	FALSE							FALSE	TRUE	PE Only
95711	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	147	FALSE							FALSE	TRUE	PE Only
95712	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	1022	FALSE							FALSE	TRUE	PE Only
95713	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	2393	FALSE							FALSE	TRUE	PE Only
95714	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	3239	FALSE							FALSE	TRUE	PE Only
95715	Electroencephalog Long-Term EEG Mor	September 2022	13	April 2024	RAW	AAN, ACNS	Review act High Volun May 2018 XXX	0	0.00	0	17499	FALSE							FALSE	TRUE	PE Only
95716	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	PE Only High Volun May 2018 XXX	0	0.00	0	2244	FALSE							FALSE	TRUE	PE Only
95717	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	2.00 High Volun May 2018 XXX	2	0.97	1.02	0.16	3762	FALSE						FALSE	TRUE	Decrease
95718	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	2.50 High Volun May 2018 XXX	2.5	1.26	1.33	0.21	32988	FALSE						FALSE	TRUE	Decrease
95719	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	3.00 High Volun May 2018 XXX	3	1.50	1.58	0.24	6235	FALSE						FALSE	TRUE	Decrease
95720	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	3.86 High Volun May 2018 XXX	3.86	1.93	2.04	0.32	126680	FALSE						FALSE	TRUE	Decrease
95721	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	3.86 High Volun May 2018 XXX	3.86	1.93	2.05	0.31	2557	FALSE						FALSE	TRUE	Decrease
95722	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	4.70 High Volun May 2018 XXX	4.7	2.31	2.45	0.39	2086	FALSE						FALSE	TRUE	Decrease
95723	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	4.75 High Volun May 2018 XXX	4.75	2.29	2.43	0.36	2407	FALSE						FALSE	TRUE	Decrease
95724	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	6.00 High Volun May 2018 XXX	6	2.86	3.03	0.45	3920	FALSE						FALSE	TRUE	Decrease
95725	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	5.40 High Volun May 2018 XXX	5.4	2.71	2.92	0.43	194	FALSE						FALSE	TRUE	Decrease
95726	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	7.58 High Volun May 2018 XXX	7.58	3.75	3.99	0.6	577	FALSE						FALSE	TRUE	Decrease
95800	Sleep study, unatte Sleep Testing	April 2010	28			ACNS, AAN, A	1.05 CMS Faste: October 2C XXX	0.85	NA	3.18	0.05	103574	FALSE			October 2009			FALSE	TRUE	Decrease
95801	Sleep study, unatte Sleep Testing	April 2010	28			ACNS, AAN, A	1.00 CMS Faste: October 2C XXX	0.85	NA	2.02	0.05	198	FALSE			October 2009			FALSE	TRUE	Decrease
95803	Actigraphy testing, Sleep Testing	April 2010	28			ACNS, AAN, A	0.90 and N CMS Requ NA XXX	0.9	NA	3.13	0.03	164	FALSE						FALSE	TRUE	Decrease
95805	Multiple sleep late Sleep Testing	April 2010	28			ACNS, AAN, A	1.20 CMS Faste: October 2C XXX	1.2	NA	11.6	0.16	1681	FALSE			October 2009			FALSE	TRUE	Decrease
95806	Sleep study, unatte Sleep Testing	April 2010	28			ACNS, AAN, A	1.28 CMS Faste: October 2C XXX	0.93	NA	1.85	0.05	87153	FALSE			October 2009			FALSE	TRUE	Decrease
95807	Sleep study, simult Sleep Testing	April 2010	28			ACNS, AAN, A	1.25 CMS Faste: October 2C XXX	1.28	NA	10.86	0.16	927	FALSE			October 2009			FALSE	TRUE	Decrease
95808	Polysomnography; Sleep Testing	April 2010	28			ACNS, AAN, A	1.74 CMS Faste: October 2C XXX	1.74	NA	13.44	0.19	614	FALSE			October 2009			FALSE	TRUE	Decrease
95810	Polysomnography; Sleep Testing	April 2010	28			ACNS, AAN, A	2.50 CMS Faste: February 2 XXX	2.5	NA	15.98	0.24	171553	FALSE			October 2009			FALSE	TRUE	Decrease
95811	Polysomnography; Sleep Testing	April 2010	28			ACNS, AAN, A	2.60 CMS Faste: October 2C XXX	2.6	NA	16.71	0.26	187527	FALSE			October 2009			FALSE	TRUE	Decrease
95812	Electroencephalog Long-Term EEG Mor	October 2018	13			AAN, ACNS	1.08 CMS Requ July 2015 XXX	1.08	NA	9.35	0.09	19969	FALSE				</				



95831	Muscle testing, ma	Muscle Testing	April 2018	33	AAN, AANEM, Deleted frc	High Volun	October 2015							FALSE	TRUE	In April 201	September 2011	39	complete	TRUE	Deleted from CPT			
95832	Muscle testing, ma	Muscle Testing	April 2018	33	AAN, AANEM, Deleted frc	High Volun	October 2017							FALSE	TRUE	In April 201	September 2011	39	complete	TRUE	Deleted from CPT			
95833	Muscle testing, ma	Muscle Testing	April 2018	33	AAN, AANEM, Deleted frc	High Volun	October 2017							FALSE	TRUE	In April 201	September 2011	39	complete	TRUE	Deleted from CPT			
95834	Muscle testing, ma	Muscle Testing	April 2018	33	AAN, AANEM, Deleted frc	High Volun	October 2017							FALSE	TRUE	In April 201	September 2011	39	complete	TRUE	Deleted from CPT			
95851	Range of motion r	RAW	September 2022	13	APTA	Maintain	CMS-Other	April 2022	XXX	0.16	0.06	0.48	0.01	20414	FALSE						TRUE	Maintain		
95860	Needle electromyc	EMG in Conjunction	April 2012	32	AAN, AAPMR, 0.96	Harvard Va	October 20XXX			0.96	NA	2.36	0.05	2843	FALSE	TRUE	The Workg	February 2011	809	Complete	TRUE	Maintain		
95861	Needle electromyc	EMG in Conjunction	April 2012	32	AAN, AAPMR, 1.54	Codes Repri	February 2 XXX			1.54	NA	3.16	0.08	44932	FALSE	TRUE	The Workg	February 2011	809	Complete	TRUE	Maintain		
95863	Needle electromyc	EMG in Conjunction	April 2012	32	AAN, AAPMR, 1.87	Codes Repri	February 2 XXX			1.87	NA	4.25	0.09	93	FALSE	TRUE	The Workg	February 2011	809	Complete	TRUE	Maintain		
95864	Needle electromyc	EMG in Conjunction	April 2012	32	AAN, AAPMR, 1.99	Codes Repri	February 2 XXX			1.99	NA	4.84	0.11	1107	FALSE	TRUE	The Workg	February 2011	809	Complete	TRUE	Maintain		
95867	Needle electromyc	EMG in Conjunction	April 2012	32	AAN, AAPMR, 0.79	Codes Reported	TogetXXX			0.79	NA	2.35	0.05	1258	FALSE	TRUE	Identified b	October 2011	06	Complete	TRUE	Maintain		
95868	Needle electromyc	EMG in Conjunction	April 2012	32	AAN, AAPMR, 1.18	Codes Reported	TogetXXX			1.18	NA	2.91	0.06	3766	FALSE	TRUE	Identified b	October 2011	06	Complete	TRUE	Maintain		
95869	Needle electromyc	EMG in Conjunction	April 2012	32	AAN, AAPMR, 0.37	Codes Repri	October 20XXX			0.37	NA	2.45	0.03	432	FALSE	TRUE	Identified b	October 2011	06	Complete	TRUE	Maintain		
95870	Needle electromyc	EMG in Conjunction	October 2017	19	AAN, AAPMR, 0.37	Codes Repri	October 20XXX			0.37	NA	2.09	0.03	53954	FALSE	TRUE	Identified b	October 2011	06	Complete	TRUE	Maintain		
95885	Needle electromyc	EMG in Conjunction	April 2011	20	AAN, AAPMR, 0.35	Codes Repri	February 2 ZZZ			0.35	NA	1.49	0.01	122624	FALSE	FALSE	February 2011	809	Complete	TRUE	Decrease			
95886	Needle electromyc	EMG in Conjunction	April 2011	20	AAN, AAPMR, 0.92	Codes Repri	February 2 ZZZ			0.86	NA	1.99	0.03	851191	FALSE	FALSE	February 2011	809	Complete	TRUE	Decrease			
95887	Needle electromyc	EMG in Conjunction	April 2011	20	AAN, AAPMR, 0.73	Codes Repri	February 2 ZZZ			0.71	NA	1.74	0.03	13829	FALSE	FALSE	February 2011	809	Complete	TRUE	Decrease			
95900	Nerve conduction,	EMG in Conjunction	April 2012	32	AAN, AAPMR, Deleted frc	MPC List /	October 2010								FALSE	TRUE	Identified z	October 2011	06 & 16	Complete	TRUE	Deleted from CPT		
95903	Nerve conduction,	EMG in Conjunction	April 2012	32	AAN, AAPMR, Deleted frc	CMS High E	September 2011								FALSE	TRUE	Identified z	October 2011	06 & 16	Complete	TRUE	Deleted from CPT		
95904	Nerve conduction,	EMG in Conjunction	April 2012	32	AAN, AAPMR, Deleted frc	Codes Repri	February 2010								FALSE	TRUE	The Workg	February 2011	809 & 16	Complete	TRUE	Deleted from CPT		
95907	Nerve conduction	EMG in Conjunction	April 2012	32	AAN, AAPMR, 1.00	Codes Reported	TogetXXX			1	NA	1.65	0.05	5271	FALSE	TRUE	Deleted 6 e	February 2012	16	Complete	TRUE	Decrease		
95908	Nerve conduction	EMG in Conjunction	April 2012	32	AAN, AAPMR, 1.37	Codes Reported	TogetXXX			1.25	NA	2.04	0.06	45620	FALSE	TRUE	Deleted 6 e	February 2012	16	Complete	TRUE	Decrease		
95909	Nerve conduction	EMG in Conjunction	April 2012	32	AAN, AAPMR, 1.77	Codes Reported	TogetXXX			1.5	NA	2.45	0.07	108998	FALSE	TRUE	Deleted 6 e	February 2012	16	Complete	TRUE	Decrease		
95910	Nerve conduction	EMG in Conjunction	April 2012	32	AAN, AAPMR, 2.80	Codes Reported	TogetXXX			2	NA	3.16	0.09	130980	FALSE	TRUE	Deleted 6 e	February 2012	16	Complete	TRUE	Decrease		
95911	Nerve conduction	EMG in Conjunction	April 2012	32	AAN, AAPMR, 3.34	Codes Reported	TogetXXX			2.5	NA	3.72	0.11	158049	FALSE	TRUE	Deleted 6 e	February 2012	16	Complete	TRUE	Decrease		
95912	Nerve conduction	EMG in Conjunction	April 2012	32	AAN, AAPMR, 4.00	Codes Reported	TogetXXX			3	NA	4.26	0.14	69835	FALSE	TRUE	Deleted 6 e	February 2012	16	Complete	TRUE	Decrease		
95913	Nerve conduction	EMG in Conjunction	April 2012	32	AAN, AAPMR, 4.20	Codes Reported	TogetXXX			3.56	NA	4.82	0.16	76025	FALSE	TRUE	Deleted 6 e	February 2012	16	Complete	TRUE	Decrease		
95921	Testing of autonon	Autonomic Function	September 2023	22	AAFP, AAN, A/ Refer to	CF Different	P October 20XXX			0.9	NA	1.69	0.04	54136	TRUE	Sep 2020	Yes	TRUE	For code p.	September 2024		FALSE	Maintain	
95922	Testing of autonon	Autonomic Function	September 2023	22	AAFP, AAN, A/ Refer to	CF High Volun	February 2 XXX			0.96	NA	1.83	0.05	1853	TRUE	Dec 2008;	!Yes	TRUE	For code p.	September 2024		FALSE	Maintain	
95923	Testing of autonon	Autonomic Function	September 2023	22	AAFP, AAN, A/ Refer to	CF Codes Repri	October 20XXX			0.9	NA	2.71	0.05	88688	TRUE	Sep 2020	Yes	TRUE	In October	September 2024		FALSE	Maintain	
95924	Testing of autonon	Autonomic Function	September 2023	22	AAFP, AAN, A/ Refer to	CF Codes Reported	TogetXXX			1.73	NA	2.69	0.11	16278	TRUE	Sep 2020	Yes	TRUE	CPT Feb 20	September 2024		FALSE	Decrease	
95925	Short-latency som	Evoked Potentials a	January 2013	34	AAN, AANEM, 0.54 and N	Codes Repri	February 2 XXX			0.54	NA	4.68	0.06	4601	FALSE	TRUE	The Workg	October 2010	48	Complete	TRUE	Maintain		
95926	Short-latency som	Evoked Potentials a	January 2013	34	AAN, AANEM, 0.54 and N	Codes Repri	February 2 XXX			0.54	NA	4.14	0.05	4391	FALSE	TRUE	The Workg	October 2010	48	Complete	TRUE	Maintain		
95928	Central motor evol	Evoked Potentials a	April 2013	36	AAN, AANEM, 1.50	Codes Repri	February 2 XXX			1.5	NA	5.63	0.09	388	FALSE	TRUE	The Workg	October 2010	48	Complete	TRUE	Maintain		
95929	Central motor evol	Evoked Potentials a	April 2013	36	AAN, AANEM, 1.50	Codes Repri	February 2 XXX			1.5	NA	5.72	0.08	1400	FALSE	TRUE	The Workg	October 2010	48	Complete	TRUE	Maintain		
95930	Visual evoked pote	Visual Evoked Poten	October 2016	11	AAO, AOA (op 0.35	High Volun	October 20XXX			0.35	NA	1.65	0.02	36554	FALSE	TRUE	In January	May 2016	29	Complete	TRUE	Maintain		
95934	H-reflex, amplitud	EMG in Conjunction	April 2012	32	Deleted frc Codes	Reported Together	75% or More-Part1								FALSE	TRUE	Identified z	October 2011	06 & 16	Complete	TRUE	Deleted from CPT		
95936	H-reflex, amplitud	EMG in Conjunction	April 2012	32	Deleted frc Codes	Reported Together	75% or More-Part1								FALSE	TRUE	Identified z	October 2011	06 & 16	Complete	TRUE	Deleted from CPT		
95937	Neuromuscular jur	RAW	April 2023	15	Remove frc	Different P	April 2023	XXX		0.65	NA	2.43	0.04	32713	FALSE	FALSE						TRUE	Remove from screen	
95938	Short-latency som	Evoked Potentials a	January 2013	34	AAN, AANEM, 0.86 and n	Codes Repri	January 20 XXX			0.86	NA	10.3	0.09	94688	FALSE	TRUE	October 2010	48	Complete	TRUE	Decrease			
95939	Central motor evol	Evoked Potentials a	January 2013	34	AAN, AANEM, 2.25 and n	Codes Repri	January 20 XXX			2.25	NA	14.33	0.16	45924	FALSE	TRUE	October 2010	48	Complete	TRUE	Decrease			
95940	Continuous intrao	Intraoperative Neur	January 2012	12	0.60	Codes Repri	January 20 XXX			0.6	0.31	0	0.04	18201	FALSE	TRUE	Deleted 6 e	February 2012	16	Complete	TRUE	Decrease		
95941	Continuous intrao	Intraoperative Neur	January 2012	12	2.00	Codes Repri	January 20 XXX			0	0.00	0	0		FALSE	TRUE	Deleted 6 e	February 2012	16	Complete	TRUE	Decrease		
95943	Simultaneous, inde	Autonomic Function	January 2020	37	AAN, AANEM	Deleted frc	Codes Repri	January 20 XXX							FALSE	TRUE	CPT Feb 20	October 2020	65	complete	TRUE	Deleted from CPT		
95950	Monitoring for idei	Long-Term EEG Mor	October 2018	13	AAN, ACNS	Deleted frc	CMS Faste	February 2009							FALSE	FALSE						TRUE	Deleted from CPT	
95951	Monitoring for loc	Long-Term EEG Mor	October 2018	13	Deleted frc	High Volun	October 2016								FALSE	TRUE	This servic	May 2018	35	Yes	TRUE	Deleted from CPT		
95953	Monitoring for loc	Long-Term EEG Mor	October 2018	13	AAN, ACNS	Deleted frc	CMS Faste	February 2009							FALSE	FALSE						TRUE	Deleted from CPT	
95954	Pharmacological or	EEG Monitoring	February 2008	5	AAN, ACNS	Remove frc	High Volun	February 2 XXX		2.45	NA	9.17	0.19	450	FALSE	FALSE						TRUE	Remove from Screen	
95956	Monitoring for loc	Long-Term EEG Mor	October 2018	13	AAN, ACNS	Deleted frc	CMS Faste	October 2008							TRUE	Dec 2009	Yes	FALSE				TRUE	Deleted from CPT	
95957	Digital analysis of	Electroencephalogr	January 2016	50	AAN	1.98	CMS High E	July 2015	XXX	1.98	NA	6.7	0.12	29391	FALSE	FALSE						TRUE	Maintain	
95970	Electronic analysis	Neurostimulator Ser	January 2019	37	AAN, AANS/CF 0.45	Harvard Va	February 2 XXX			0.35	0.16	0.18	0.03	27694	TRUE	Jul 2016	Yes	TRUE	In January	June 2017	31	Complete	TRUE	Maintain
95971	Electronic analysis	Neurostimulator Ser	October 2017	07	AUA, ACOG, A 0.78	Harvard Va	October 20XXX			0.78	0.30	0.59	0.07	17489	FALSE	TRUE	In January	February 2015,	75, 31	Complete	TRUE	Maintain		
95972	Electronic analysis	Neurostimulator Ser	October 2017	07	AUA, ACOG, A 0.80	Harvard Va	February 2 XXX			0.8	0.31	0.82	0.08	37002	FALSE	TRUE	In January	May 2014	Feb EC1	Complete	TRUE	Decrease		
95973	Electronic analysis	Implanted Neurostir	April 2015	21	AANS/CNS, AC	Deleted frc	Harvard Va	February 2010							FALSE	TRUE	In January	February 2015	75	Complete	TRUE	Deleted from CPT		
95974	Electronic analysis	Neurostimulator Ser	October 2017	07	AAN, AANS/CF	Deleted frc	CMS Reque	July 2015							TRUE	Jul 2016	Yes	TRUE	In January	June 2017	31	Complete	TRUE	Deleted from CPT
95975	Electronic analysis	Neurostimulator Ser	October 2017	07	AAN, AANS/CF	Deleted frc	CMS Reque	July 2015							TRUE	Jul 2016	Yes	TRUE	In January	June 2017	31	Complete	TRUE	Deleted from CPT
95976	Electronic analysis	Neurostimulator Ser	September 2022	13	AAN, AANS/CF 0.95	High Volun	June 2017	XXX		0.73	0.35	0.37	0.07	7455	TRUE	February 2	Yes	FALSE	June 2017	31		TRUE	Maintain	
95977	Electronic analysis	Neurostimulator Ser	September 2022	13	AAN, AANS/CF 1.19	High Volun	June 2017	XXX		0.97	0.46	0.49	0.1	4950	TRUE	February 2	Yes	FALSE	June 2017	31		TRUE	Maintain	
95978	Electronic analysis	Neurostimulator Ser	October 2017	07	AAN, AANS/CF	Deleted frc	CMS Reque	July 2015							TRUE	Jul 2016	Yes	TRUE	In January	June 2017	31	Complete	TRUE	Deleted from CPT
95979	Electronic analysis	Neurostimulator Ser	October 2017	07	AAN, AANS/CF	Deleted frc	CMS Reque	July 2015							TRUE	Jul 2016	Yes	TRUE	In January	June 2017	31	Complete	TRUE	Deleted from CPT
95980	Electronic analysis	Neurostimulator Ser	October 2017	07	No Interest	Not part of	CMS Reque	July 2015	XXX	0.8	0.35		0.19	427	FALSE	FALSE	June 2017	31	Complete	TRUE	Maintain			
95981	Electronic analysis	Neurostimulator Ser	October 2017	07	No Interest	Not part of	CMS Reque	July 2015	XXX	0.3	0.17	0.81	0.06	531	FALSE	FALSE	June 2017	31	Complete	TRUE	Maintain			
95982	Electronic analysis	Neurostimulator Ser	January 2016	07	No Interest	Not part of	CMS Reque	July 2015	XXX	0.65	0.31	1.01	0.12	838	FALSE	FALSE	June 2017	31	Complete	TRUE	Maintain			
95983	Electronic analysis	Neurostimulator Ser	September 2022	13	AAN, AANS/CF 1.25	High Volun	June 2017	XXX		0.91	0.46	0.49	0.09	38254	TRUE	February 2	Yes	FALSE	June 2017	31		TRUE	Maintain	
95984	Electronic analysis	Neurostimulator Ser	September 2022	13	AAN, AANS/CF 1.00	High Volun	June 2017	ZZZ		0.8	0.40	0.42	0.08	51686	TRUE	February 2	Yes	FALSE	June 2017	31		TRUE	Maintain	
95990	Refilling and maint	Electronic Analysis I	February 2011	07	ASA, AAPM, N 0.00	Different P	April 2010	XXX		0	NA	2.66	0.05	707	FALSE	TRUE	Identified t	October 2010		Complete	TRUE	Maintain		
95991	Refilling and maint	Electronic Analysis I	February 2011	07	ASA, AAPM 0.77	High Volun	February 2 XXX			0.77	0.32	2.46	0.09	6897	FALSE	TRUE	October 2010		Complete	TRUE	Maintain			
95992	Canalith reposition	procedure(s) (eg	April 2018	33	Remove frc	Modifier -5	January 20 XXX			0.75	0.28	0.49	0.03	112826	FALSE	FALSE						TRUE		

96125	Standardized cogni	Psychological and N	October 2017	20	APA (psycholo	1.70	CMS High E	January 20	XXX	1.7	NA	1.31	0.06	6864	FALSE	TRUE	In the July	June 2017	32	complete	TRUE	Maintain			
96127	Brief emotional/be	Psychological and N	October 2017	08	APA (psycholo	New PE In	CMS High E	January 20	XXX	0	NA	0.13	0.01	600869	FALSE	TRUE	In the July	June 2017	32	complete	TRUE	PE Only			
96130	Psychological testi	Psychological and N	October 2017	20	APA (psycholo	2.50	CMS High E	June 2017	XXX	2.56	0.57	0.92	0.12	105672	FALSE	TRUE	In the July	June 2017	32	complete	TRUE	Decrease			
96131	Psychological testi	Psychological and N	October 2017	20	APA (psycholo	1.90	CMS High E	June 2017	ZZZ	1.96	0.24	0.56	0.05	69961	FALSE	TRUE	In the July	June 2017	32	complete	TRUE	Decrease			
96132	Neuropsychologica	Psychological and N	October 2017	08	APA (psycholo	2.50	CMS High E	June 2017	XXX	2.56	0.49	1.2	0.09	216072	FALSE	TRUE	In the July	June 2017	32	complete	TRUE	Decrease			
96133	Neuropsychologica	Psychological and N	October 2017	08	APA (psycholo	1.90	CMS High E	June 2017	ZZZ	1.96	0.25	0.91	0.05	349984	FALSE	TRUE	In the July	June 2017	32	complete	TRUE	Decrease			
96136	Psychological or ne	Psychological and N	October 2017	20	APA (psycholo	0.55	CMS High E	June 2017	XXX	0.55	0.12	0.68	0.02	173355	FALSE	FALSE		June 2017	32		TRUE	Decrease			
96137	Psychological or ne	Psychological and N	October 2017	20	APA (psycholo	0.46	CMS High E	June 2017	ZZZ	0.46	0.06	0.66	0.01	332276	FALSE	FALSE		June 2017	32		TRUE	Decrease			
96138	Psychological or ne	Psychological and N	October 2017	20	APA (psycholo	New PE In	CMS High E	June 2017	XXX	0	NA	1.02	0.01	182211	FALSE	FALSE		June 2017	32		TRUE	PE Only			
96139	Psychological or ne	Psychological and N	October 2017	20	APA (psycholo	New PE In	CMS High E	June 2017	ZZZ	0	NA	1.05	0.01	358552	FALSE	FALSE		June 2017	32		TRUE	PE Only			
96146	Psychological or ne	Psychological and N	October 2017	20	APA (psycholo	New PE In	CMS High E	June 2017	XXX	0	NA	0.06	0.01	8055	FALSE	FALSE		June 2017	32		TRUE	PE Only			
96150	Health and behavi	Health and Behavior	January 2019	41			Deleted frc	Negative I	September 2018						FALSE	FALSE		September 2014	40	Complete	TRUE	Deleted from CPT			
96151	Health and behavi	Health and Behavior	January 2019	41			Deleted frc	Negative I	September 2018						FALSE	FALSE		September 2014	40	Complete	TRUE	Deleted from CPT			
96152	Health and behavi	Health and Behavior	January 2019	41			Deleted frc	Negative I	September 2018						FALSE	FALSE		September 2014	40	Complete	TRUE	Deleted from CPT			
96153	Health and behavi	Health and Behavior	January 2019	41			Deleted frc	Negative I	September 2018						FALSE	FALSE		September 2014	40	Complete	TRUE	Deleted from CPT			
96154	Health and behavi	Health and Behavior	January 2019	41	APA (psycholo		Deleted frc	Negative I	April 2017						FALSE	TRUE	In October	September 2014	40	Complete	TRUE	Deleted from CPT			
96155	Health and behavi	Health and Behavior	January 2019	41			Deleted frc	Negative I	September 2018						FALSE	FALSE		September 2014	40	Complete	TRUE	Deleted from CPT			
96156	Health behavior as	Health and Behavior	January 2019	41			2.10	Negative I	September XXX	2.2	0.36	0.7	0.07	18554	FALSE	FALSE		September 2014	40	Complete	TRUE	Increase			
96158	Health behavior in	Health and Behavior	January 2019	41			1.45	Negative I	September XXX	1.52	0.20	0.45	0.04	31221	FALSE	FALSE		September 2014	40	Complete	TRUE	Increase			
96159	Health behavior in	Health and Behavior	January 2019	41			0.50	Negative I	September ZZZ	0.52	0.06	0.15	0.01	29389	FALSE	FALSE		September 2014	40	Complete	TRUE	Increase			
96164	Health behavior in	Health and Behavior	January 2019	41			0.21	Negative I	September XXX	0.22	0.05	0.08	0.01	12356	FALSE	FALSE		September 2014	40	Complete	TRUE	Increase			
96165	Health behavior in	Health and Behavior	January 2019	41			0.10	Negative I	September ZZZ	0.1	0.02	0.04	0	35148	FALSE	FALSE		September 2014	40	Complete	TRUE	Increase			
96167	Health behavior in	Health and Behavior	January 2019	41			1.55	Negative I	September XXX	1.62	0.20	0.46	0.04	1367	FALSE	FALSE		September 2014	40	Complete	TRUE	Increase			
96168	Health behavior in	Health and Behavior	January 2019	41			0.55	Negative I	September ZZZ	0.58	0.07	0.17	0.01	1185	FALSE	FALSE		September 2014	40	Complete	TRUE	Increase			
96170	Health behavior in	Health and Behavior	January 2019	41			1.50	Negative I	September XXX	1.5	0.58	0.73	0.09		FALSE	FALSE		September 2014	40	Complete	TRUE	Increase			
96171	Health behavior in	Health and Behavior	January 2019	41			0.54	Negative I	September ZZZ	0.54	0.21	0.26	0.03		FALSE	FALSE		September 2014	40	Complete	TRUE	Increase			
96360	Intravenous infus	IV Hydration	January 2017	25	ASCO, ASH	0.17	CMS High E	July 2015	XXX	0.17	NA	0.79	0.01	212461	FALSE	TRUE	These serv	N/A	N/A	N/A	TRUE	Maintain			
96361	Intravenous infus	IV Hydration	January 2017	25	ASCO, ASH	0.09	CMS High E	July 2015	ZZZ	0.09	NA	0.27	0.01	335419	FALSE	TRUE	These serv	N/A	N/A	N/A	TRUE	Maintain			
96365	Intravenous infus	Intravenous Infusior	January 2013	28	ACR, ASCO, A	0.21	CMS High E	September XXX		0.21	NA	1.63	0.04	1391921	FALSE	FALSE					TRUE	Maintain			
96366	Intravenous infus	Intravenous Infusior	January 2013	28	ACR, ASCO, A	0.18	CMS High E	April 2013	ZZZ	0.18	NA	0.42	0.01	583669	FALSE	FALSE					TRUE	Maintain			
96367	Intravenous infus	Intravenous Infusior	January 2013	28	ACR, ASCO, A	0.19	CMS High E	September ZZZ		0.19	NA	0.65	0.01	960265	FALSE	FALSE					TRUE	Maintain			
96368	Intravenous infus	Intravenous Infusior	January 2013	28	ACR, ASCO, A	0.17	CMS High E	April 2013	ZZZ	0.17	NA	0.41	0.01	124450	FALSE	FALSE					TRUE	Maintain			
96372	Therapeutic, propt	Application of On-bc	January 2017	26	ASCO, ASH, A	0.17	Different P	April 2013	XXX	0.17	NA	0.25	0.01	7563903	FALSE	TRUE	These serv	N/A	N/A	N/A	TRUE	Maintain			
96374	Therapeutic, propt	Application of On-bc	January 2017	26	ASCO, ASH, A	0.18	CMS High E	July 2015	XXX	0.18	NA	0.9	0.02	238481	FALSE	TRUE	These serv	N/A	N/A	N/A	TRUE	Maintain			
96375	Therapeutic, propt	Application of On-bc	January 2017	26	ASCO, ASH, A	0.10	CMS High E	July 2015	ZZZ	0.1	NA	0.35	0.01	1423508	FALSE	TRUE	These serv	N/A	N/A	N/A	TRUE	Maintain			
96401	Chemotherapy adr	Chemotherapy Adm	January 2017	27	ASBMT, ASCO	0.21	CMS High E	July 2015	XXX	0.21	NA	1.9	0.04	708931	FALSE	TRUE	These serv	N/A	N/A	N/A	TRUE	Maintain			
96402	Chemotherapy adr	Chemotherapy Adm	January 2017	27	ASBMT, ASCO	0.19	CMS High E	July 2015	XXX	0.19	NA	0.85	0.02	368463	FALSE	TRUE	These serv	N/A	N/A	N/A	TRUE	Maintain			
96405	Chemotherapy adr	Chemotherapy Adm	April 2008	55	ASCO	New PE In	CMS Requ	NA	000	0.52	0.30	1.94	0.03	23807	FALSE	FALSE					TRUE	PE Only			
96406	Chemotherapy adr	Chemotherapy Adm	April 2008	55	ASCO	New PE In	CMS Requ	NA	000	0.8	0.46	3.03	0.06	782	FALSE	FALSE					TRUE	PE Only			
96409	Chemotherapy adr	Chemotherapy Adm	January 2017	27	ASBMT, ASCO	0.24	CMS High E	July 2015	XXX	0.24	NA	2.7	0.06	49737	FALSE	TRUE	These serv	N/A	N/A	N/A	TRUE	Maintain			
96411	Chemotherapy adr	Chemotherapy Adm	January 2017	27	ASBMT, ASCO	0.20	CMS High E	July 2015	ZZZ	0.2	NA	1.4	0.03	127123	FALSE	TRUE	These serv	N/A	N/A	N/A	TRUE	Maintain			
96413	Chemotherapy adr	Chemotherapy Adm	January 2013	29	ACR, ASCO, A	0.28 and n	Codes Rep	February 2	XXX	0.28	NA	3.53	0.07	1619733	FALSE	FALSE					TRUE	Maintain			
96415	Chemotherapy adr	Chemotherapy Adm	January 2013	29	ACR, ASCO, A	0.19 and n	CMS High E	January 20	ZZZ	0.19	NA	0.62	0.02	705436	FALSE	FALSE					TRUE	Maintain			
96416	Chemotherapy adr	Chemotherapy Adm	October 2010	20	ACR, ASCO, A	New PE In	Codes Rep	February 2	XXX	0.21	NA	3.54	0.07	23026	FALSE	FALSE					TRUE	PE Only			
96417	Chemotherapy adr	Chemotherapy Adm	January 2013	29	ACR, ASCO, A	0.21 and n	CMS High E	January 20	ZZZ	0.21	NA	1.66	0.04	347185	FALSE	FALSE					TRUE	Maintain			
96440	Chemotherapy adr	Chemotherapy Adm	February 2008	R			New PE In	CMS Requ	NA	000	2.12	1.75	20.12	0.14	68	FALSE	FALSE					TRUE	PE Only		
96567	Photodynamic the	Photodynamic Ther	January 2017	16	AAD	0.00	PE On High	Volun	February 2	XXX	0	NA	4.1	0.01	44821	FALSE	TRUE	CPT code 9	September 2014	78	yes	TRUE	Maintain		
96573	Photodynamic the	Photodynamic Ther	January 2017	16	AAD	0.48	CMS High E	January 20	000	0.48	NA	6.3	0.02	32941	FALSE	FALSE		September 2014	78	yes	TRUE	Increase			
96574	Debridement of pr	Photodynamic Ther	January 2017	16	AAD	1.01	CMS High E	January 20	000	1.01	NA	7.27	0.05	54603	FALSE	FALSE		September 2014	78	yes	TRUE	Increase			
96910	Photochemothera	Photo-chemotherap	April 2016	44	AAD	PE Only	CMS High E	July 2015	XXX	0	NA	3.54	0.02	290204	FALSE	FALSE					TRUE	PE Only			
96920	Excimer laser treat	Laser Treatment – S	April 2023	08	AADA	1.00	CMS Faste	October 20	000	1.15	0.68	3.47	0.05	75369	TRUE	TRUE	Sep 2016	Yes	TRUE	In October	February 2023	Withdrawn	Surveyed for	TRUE	Decrease
96921	Excimer laser treat	Laser Treatment – S	April 2023	08	AADA	1.07	High Volun	February 2	000	1.3	0.77	3.76	0.06	22206	TRUE	TRUE	Sep 2016	Yes	TRUE	In October	February 2023	Withdrawn	Surveyed for	TRUE	Decrease
96922	Excimer laser treat	Laser Treatment – S	April 2023	08	AADA	1.32	High Volun	October 20	000	2.1	1.24	4.78	0.09	13721	TRUE	TRUE	Sep 2016	Yes	TRUE	In October	February 2023	Withdrawn	Surveyed for	TRUE	Decrease
97001	Physical therapy e	Physical Medicine a	October 2015	17	HCPAC		Deleted frc	CMS High E	September 2011						FALSE	TRUE	In Jan 2012	February 2015	88	Complete	TRUE	Deleted from CPT			
97002	Physical therapy r	Physical Medicine a	October 2015	17	HCPAC		Deleted frc	CMS High E	February 2015						FALSE	FALSE		February 2015	88	Complete	TRUE	Deleted from CPT			
97003	Occupational ther	Physical Medicine a	October 2015	17	HCPAC		Deleted frc	CMS High E	February 2015						FALSE	FALSE		February 2015	88	Complete	TRUE	Deleted from CPT			
97004	Occupational ther	Physical Medicine a	October 2015	17	HCPAC		Deleted frc	CMS High E	February 2015						FALSE	FALSE		February 2015	88	Complete	TRUE	Deleted from CPT			
97010	Application of a m	Physical Medicine a	April 2017	41		No Interest		No specialt	Physical M	April 2016	XXX	0.06	NA	0.12	0.01		FALSE					TRUE	Maintain		
97012	Application of a m	Physical Medicine a	January 2024	18	APTA	New PE In	Physical M	April 2016	XXX	0.25	NA	0.16	0.01	438704	FALSE	FALSE					survey existi	TRUE	Maintain		
97014	Application of a m	Physical Medicine a	January 2024	18	APTA	New PE In	Physical M	April 2016	XXX	0.18	NA	0.18	0.01		FALSE	FALSE					survey existi	TRUE	Maintain		
97016	Application of a m	Physical Medicine a	January 2024	18	APTA	New PE In	Codes Rep	February 2	XXX	0.18	NA	0.16	0.01	886927	FALSE	FALSE					survey existi	TRUE	Maintain		
97018	Application of a m	Physical Medicine a	January 2024	18	AOTA, APTA	New PE In	Codes Rep	February 2	XXX	0.06	NA	0.1	0.01	148055	FALSE	FALSE					survey existi	TRUE	Maintain		
97022	Application of a m	Physical Medicine a	January 2024	18	APTA	New PE In	Physical M	April 2016	XXX	0.17	NA	0.33	0.01	136632	FALSE	FALSE					survey existi	TRUE	Maintain		
97032	Application of a m	Physical Medicine a	January 2024	18	APTA	New PE In	CMS High E	July 2015	XXX	0.25	NA	0.17	0.01	627346	FALSE	FALSE					survey existi	TRUE	Maintain		
97033	Application of a m	Physical Medicine a	January 2024	18	APTA	New PE In	Physical M	April 2016	XXX	0.26	NA	0.31	0.01	34533	FALSE	FALSE					survey existi	TRUE	Maintain		
97034	Application of a m	Physical Medicine a	January 2024	18	APTA, AOTA	New PE In	Physical M	April 2016	XXX	0.21	NA	0.2	0.01	7013	FALSE	FALSE					survey existi	TRUE	Maintain		
97035	Application of a m	Physical Medicine a	January 2024	18	APTA	New PE In	Low Value-	October 20	XXX	0.21	NA	0.2	0.01	1370797	FALSE	FALSE					survey existi	TRUE	Maintain		
97110	Therapeutic proce	Physical Medicine a	January 2024	18	AOTA, APTA	New PE In	Codes Rep	February 2	XXX	0.45	NA	0.42	0.01	61746880	FALSE	FALSE					survey existi	TRUE	Maintain		
97112	Therapeutic proce	Physical Medicine a	January 2024	18																					



97167	Occupational therapy	Physical Medicine and Rehabilitation	October 2015	17	HCPAC	AOTA, APTA	1.70	CMS High Efficiency	February 2013	XXX	1.54	NA	1.46	0.04	25058	FALSE	FALSE	February 2015	88	Complete	TRUE	Increase			
97168	Re-evaluation of	Physical Medicine and Rehabilitation	October 2015	17	HCPAC	AOTA, APTA	0.80	CMS High Efficiency	February 2013	XXX	0.96	NA	1.11	0.03	35478	FALSE	FALSE	February 2015	88	Complete	TRUE	Increase			
97530	Therapeutic activities	Physical Medicine and Rehabilitation	January 2024	18		APTA, AOTA	New PE In Progress	CMS High Efficiency	September 2022	XXX	0.44	NA	0.65	0.01	29439992	FALSE	FALSE			survey exists	TRUE	Maintain			
97532	Development of cognitive function	Cognitive Function	January 2017	29		APTA, AOTA, Deleted	for High Volun	April 2013								FALSE	TRUE	In April 2018	September 2018	80	yes	TRUE	Deleted from CPT		
97533	Sensory integrative	Physical Medicine and Rehabilitation	January 2024	18		APTA, AOTA	New PE In Progress	Physical Medicine and Rehabilitation	April 2016	XXX	0.48	NA	1.38	0.01	61069	FALSE	FALSE			survey exists	TRUE	Increase			
97535	Self-care/home management	Physical Medicine and Rehabilitation	January 2024	18		APTA, AOTA	New PE In Progress	Codes Repe	October 2022	XXX	0.45	NA	0.52	0.01	3146957	TRUE	Article no I Yes			survey exists	TRUE	Maintain			
97537	Community/work	Physical Medicine and Rehabilitation	January 2024	18		APTA, AOTA	New PE In Progress	Physical Medicine and Rehabilitation	April 2016	XXX	0.48	NA	0.46	0.01	15702	FALSE	FALSE			survey exists	TRUE	Increase			
97542	Wheelchair management	Physical Medicine and Rehabilitation	January 2024	18		APTA, AOTA	New PE In Progress	High Volun	April 2013	XXX	0.48	NA	0.46	0.01	100703	FALSE	FALSE			survey exists	TRUE	Increase			
97597	Debridement (eg, l	Open Wound Debridement	October 2018	23		AAFP, ACS, AP	0.88	Site of Service	September 2000		0.77	0.22	2.2	0.06	677827	FALSE	TRUE	In January 2018, the RUC recommended	N/A		TRUE	Increase			
97598	Debridement (eg, l	Open Wound Debridement	October 2018	23		AAFP, ACS, AP	0.50	Site of Service	September 2000		0.5	0.17	0.79	0.06	143433	FALSE	TRUE	In January 2018, the RUC recommended	N/A		TRUE	Increase			
97602	Removal of devital	Physical Medicine and Rehabilitation	April 2016	47		AAOS, ACS, AP	Maintain	Physical Medicine and Rehabilitation	April 2016	XXX	0	0.00	0	0	1	FALSE	FALSE				TRUE	Maintain			
97605	Negative pressure	Negative Pressure Vent	April 2016	47		AAOS, ACS, AP	0.55	High Volun	April 2013	XXX	0.55	0.16	0.73	0.01	40481	FALSE	FALSE				TRUE	Maintain			
97606	Negative pressure	Negative Pressure Vent	April 2016	47		APMA, ACS, A	0.60	High Volun	April 2013	XXX	0.6	0.18	0.92	0.01	14301	FALSE	FALSE				TRUE	Maintain			
97607	Negative pressure	Negative Pressure Vent	April 2016	47		APMA, ACS, A	0.11	High Volun	May 2013	XXX	0.41	0.16	9.98	0.06	8410	FALSE	FALSE				TRUE	Decrease			
97608	Negative pressure	Negative Pressure Vent	April 2016	47		APMA, ACS, A	0.46	High Volun	May 2013	XXX	0.46	0.19	10.26	0.09	1516	FALSE	FALSE				TRUE	Decrease			
97610	Low frequency, no	Physical Medicine and Rehabilitation	April 2016	47			Maintain	Physical Medicine and Rehabilitation	April 2016	XXX	0.4	0.12	12.42	0.01	75762	FALSE	FALSE				TRUE	Maintain			
97755	Assistive technology	Physical Medicine and Rehabilitation	April 2016	47		APTA, AOTA	Remove for	High Volun	February 2013	XXX	0.62	NA	0.51	0.02	2921	FALSE	FALSE				TRUE	Remove from Screen			
97760	Orthotic(s) management	Orthotic Management	January 2017	29		APTA, AOTA	0.50	Physical Medicine and Rehabilitation	April 2016	XXX	0.5	NA	0.92	0.01	59596	FALSE	TRUE	In April 2018	September 2018	81	yes	TRUE	Increase		
97761	Prosthetic(s) training	Orthotic Management	January 2017	29		APTA	0.50	Physical Medicine and Rehabilitation	April 2016	XXX	0.5	NA	0.74	0.01	3817	FALSE	TRUE	In April 2018	September 2018	81	yes	TRUE	Increase		
97762	Checkout for ortho	Orthotic Management	January 2017	29		APTA	Deleted for	Physical Medicine and Rehabilitation	April 2016							FALSE	TRUE	In April 2018	September 2018	81	yes	TRUE	Deleted from CPT		
97763	Orthotic(s)/prosthe	Orthotic Management	January 2017	29		APTA, AOTA	0.48	Physical Medicine and Rehabilitation	April 2016	XXX	0.48	NA	1.08	0.01	44185	FALSE	FALSE				TRUE	Increase			
97802	Medical nutrition t	Medical Nutrition Therapy	April 2008	53		ADA, AGA, AA	0.53	CMS Request	NA	XXX	0.53	0.41	0.55	0.01	189871	FALSE	FALSE				TRUE	Increase			
97803	Medical nutrition t	Medical Nutrition Therapy	April 2008	53		ADA, AGA, AA	0.45	CMS Request	NA	XXX	0.45	0.35	0.49	0.01	180865	FALSE	FALSE				TRUE	Increase			
97810	Acupuncture, 1 or	Acupuncture/Electr	April 2023	09	April 2029	RAW	AAFP, AAPM&	Flag for re-	Different P	September 2022	XXX	0.6	0.27	0.51	0.04	67915	FALSE	FALSE				FALSE			
97811	Acupuncture, 1 or	Acupuncture/Electr	April 2023	09	April 2029	RAW	AAFP, AAPM&	Flag for re-	Different P	September 2022	XXX	0.5	0.23	0.32	0.03	78947	FALSE	FALSE				FALSE			
97813	Acupuncture, 1 or	Acupuncture/Electr	April 2023	09	April 2029	RAW	AAFP, AAPM&	Flag for re-	Different P	September 2022	XXX	0.65	0.30	0.67	0.04	55569	FALSE	FALSE				FALSE			
97814	Acupuncture, 1 or	Acupuncture/Electr	April 2023	09	April 2029	RAW	AAFP, AAPM&	Flag for re-	Different P	September 2022	XXX	0.55	0.25	0.51	0.04	67442	FALSE	FALSE				FALSE			
98925	Osteopathic manip	Osteopathic Manipu	February 2011	34		AOA	0.50	Harvard Va	February 2000		0.46	0.19	0.45	0.03	42904	FALSE	FALSE				TRUE	Increase			
98926	Osteopathic manip	Osteopathic Manipu	February 2011	34		AOA	0.75	Harvard Va	October 2000	20000	0.71	0.28	0.6	0.04	84884	FALSE	FALSE				TRUE	Increase			
98927	Osteopathic manip	Osteopathic Manipu	February 2011	34		AOA	1.00	Harvard Va	October 2000	20000	0.96	0.36	0.75	0.05	78791	FALSE	FALSE				TRUE	Increase			
98928	Osteopathic manip	Osteopathic Manipu	February 2011	34		AOA	1.25	Harvard Va	February 2000	20000	1.21	0.45	0.87	0.07	84545	FALSE	FALSE				TRUE	Increase			
98929	Osteopathic manip	Osteopathic Manipu	February 2011	34		AOA	1.50	Harvard Va	February 2000	20000	1.46	0.53	0.99	0.08	77604	FALSE	FALSE				TRUE	Increase			
98940	Chiropractic manip	Chiropractic Manipu	October 2012	25		ACA	0.46	CMS High Efficiency	September 2000		0.46	0.18	0.35	0.01	4263668	FALSE	FALSE				TRUE	Increase			
98941	Chiropractic manip	Chiropractic Manipu	October 2012	25		ACA	0.71	CMS High Efficiency	September 2000		0.71	0.28	0.46	0.01	12740778	FALSE	FALSE				TRUE	Increase			
98942	Chiropractic manip	Chiropractic Manipu	October 2012	25		ACA	0.96	CMS High Efficiency	September 2000		0.96	0.37	0.55	0.01	921306	FALSE	FALSE				TRUE	Increase			
98943	Chiropractic manip	Chiropractic Manipu	October 2012	25		ACA	0.46	CMS High Efficiency	September 2000	XXX	0.46	0.18	0.28	0.03		FALSE	FALSE				TRUE	Increase			
99143	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted for	Moderate	January 2014						FALSE	FALSE				TRUE	Deleted from CPT			
99144	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted for	Moderate	January 2014						FALSE	FALSE				TRUE	Deleted from CPT			
99148	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted for	Moderate	January 2014						FALSE	FALSE				TRUE	Deleted from CPT			
99149	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted for	Moderate	January 2014						FALSE	FALSE				TRUE	Deleted from CPT			
99150	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted for	Moderate	January 2014						FALSE	FALSE				TRUE	Deleted from CPT			
99151	Moderate sedation	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	0.50	Moderate	January 2013	XXX	0.5	0.18	1.29	0.03	6	FALSE	FALSE				TRUE	Maintain		
99152	Moderate sedation	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	0.25	Moderate	January 2013	XXX	0.25	0.08	1.23	0.03	1544458	FALSE	FALSE				TRUE	Maintain		
99155	Moderate sedation	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	1.90	Moderate	January 2013	XXX	1.9	0.34		0.21	6	FALSE	FALSE				TRUE	Maintain		
99156	Moderate sedation	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	1.84	Moderate	January 2013	XXX	1.65	0.40		0.17	8887	FALSE	FALSE				TRUE	Maintain		
99174	Instrument-based	Instrument-Based O	September 2014	09		RUC	AAP, AAO	PE Only	CMS Request	NA	XXX	0	NA	0.18	0.01		FALSE	TRUE	CMS request	May 2014	24	Complete	TRUE	PE Only	
99177	Instrument-based	Instrument-Based O	September 2014	09		RUC		PE Only	CMS Request	May 2014	XXX	0	NA	0.14	0.01		FALSE	TRUE	May 2014	24	Complete	TRUE	PE Only		
99183	Physician or other	Hyperbaric Oxygen	January 2024	16	September 2	RUC	AAFP, UHMS	Refer to CF	CMS-Other	April 2013	XXX	2.11	0.77	0.77	0.26	293139	FALSE	TRUE	In January	May 2024		TRUE	Decrease		
99281	Emergency depart	ED Visits	April 2018	29			AAFP, ACEP	0.48	CMS Request	June 2017	XXX	0.25	0.06		0.03	53580	FALSE	FALSE				TRUE	Increase		
99282	Emergency depart	ED Visits	April 2018	29			AAFP, ACEP	0.93	CMS Request	June 2017	XXX	0.93	0.21		0.1	285295	FALSE	FALSE				TRUE	Increase		
99283	Emergency depart	ED Visits	April 2018	29			AAFP, ACEP	1.42	CMS Request	June 2017	XXX	1.6	0.34		0.17	1938782	FALSE	FALSE				TRUE	Increase		
99284	Emergency depart	ED Visits	April 2018	29			AAFP, ACEP	2.60	CMS Request	June 2017	XXX	2.74	0.56		0.29	4040786	FALSE	FALSE				TRUE	Increase		
99285	Emergency depart	ED Visits	April 2018	29			AAFP, ACEP	3.80	CMS Request	June 2017	XXX	4	0.78		0.42	9036154	FALSE	FALSE				TRUE	Maintain		
99358	Prolonged evaluati	Prolonged Services	October 2021	14			AAFP, AAHPM,	1.80	CMS Request	November 2022	XXX	1.8	0.70	0.74	0.11	360913	FALSE	TRUE	In October	February 2021	11	complete	TRUE	Decrease	
99359	Prolonged evaluati	Prolonged Services	October 2021	14			AAFP, AAHPM,	0.75	CMS Request	November 2022	XXX	0.75	0.29	0.33	0.05	12889	FALSE	TRUE	In October	February 2021	11	complete	TRUE	Decrease	
99363	Anticoagulant man	Home INR Monitori	January 2017	19				Deleted for	High Volun	September 2016						FALSE	FALSE			September 2018	08	yes	TRUE	Deleted from CPT	
99364	Anticoagulant man	Home INR Monitori	January 2017	19				Deleted for	High Volun	September 2016						FALSE	FALSE			September 2018	08	yes	TRUE	Deleted from CPT	
99375	Supervision of a pa	Home Healthcare S	April 2016	47			No Interest	RUC recom	CMS-Other	April 2016	XXX	1.73	0.67	1.2	0.1		FALSE	FALSE				TRUE	Remove from Screen		
99378	Supervision of a hc	Home Healthcare S	April 2016	47			No Interest	RUC recom	CMS-Other	April 2016	XXX	1.73	0.67	1.2	0.1		FALSE	FALSE				TRUE	Remove from Screen		
99415	Prolonged clinical	Prolonged Services	April 2021	15			AAHPM, AAP,	New PE In Progress	CMS Request - Final R	ZZZ	0	NA	0.6	0.02	5909	FALSE	TRUE	In October	February 2022	08	complete	TRUE	PE Only		
99416	Prolonged clinical	Prolonged Services	April 2021	15			AAHPM, AAP,	New PE In Progress	CMS Request - Final R	ZZZ	0	NA	0.28	0.01	2568	FALSE	TRUE	In October	February 2022	08	complete	TRUE	PE Only		
99417	Prolonged outpatie	Prolonged Services	January 2022	15			AAFP, AAHPM	0.61	CMS Request	November 2022	XXX	0.61	0.24	0.27	0.04		FALSE	FALSE			February 2021	11	complete	TRUE	Maintain
99418	Prolonged inpatien	Prolonged Services	January 2022	15			AAHPM, AAN,	0.81	CMS Request	February 2022	ZZZ	0.81	0.31		0.05		FALSE	FALSE			February 2021	11	complete	TRUE	Increase
99457	Remote physiologi	RAW	September 2022	13	April 2024	RAW	AAFP, ACC,	AC Review act	Different P	April 2022	XXX	0.61	0.24	0.82	0.04	1523232	FALSE	FALSE				FALSE			
99459	Pelvic examination	Pelvic Exam (PE Onh)	January 2023	13			AAFP, ACOG,	PE Inputs	Gender Eq	April 2022	ZZZ	0		0.68	0		FALSE	TRUE	In respons	September 2022	10	complete	TRUE	PE Only	
99492	Initial psychiatric	Psychiatric Collabor	April 2023	15			AACAP, AAFP,	Maintain, r	Work Neut	October 2022	XXX	1.88	0.79	2.6	0.12	13115	FALSE	FALSE				TRUE	Maintain		
99493	Subsequent psychi	Psychiatric Collabor	April 2023	15			AACAP, AAFP,	Maintain, r	Work Neut	October 2022	XXX	2.05	0.86	2.01	0.14	50341	FALSE	FALSE				TRUE	Maintain		
99494	Initial or subsequ	Psychiatric Collabor	April 2023	15			AACAP, AAFP,	Maintain, r	Work Neut	October 2022	ZZZ	0.82	0.35	0.91	0.05	29466	FALSE	FALSE				TRUE	Maintain		
99495	Transitional care																								



G0423	Intensive cardiac rehabilitation; with or without telehealth	January 2021	29			Maintain	CMS-Other October 2020 XXX	1.92	1.81	1.81	0.12	39320	FALSE	FALSE	TRUE	Remove from Screen			
G0425	Telehealth consult: Telehealth Consultation	January 2023	17	April 2025	RAW	No recommendation	CMS-Other April 2022 XXX	1.92	0.65		0.18	32243	FALSE	FALSE	FALSE	Remove from Screen			
G0426	Telehealth consult: Telehealth Consultation	January 2023	17	April 2025	RAW	No recommendation	CMS-Other September XXX	2.61	1.05		0.23	27853	FALSE	FALSE	FALSE	Remove from Screen			
G0427	Telehealth consult: Telehealth Consultation	January 2023	17	April 2025	RAW	No recommendation	CMS-Other September XXX	3.86	1.38		0.26	19556	FALSE	FALSE	FALSE	Remove from Screen			
G0436	Smoking and tobacco use	RAW	October 2016	35	RUC	Deleted from CPT	CMS-Other April 2016						FALSE	FALSE	TRUE	Deleted from CPT			
G0438	Annual wellness visit	RAW	April 2016	47		No Interest	RUC recommendation: CMS-Other April 2013 XXX	2.6	NA	2.2	0.17	726692	FALSE	FALSE	TRUE	Remove from Screen			
G0439	Annual wellness visit	RAW	April 2016	47		No Interest	RUC recommendation: CMS-Other April 2013 XXX	1.92	NA	1.86	0.13	9397762	FALSE	FALSE	TRUE	Remove from Screen			
G0442	Annual alcohol misuse screening	Annual Alcohol Screening	September 2023	15		AAFP, ACP, AN	0.18 CMS-Other April 2016 XXX	0.18	0.08	0.38	0.01	871999	FALSE	FALSE	TRUE	Maintain			
G0443	Brief face-to-face behavioral counseling	September 2023	15			AAFP, ACP, AN	0.63 High Volun September XXX	0.45	0.19	0.27	0.03	2507	FALSE	FALSE	TRUE	Increase			
G0444	Annual depression screening	Annual Depression Screening	September 2023	16		AAFP, ACP, AN	0.18 CMS-Other April 2016 XXX	0.18	0.08	0.38	0.01	2304857	FALSE	FALSE	TRUE	Maintain			
G0445	High intensity behavioral counseling	Behavioral Counseling	September 2023	17	September 2	RAW	AAFP, ACP 0.45 High Volun September XXX	0.45	0.19	0.31	0.03	654	FALSE	FALSE	FALSE	Maintain			
G0446	Annual, face-to-face behavioral counseling	Behavioral Counseling	September 2023	17	September 2	RAW	AAFP, ACP 0.45 CMS-Other October 2020 XXX	0.45	0.20	0.28	0.03	313297	FALSE	FALSE	FALSE	Maintain			
G0447	Face-to-face behavioral counseling	Behavioral Counseling	September 2023	17	September 2	RAW	AAFP, ACP 0.45 CMS-Other April 2016 XXX	0.45	0.19	0.28	0.03	271081	FALSE	FALSE	FALSE	Maintain			
G0452	Molecular pathology	Molecular Pathology	October 2019	13			0.93 CMS-Other October 2020 XXX	0.93	NA	0.51	0.03	174711	FALSE	FALSE	TRUE	Increase			
G0453	Continuous intraocular pressure monitoring	RAW	October 2016	35			Remove from CPT	CMS-Other April 2016 XXX	0.6	0.30	0.05	351862	FALSE	FALSE	TRUE	Remove from Screen			
G0456	Negative pressure wound therapy	Negative Pressure Wound Therapy	January 2014	17			RUC recommendation: CMS Requested November 2012						FALSE	TRUE	In January 2013	28	Complete	TRUE	Deleted from CPT
G0457	Negative pressure wound therapy	Negative Pressure Wound Therapy	January 2014	17			RUC recommendation: CMS Requested November 2012						FALSE	TRUE	In January 2013	28	complete	TRUE	Deleted from CPT
G0500	Moderate sedation services provided by a physician or qualified health care professional	January 2021	29				Maintain CMS-Other October 2020 XXX	0.1	0.04	1.59	0.03	279515	FALSE	FALSE	TRUE	Remove from Screen			
G0506	Comprehensive assessment of and care for depression	October 2021	20				Requested CMS-Other October 2020 XXX	0.87	0.38	0.95	0.06	107354	FALSE	FALSE	TRUE	Request CMS Delete			
G0516	Insertion of non-biologic skin adhesives (PE)	April 2023	07			No Interest	New PE In PE Skin Ad January 20 000	1.82	0.94	3.97	0.11	3	FALSE	FALSE	TRUE	PE Only			
G0517	Removal of non-biologic skin adhesives (PE)	April 2023	07			No Interest	New PE In PE Skin Ad January 20 000	2.1	1.05	4.33	0.12	3	FALSE	FALSE	TRUE	PE Only			
G0518	Removal with reinforcement	Skin Adhesives (PE)	April 2023	07		No Interest	New PE In PE Skin Ad January 20 000	3.55	1.60	7.7	0.21		FALSE	FALSE	TRUE	PE Only			
G2010	Remote evaluation	RAW	September 2022	13		AADA, AAFP, /	Requested CMS-Other April 2022 XXX	0.18	0.08	0.18	0.01	5381	FALSE	TRUE	In April 2022; February 2023		complete	TRUE	Request CMS Delete
G2012	Brief communication	Telemedicine Evaluation	September 2023	11			Requested CMS-Other April 2022 XXX	0.25	0.11	0.15	0.02	125800	FALSE	TRUE	In April 2022; February 2023	42	complete	TRUE	Request CMS Delete
G2066	Interrogation device	Remote Interrogation	January 2023	20		ACC, HRS	PE Inputs Contractor April 2022 XXX					1257027	FALSE	FALSE	TRUE	PE Only			
G2252	Brief communication	Telemedicine Evaluation	September 2023	11			Requested Added as p April 2023 XXX	0.5	0.21	0.26	0.03	5262	FALSE	FALSE	TRUE	Request CMS Delete			
G6001	Ultrasonic guidance	Radiation Treatment	September 2023	22	September 2	RUC	AADA, ASTRO Refer to CPT CMS-Other October 2020 XXX	0.58	NA	4.79	0.03	192052	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6002	Stereoscopic x-ray	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other October 2020 XXX	0.39	NA	1.84	0.03	847801	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6003	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	4.61	0.01	217	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6004	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	3.78	0.01	1018	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6005	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	3.79	0.01	507	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6006	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	3.76	0.01	54	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6007	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	6.89	0.01	274	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6008	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	5.21	0.02	117	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6009	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	5.2	0.02	63	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6010	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	5.16	0.02	20	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6011	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	6.86	0.02	4800	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6012	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other October 2020 XXX	0	NA	6.87	0.02	285264	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6013	Radiation treatment	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other October 2020 XXX	0	NA	6.9	0.02	137074	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6014	Radiation treatment	Radiation Treatment	October 2019	17	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other January 20 XXX	0	NA	6.85	0.02	8864	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from screen
G6015	Intensity modulated	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other October 2020 XXX	0	NA	10.62	0.06	1116088	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6016	Compensator-base	Radiation Treatment	September 2023	22	September 2	RUC	ACRO, ASTRO Refer to CPT CMS-Other September XXX	0	NA	10.62	0.01	3980	FALSE	TRUE	In October 2024		FALSE	FALSE	Remove from Screen
G6017	Intra-fraction local	RAW	September 2022	13			ASTRO Removed from Contractor April 2022 YYY	0	0.00	0	0	99418	FALSE	FALSE	TRUE	Remove from Screen			
GPCX1	Visit complexity in	Visit Complexity E/N	January 2020	34			No recommendation: CMS Requested November 2019						FALSE	FALSE	TRUE	N/A			
P3001	Screening papanicolaou	Cytology Cervix	April 2018	26		CAP	0.42 CMS-Other October 2020 XXX	0.26	0.45	0.45	0.01	1033	FALSE	FALSE	TRUE	Maintain			
Q0091	Screening papanicolaou	RAW	January 2019	37		No Specialty S	RUC recommendation: CMS-Other October 2020 XXX	0.37	0.15	0.94	0.02	408616	FALSE	FALSE	TRUE	Maintain			

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

0042T <b>Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time</b>	<a href="#"><u>Screen</u></a> High Volume Category III Codes 2022	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> ACR, ASNR	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** In April 2022, the Relativity Assessment Workgroup identified this Category III code with 2020 Medicare utilization over 1,000. The Workgroup requested an action plan for September 2022. In September 2022, the specialty societies indicated and the RUC supports a submission of a coding application for CPT May 2023. The specialty societies submitted a coding application for May 2023, but it was subsequently withdrawn. The specialty societies should address the CPT Editorial Panel concerns and submit a new CCA for the September 2023 meeting. At the September 2023 CPT meeting, this issue was withdrawn as the Panel determined that the scope was too large and went beyond the RUC request. The specialty societies should revise and resubmit a CCA for February 2024.

0394T <b>High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed</b>	<a href="#"><u>Screen</u></a> High Volume Category III Codes 2019	<a href="#"><u>RUC Meeting</u></a> September 2023	<a href="#"><u>Specialty Society:</u></a> ASTRO	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** In October 2019, this service was identified via the high volume category III codes based on 2021 Medicare utilization data over 1,000. These services are identified to notify and get feedback from specialty societies whether a Category I code should be created. The Workgroup requests an action plan for September 2023. In September 2023, the Workgroup recommended that this service be referred to CPT May 2024 to create a Category I code.

0421T <b>Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)</b>	<a href="#"><u>Screen</u></a> High Volume Category III Codes 2023	<a href="#"><u>RUC Meeting</u></a> September 2023	<a href="#"><u>Specialty Society:</u></a> AUA	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** In April 2023, this service was identified via the high volume category III codes based on 2021 Medicare utilization data over 1,000. These services are identified to notify and get feedback from specialty societies whether a Category I code should be created. The Workgroup requests an action plan for September 2023. In September 2023, the Workgroup recommended that this service be referred to CPT May 2024 to create a Category I code.

36557 <b>Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age</b>	<a href="#"><u>Screen</u></a> Site of Service Anomaly - 2023	<a href="#"><u>RUC Meeting</u></a> January 2024	<a href="#"><u>Specialty Society:</u></a> ACR, ACS, APSA, OEIS, SIR, SVS	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.



## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>36558</b>	<b>Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older</b>	<u><a href="#">Screen</a></u> Site of Service Anomaly - 2023	<u><a href="#">RUC Meeting</a></u> January 2024	<u><a href="#">Specialty Society:</a></u> ACR, ACS, APSA, OEIS, SIR, SVS	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure.

However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions.

The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

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<b>36560</b>	<b>Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age</b>	<u><a href="#">Screen</a></u> Site of Service Anomaly - 2023	<u><a href="#">RUC Meeting</a></u> January 2024	<u><a href="#">Specialty Society:</a></u> ACR, ACS, APSA, OEIS, SIR, SVS	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

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## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

36561	<b>Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older</b>	<u>Screen</u> Site of Service Anomaly - 2023	<u>RUC Meeting</u> January 2024	<u>Specialty Society:</u> ACR, ACS, APSA, OEIS, SIR, SVS	<u>CPT Meeting</u> May 2024
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**Background:** In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

36563	<b>Insertion of tunneled centrally inserted central venous access device with subcutaneous pump</b>	<u>Screen</u> Site of Service Anomaly - 2023	<u>RUC Meeting</u> January 2024	<u>Specialty Society:</u> ACR, ACS, OEIS, SIR, SVS	<u>CPT Meeting</u> May 2024
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**Background:** In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

36565	<b>Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)</b>	<u>Screen</u> Site of Service Anomaly - 2023	<u>RUC Meeting</u> January 2024	<u>Specialty Society:</u> ACR, ACS, OEIS, SIR, SVS	<u>CPT Meeting</u> May 2024
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**Background:** In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	<a href="#">Screen</a> Site of Service Anomaly - 2023	<a href="#">RUC Meeting</a> January 2024	<a href="#">Specialty Society:</a> OEIS, SIR, SVS	<a href="#">CPT Meeting</a> May 2024
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**Background:** In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	<a href="#">Screen</a> High Volume Growth1	<a href="#">RUC Meeting</a> April 2022	<a href="#">Specialty Society:</a> SVS, ACS, SIR, ACR, ACC	<a href="#">CPT Meeting</a> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<a href="#">Screen</a> High Volume Growth1	<a href="#">RUC Meeting</a> April 2022	<a href="#">Specialty Society:</a> SVS, ACS, SIR, ACR, ACC	<a href="#">CPT Meeting</a> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

<b>37222</b> <b>Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)</b>	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

<b>37223</b> <b>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)</b>	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

<b>37224</b> <b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty</b>	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.



## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

37225	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed</b>	<u>Screen</u> High Volume Growth1 / PE Screen - High Cost Supplies	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37226	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</b>	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37227	<b>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</b>	<u>Screen</u> High Volume Growth1 / PE Screen - High Cost Supplies	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

<b>37228</b> <b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty</b>	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

<b>37229</b> <b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed</b>	<u>Screen</u> High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

<b>37230</b> <b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</b>	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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37231	<b>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</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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37232	<b>Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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37233	<b>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)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

<b>37234</b> <b>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)</b>	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

<b>37235</b> <b>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)</b>	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> May 2024
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

<b>38571</b> <b>Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy</b>	<u>Screen</u> CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AUA	<u>CPT Meeting</u> May 2024
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**Background:** In April 2023, the RAW identified codes 38571 and 55866 as typically reported together 75% or more based on 2021 Medicare claims data. In September 2023, the RUC recommended that 38571 and 55866 be referred to CPT to develop a code bundling solution. (May 2024).

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

55700	<b>Biopsy, prostate; needle or punch, single or multiple, any approach</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> ACR, AUA	<u><a href="#">CPT Meeting</a></u> February 2024
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**Background:** In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 55700 and 76872. In September 2022, the Workgroup referred this issue to CPT for revision of code descriptors and/or introductory language to clarify when to and when not to report CPT code 76872 (ultrasound, transrectal) as a diagnostic procedure when performed at the same time as CPT code 55700 (prostate biopsy).

55866	<b>Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed</b>	<u><a href="#">Screen</a></u> New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> AUA	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In April 2023, the RAW identified codes 38571 and 55866 as typically reported together 75% or more based on 2021 Medicare claims data. In September 2023, the RUC recommended that 38571 and 55866 be referred to CPT to develop a code bundling solution. (May 2024).

61624	<b>Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> AANS, ACR, CNS	<u><a href="#">CPT Meeting</a></u> February 2024
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**Background:** In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 61624/75894 and 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025. Postponed at CPT until February 2024 meeting.

70496	<b>Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> ACR, ASNR	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70496 and 70498. In September 2022, the Workgroup recommended to refer this 70496 and 70498 to the CPT Editorial Panel to create a code bundling solution for CPT 2025. At the September 2023 CPT meeting, this issue was withdrawn as the Panel determined that the scope was too large and went beyond the RUC request. The specialty societies should revise and resubmit a CCA for February 2024.



## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

70498	<b>Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> ACR, ASNR	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70496 and 70498. In September 2022, the Workgroup recommended to refer this 70496 and 70498 to the CPT Editorial Panel to create a code bundling solution for CPT 2025. At the September 2023 CPT meeting, this issue was withdrawn as the Panel determined that the scope was too large and went beyond the RUC request. The specialty societies should revise and resubmit a CCA for February 2024.

75894	<b>Transcatheter therapy, embolization, any method, radiological supervision and interpretation</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More-Part1	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> AANS, ACR, CNS	<u><a href="#">CPT Meeting</a></u> February 2024
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**Background:** In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 61624/75894 and 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025. Postponed at CPT until February 2024 meeting.

75898	<b>Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> AANS, ACR, CNS	<u><a href="#">CPT Meeting</a></u> February 2024 February 2014 February 2015
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**Background:** In April 2022, the Workgroup identified codes 61624 and 75898 as performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The specialties recommended and the RUC agreed that a code bundling solution be created for CPT 2025. The RUC noted that CPT code 75898 has been bundled previously with other services but has not ever been surveyed itself. Postponed at CPT until February 2024 meeting.

76872	<b>Ultrasound, transrectal;</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> ACOG, ACR, AUA	<u><a href="#">CPT Meeting</a></u> February 2024
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**Background:** In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 55700 and 76872. In September 2022, the Workgroup referred this issue to CPT for revision of code descriptors and/or introductory language to clarify when to and when not to report CPT code 76872 (ultrasound, transrectal) as a diagnostic procedure when performed at the same time as CPT code 55700 (prostate biopsy).

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

77014	<b>Computed tomography guidance for placement of radiation therapy fields</b>	<u>Screen</u>	<u>RUC Meeting</u>	<u>Specialty Society:</u>	<u>CPT Meeting</u>
		CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	September 2023	ASTRO, ACR	May 2024

**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

77385	<b>Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple</b>	<u>Screen</u>	<u>RUC Meeting</u>	<u>Specialty Society:</u>	<u>CPT Meeting</u>
		Services with Stand-Alone PE Procedure Time	September 2023	ACRO, ASTRO	May 2024

**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>77386 Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex</b>	<u><a href="#">Screen</a></u> Services with Stand-Alone PE Procedure Time	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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<b>77387 Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed</b>	<u><a href="#">Screen</a></u> Services with Stand-Alone PE Procedure Time	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.



## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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**77402 Radiation treatment delivery, >=1 MeV; simple**

Screen

Services with Stand-Alone PE Procedure  
Time

RUC Meeting

September 2023

Specialty Society:

ACRO, ASTRO

CPT Meeting

May 2024

**Background:** At the April 2013 RUC meeting, the specialty indicated that as clinical practice has evolved, several issues have arisen which require CPT clarification. The specialty intends to address a number of interrelated issues and revise the entire treatment delivery family. The RUC recommends CPT codes 77402-77417 were referred to the CPT Editorial Panel for review and address at the October 2013 and February 2014 meetings. In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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**77407 Radiation treatment delivery, >=1 MeV; intermediate**

Screen

Services with Stand-Alone PE Procedure  
Time

RUC Meeting

September 2023

Specialty Society:

ACRO, ASTRO

CPT Meeting

May 2024

**Background:** At the April 2013 RUC meeting, the specialty indicated that as clinical practice has evolved, several issues have arisen which require CPT clarification. The specialty intends to address a number of interrelated issues and revise the entire treatment delivery family. The RUC recommended CPT codes 77402-77417 be referred to the CPT Editorial Panel for review. The CPT Editorial Panel reviewed these services at the October 2013 CPT meeting. In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

<b>77412 Radiation treatment delivery, &gt;=1 MeV; complex</b>	<a href="#"><u>Screen</u></a> Services with Stand-Alone PE Procedure Time	<a href="#"><u>RUC Meeting</u></a> September 2023	<a href="#"><u>Specialty Society:</u></a> ACRO, ASTRO	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** At the April 2013 RUC meeting, the specialty indicated that as clinical practice has evolved, several issues have arisen which require CPT clarification. The specialty intends to address a number of interrelated issues and revise the entire treatment delivery family. The RUC recommends CPT codes 77402-77417 be referred to the CPT Editorial Panel for review. The CPT Editorial Panel reviewed these services at the October 2013 meeting. In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

<b>91120 Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part6	<a href="#"><u>RUC Meeting</u></a> September 2023	<a href="#"><u>Specialty Society:</u></a> ACG, AGA, ASGE	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** In April 2023, the RAW identified codes 91120 and 91122 as reported together 75% or more based on 2021 Medicare claims data. The RUC noted that these services are reported together 95% of the time and a code bundling solution should be developed. Refer to CPT May 2024 to bundle.

<b>91122 Anorectal manometry</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part6	<a href="#"><u>RUC Meeting</u></a> September 2023	<a href="#"><u>Specialty Society:</u></a> ACG, AGA, ASGE	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** In April 2023, the RAW identified codes 91120 and 91122 as reported together 75% or more based on 2021 Medicare claims data. The RUC noted that these services are reported together 95% of the time and a code bundling solution should be developed. Refer to CPT May 2024 to bundle.

<b>92284 Diagnostic dark adaptation examination with interpretation and report</b>	<a href="#"><u>Screen</u></a> Harvard Valued - Utilization over 30,000-Part5	<a href="#"><u>RUC Meeting</u></a> September 2023	<a href="#"><u>Specialty Society:</u></a> AAO, AOA (optometry), ASRS	<a href="#"><u>CPT Meeting</u></a> February 2024
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**Background:** In October 2020, CPT code 92284 was identified via the Harvard valued screen. This service was surveyed and reviewed by the RUC in April 2021. At that time, the RUC recommended that CPT code 92284 be referred to CPT to editorially revise and include the word "diagnostic" in the code descriptor. "Diagnostic dark adaptation examination with interpretation and report.", which occurred at the May 2021 CPT meeting (Tab EC-M). The RUC also indicated it reviewed the typical technology used to perform this service, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology. This was flagged for review in three years. In September 2023, the specialty societies indicated and the Workgroup recommends that this issue be referred to the CPT February 2024 meeting to create a Category III CPT code for screening dark adaptation testing, followed by a re-survey of diagnostic dark adaptation examination CPT 92284 and develop a CPT Assistant article with coding guidance on correct reporting of these two services.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>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</b>	<b><u>Screen</u></b> Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3	<b><u>RUC Meeting</u></b> September 2023	<b><u>Specialty Society:</u></b> AAFP, AAN, AANEM, ACNS, ACP	<b><u>CPT Meeting</u></b> September 2024
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**Background:** For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these services are performed? AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. In April 2011, the RUC recommended this code be referred to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code, which was addressed at the February 2012 (Tab 17) CPT meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

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<b>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</b>	<b><u>Screen</u></b> High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	<b><u>RUC Meeting</u></b> September 2023	<b><u>Specialty Society:</u></b> AAFP, AAN, AANEM, ACNS, ACP	<b><u>CPT Meeting</u></b> September 2024
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**Background:** For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these services are performed? AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. In April 2011, the RUC recommended this code be referred to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code, which was addressed at the February 2012 (Tab 17) CPT meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

<b>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</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part1 / High Volume Growth6	<a href="#"><u>RUC Meeting</u></a> September 2023	<a href="#"><u>Specialty Society:</u></a> AAFP, AAN, AANEM, ACNS, ACP	<a href="#"><u>CPT Meeting</u></a> September 2024
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**Background:** In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

<b>95924 Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part1	<a href="#"><u>RUC Meeting</u></a> September 2023	<a href="#"><u>Specialty Society:</u></a> AAFP, AAN, AANEM, ACNS, ACP	<a href="#"><u>CPT Meeting</u></a> September 2024
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**Background:** CPT Feb 2012 the CPT Editorial Panel established two new codes with instructional guidelines to report autonomic function testing. In April 2012, The RUC determined that the survey results for 95924 was too low (26 responses). There was also confusion about what is described in 95924 which may have resulted in invalid physician time for this service. The RUC recommended an interim value for 95924. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

<b>99183 Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session</b>	<a href="#"><u>Screen</u></a> CMS-Other - Utilization over 250,000	<a href="#"><u>RUC Meeting</u></a> January 2024	<a href="#"><u>Specialty Society:</u></a> AAFP, UHMS	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** In January 2023, the RUC noted that CMS created G0277 in 2015 to describe the direct practice expense inputs associated with CPT code 99183. In the Final Rule for 2015, CMS commented that CPT code 99183 is used for both professional attendance and supervision and the actual treatment delivery. Stakeholders pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183, the descriptor describes only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment is reported using separate treatment code C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval. The RUC recommends that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277. In September 2023, the specialties indicated they did not intend to submit a CPT code change application (CCA). Therefore, this issue was placed on the January 2024 Relativity Assessment Workgroup agenda to address. In January 2024, the specialty societies indicated that they believe the current separate coding of the G code and the CPT code are clear and work appropriately. The Workgroup indicated that one clear and consistent coding structure should exist and the specialty society should submit a CPT code change application. The specialties should revise 99183 to be time-based well as modified to appropriately describe the treatment delivery, attendance and supervision or develop a coding change creating a practice expense only code to capture the service appropriately and eliminate the need for G0277.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

<b>G0277</b>	<b>Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval</b>	<a href="#"><u>Screen</u></a> High Volume Growth8	<a href="#"><u>RUC Meeting</u></a> January 2024	<a href="#"><u>Specialty Society:</u></a> AAFP, UHMS	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** In January 2023, the RUC noted that CMS created G0277 in 2015 to describe the direct practice expense inputs associated with CPT code 99183. In the Final Rule for 2015, CMS commented that CPT code 99183 is used for both professional attendance and supervision and the actual treatment delivery. Stakeholders pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183, the descriptor describes only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment is reported using separate treatment code C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval. The RUC recommends that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277. In September 2023, the specialties indicated they did not intend to submit a CPT code change application (CCA). Therefore, this issue was placed on the January 2024 Relativity Assessment Workgroup agenda to address. In January 2024, the specialty societies indicated that they believe the current separate coding of the G code and the CPT code are clear and work appropriately. The Workgroup indicated that one clear and consistent coding structure should exist and the specialty society should submit a CPT code change application. The specialties should revise 99183 to be time-based well as modified to appropriately describe the treatment delivery, attendance and supervision or develop a coding change creating a practice expense only code to capture the service appropriately and eliminate the need for G0277.

<b>G0396</b>	<b>Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes</b>	<a href="#"><u>Screen</u></a> CMS-Other - Utilization over 30,000	<a href="#"><u>RUC Meeting</u></a> January 2018	<a href="#"><u>Specialty Society:</u></a> AAFP, ASA, ASAM	<a href="#"><u>CPT Meeting</u></a> Time Uncertain
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**Background:** In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services.

<b>G6001</b>	<b>Ultrasonic guidance for placement of radiation therapy fields</b>	<a href="#"><u>Screen</u></a> CMS-Other - Utilization over 20,000 Part2	<a href="#"><u>RUC Meeting</u></a> September 2023	<a href="#"><u>Specialty Society:</u></a> AADA, ASTRO	<a href="#"><u>CPT Meeting</u></a> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.



## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>G6002 Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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<b>G6003 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>G6004</b>	<b>Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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<b>G6005</b>	<b>Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>G6006</b>	<b>Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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<b>G6007</b>	<b>Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>G6008</b>	<b>Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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<b>G6009</b>	<b>Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>G6010 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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<b>G6011 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000 Part2	<u><a href="#">RUC Meeting</a></u> September 2023	<u><a href="#">Specialty Society:</a></u> ACRO, ASTRO	<u><a href="#">CPT Meeting</a></u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>G6012</b>	<b>Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev</b>	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> ACRO, ASTRO	<u>CPT Meeting</u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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<b>G6013</b>	<b>Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev</b>	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> ACRO, ASTRO	<u>CPT Meeting</u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>G6014 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater</b>	<u>Screen</u> CMS-Other - Utilization over 20,000 Part1	<u>RUC Meeting</u> October 2019	<u>Specialty Society:</u> ACRO, ASTRO	<u>CPT Meeting</u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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<b>G6015 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session</b>	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> ACRO, ASTRO	<u>CPT Meeting</u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

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<b>G6016 Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session</b>	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> ACRO, ASTRO	<u>CPT Meeting</u> May 2024
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**Background:** In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

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## *RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues*

<b>0509T Electroretinography (ERG) with interpretation and report, pattern (PERG)</b>	<u>Screen:</u> Work Neutrality 2019	<u>RUC Meeting:</u> January 2024	<u>RUC Rec:</u> Refer to CPT Assistant	<u>Specialty Society:</u> AAO, AOA (optometry), ASRS	<u>CPT Asst Status:</u>
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**Background:** In October 2020, the RUC identified one code family, Electroretinography (CPT codes 92273, 92274 and 0509T) that were reviewed in April 2017, October 2017 and January 2018 and have increased more than 10% in work RVUs from what was projected. In 2015, CPT code 92275 Electroretinography with interpretation and report was identified via the CMS High Expenditure screen. In January 2016, the specialty society noted that they became aware of inappropriate use of CPT code 92275 for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 92275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes were necessary to ensure that the service for which 92275 was intended was clearly described as well as an accurate vignette and work descriptor were developed. The RUC recommended CPT code 92275 be referred to the CPT Editorial Panel. In September 2017, the CPT Editorial Panel replaced electroretinography code 92275 with two new codes to describe electroretinography full field and multi focal. A category III code was retained for pattern electroretinography. In January 2018, the RUC reviewed these services and recommended lower work RVUs for the two new codes than code 92275 that was deleted. CMS also assigned a work RVU to code 0509T. However, in reviewing the utilization assumptions and 2019e Medicare utilization, there was a 38% increase in work RVUs. Since both the source volume from deleted code 92275 and the new volume for the three new codes all have assigned RVUs and are Medicare status A, it is a like comparison between previous reporting and current reporting (unlike when category III codes are not assigned an RVU). The Workgroup requests that the specialty societies submit an action plan for January 2021 to address this issue. In January 2021, the RUC recommended that codes 92273, 92274 and 0509T be reviewed in 3 years (January 2024) to review utilization. Despite no work neutrality issues, the Workgroup still had concerns about the volume growth and the unexpected distribution among the three new codes. In January 2024, the Workgroup reviewed the action plan in which the specialty societies note that the increased claims volume is explained by expansion of the use of fERG (CPT 92273) in disorders other than retinal dystrophies, along with a decrease in 0509T claims. Only 4% of 2021 claims for CPT 92273 were associated with diagnoses consistent with retinal dystrophies, while 31% were associated with a diagnosis of macular degeneration, 20% with optic nerve disorders, 13% with glaucoma, and 13% with diabetes. Although fERG changes have been described in patients with these disorders, the test is not widely considered to be clinically useful in their management. Published data suggest it is still in development or used as a research tool for the study of macular degeneration, diabetic retinopathy, and glaucoma. Additionally, only two Medicare Administrator Contractors (MACs) cover electroretinography (ERG), but it depends on the diagnosis and what is being treated. Lastly, use of pattern ERG (0506T) for diagnosis and management of glaucoma has some support in the literature, but it has not been widely adopted considering the prevalence of the disease. Likewise, Medicare utilization continues to decrease. The Workgroup discussed how best to address this issue, noting that an immediate resurvey would not address the incorrect reporting of these services. The Relativity Assessment Workgroup recommends referral to CPT Assistant to create an article to address proper reporting of CPT 92273, 92274, and 0506T, accompanied by AAO and AOA educational outreach to providers. In addition, the specialty societies encourage the MACs to develop LCDs and LCAs for these services. The RAW will review after publication of the CPT Assistant article.

<b>22310 Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing</b>	<u>Screen:</u> Negative IWPUT / Site of Service Anomaly - 2019	<u>RUC Meeting:</u> September 2023	<u>RUC Rec:</u> Refer to CPT Assistant. 3.45.	<u>Specialty Society:</u> AANS, AAOS, CNS, ISASS, NASS	<u>CPT Asst Status:</u> Apr 2024
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**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. The RUC recommended to survey this service for April 2018. In October 2019, this service was identified via the site of service anomaly screen with 2018e Medicare utilization over 5,000 and performed less than 50% of the time in the inpatient setting but includes inpatient hospital E/M services within the global period based on 2016-2018e Medicare data. Survey for January 2020. The RUC questioned the plan for education on the use of CPT code 22310. The specialty societies explained that this code is used for several different sites of service. By defining the vignette and educating their members, they will be able to better identify where to use the code whether its office, ER, or inpatient. The plan is for education internally within the specialty, but it was evident that a CPT Assistant article may be warranted in the future as the code becomes implemented more widely. The RUC recommends that the Relativity Assessment Workgroup review this service in three years to examine the site of service and ensure that education has been effective. In September 2023, the RAW reviewed the action plan for CPT code 22310 and recommended it be referred to CPT Assistant to clarify correct reporting of this service and to review after 3 years of additional data post CPT Assistant article are available.



## *RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues*

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<b>51728</b> <b>Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique</b>	<b><u>Screen:</u></b> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<b><u>RUC Meeting:</u></b> September 2022	<b><u>RUC Rec:</u></b> Refer to CPT Assistant. 2.11	<b><u>Specialty Society:</u></b> AUA, ACOG	<b><u>CPT Asst Status:</u></b>
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**Background:** Deleted 51772 and 51795 and added three new codes to combine the services. Revised at the February 2009 CPT Meeting. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741 and 51728/51784. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in certain circumstances or when indicated. Refer to CPT Assistant (51728/51784) to educate how EMG studies should only be used in certain circumstances.

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<b>51729</b> <b>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</b>	<b><u>Screen:</u></b> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<b><u>RUC Meeting:</u></b> September 2022	<b><u>RUC Rec:</u></b> Refer to CPT Assistant. 2.51	<b><u>Specialty Society:</u></b> AUA, ACOG	<b><u>CPT Asst Status:</u></b>
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**Background:** Deleted 51772 and 51795 and added three new codes to combine the services. Revised at the February 2009 CPT Meeting. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741 and 51728/51784. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in certain circumstances or when indicated. Additionally, to refer to CPT Assistant (51728/51784) to educate how EMG studies should only be used in certain circumstances.

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<b>51741</b> <b>Complex uroflowmetry (eg, calibrated electronic equipment)</b>	<b><u>Screen:</u></b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5	<b><u>RUC Meeting:</u></b> September 2022	<b><u>RUC Rec:</u></b> Refer to CPT Assistant. 0.17	<b><u>Specialty Society:</u></b> AUA	<b><u>CPT Asst Status:</u></b>
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**Background:** April 2010, the RUC recommended that the PE Subcommittee review the direct practice expense inputs for these service at the October 2010 meeting as the technology has changed. Oct 2010 reviewed PE. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in specific circumstances.

## *RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues*

<b>51784 Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique</b>	<u>Screen:</u> Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5	<u>RUC Meeting:</u> September 2022	<u>RUC Rec:</u> Refer to CPT Assistant. 0.75.	<u>Specialty Society:</u> AUA	<u>CPT Asst Status:</u>
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**Background:** April 2010, the RUC recommended that the PE Subcommittee re-view the direct practice expense inputs for these services at the October 2010 meeting as the technology has changed. Oct 2010 reviewed PE. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in specific circumstances.

<b>64590 Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver</b>	<u>Screen:</u> Harvard-Valued Annual Allowed Charges Greater than \$10 million / Different Performing Specialty from Survey/ RUC recommendation process, not part of RAW screens / PE Skin Adhesives / Different Performing Specialty from Survey5	<u>RUC Meeting:</u> April 2023	<u>RUC Rec:</u> New PE Inputs. CPT Assistant Article	<u>Specialty Society:</u> ACOG, AUA	<u>CPT Asst Status:</u>
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**Background:** CMS identified this service but it did not meet the screen criteria, allowed charges are ~\$1 million. In October 2017, this service was identified as being performed by a different specialty than who originally surveyed this service. The RAW requests an action plan to review at the January 2018 meeting. In January 2018, the RUC recommended that refer to CPT for revision to properly describe the service as performed by urology. The specialty societies indicated that they do not intend on submitting a coding change application to somehow change the descriptor to describe implantation of a generator by urologists as different from implantation of a generator by gynecologists or general surgeons. It is the same work - make an incision, create a subcutaneous pocket, insert (an almost identical) medtronic generator, and close. Additionally noting, this service was never surveyed (previous 2006 change was editorial) and should not have been on this screen. Removed from screen. In February 2022, the CPT Editorial Panel created several new integrated neurostimulator Category I and Category III codes, the descriptors, guidelines and parentheticals for codes 64590 and 64595 were concurrently revised to clarify that 64590 and 64595 are only to be used for neurostimulator pulse generators or receivers that require pocket creation and include a detachable connection to a separate electrode array (non-integrated systems). In April 2022, the PE Subcommittee discussion culminated in a request for a CPT Assistant article to clarify several issues involving the use of the EQ209 programmer, neurostimulator (w-printer) and to provide clear and consistent instruction to all users of the programming and insertion codes. The stimulator is used to check the impedance of the device once placed for the initial code 64590 and is present for the entire procedure. To the extent there is additional stimulation and programming, then an additional code would be reported. An article is needed to ensure that individuals are appropriately reporting the stimulation and programming with code 95972 and not just merely checking the impedance. The RUC recommends that a CPT Assistant article be developed to clarify the appropriate use of CPT codes 64590 and 64595 as reported with other codes. In January 2023, the PE Skin Adhesives Workgroup focused on wound closure and agreed that there are multiple skin adhesive products at different price points that work similar to Dermabond. The RUC recommended that the PE Subcommittee review the six codes on the Medicare Payment Schedule with Dermabond to identify justification for its use versus the generic version and present its findings to the RUC for approval. As part of this review, the specialty should submit a letter to the RUC regarding any corrections to the vignettes for CPT codes 64590 and 64595. In April 2023, this service was identified on the different performing specialty from survey screen. In September 2023, the specialty societies indicated CPT code 64590 was revised at CPT and reviewed by the RUC for CPT 2024 and secondly the practice expense was again recently revised for the Dermabond issue for 2025. The Workgroup recommends that code 64590 be removed from the different performing specialty from survey screen.



## *RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues*

<b>64595</b>	<b>Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array</b>	<u>Screen:</u> RUC recommendation process, not part of RAW screens / PE Skin Adhesives	<u>RUC Meeting:</u> April 2023	<u>RUC Rec:</u> New PE Inputs. CPT Assistant Article	<u>Specialty Society:</u> ACOG, AUA	<u>CPT Asst Status:</u>
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**Background:** In February 2022, the CPT Editorial Panel created several new integrated neurostimulator Category I and Category III codes, the descriptors, guidelines and parentheticals for codes 64590 and 64595 were concurrently revised to clarify that 64590 and 64595 are only to be used for neurostimulator pulse generators or receivers that require pocket creation and include a detachable connection to a separate electrode array (non-integrated systems). In April 2022, the PE Subcommittee discussion culminated in a request for a CPT Assistant article to clarify several issues involving the use of the EQ209 programmer, neurostimulator (w-printer) and to provide clear and consistent instruction to all users of the programming and insertion codes. The stimulator is used to check the impedance of the device once placed for the initial code 64590 and is present for the entire procedure. To the extent there is additional stimulation and programming, then an additional code would be reported. An article is needed to ensure that individuals are appropriately reporting the stimulation and programming with code 95972 and not just merely checking the impedance. The RUC recommends that a CPT Assistant article be developed to clarify the appropriate use of CPT codes 64590 and 64595 as reported with other codes. In January 2023, the PE Skin Adhesives Workgroup focused on wound closure and agreed that there are multiple skin adhesive products at different price points that work similar to Dermabond. The RUC recommended that the PE Subcommittee review the six codes on the Medicare Payment Schedule with Dermabond to identify justification for its use versus the generic version and present its findings to the RUC for approval. As part of this review, the specialty should submit a letter to the RUC regarding any corrections to the vignettes for CPT codes 64590 and 64595.

<b>92273</b>	<b>Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)</b>	<u>Screen:</u> CMS High Expenditure Procedural Codes2 / Work Neutrality 2019	<u>RUC Meeting:</u> January 2024	<u>RUC Rec:</u> Refer to CPT Assistant. 0.80	<u>Specialty Society:</u> AAO, AOA (optometry), ASRS	<u>CPT Asst Status:</u>
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**Background:** In October 2020, the RUC identified one code family, Electroretinography (CPT codes 92273, 92274 and 0509T) that were reviewed in April 2017, October 2017 and January 2018 and have increased more than 10% in work RVUs from what was projected. In 2015, CPT code 92275 Electroretinography with interpretation and report was identified via the CMS High Expenditure screen. In January 2016, the specialty society noted that they became aware of inappropriate use of CPT code 92275 for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 92275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes were necessary to ensure that the service for which 92275 was intended was clearly described as well as an accurate vignette and work descriptor were developed. The RUC recommended CPT code 92275 be referred to the CPT Editorial Panel. In September 2017, the CPT Editorial Panel replaced electroretinography code 92275 with two new codes to describe electroretinography full field and multi focal. A category III code was retained for pattern electroretinography. In January 2018, the RUC reviewed these services and recommended lower work RVUs for the two new codes than code 92275 that was deleted. CMS also assigned a work RVU to code 0509T. However, in reviewing the utilization assumptions and 2019e Medicare utilization, there was a 38% increase in work RVUs. Since both the source volume from deleted code 92275 and the new volume for the three new codes all have assigned RVUs and are Medicare status A, it is a like comparison between previous reporting and current reporting (unlike when category III codes are not assigned an RVU). The Workgroup requests that the specialty societies submit an action plan for January 2021 to address this issue. In January 2021, the RUC recommended that codes 92273, 92274 and 0509T be reviewed in 3 years (January 2024) to review utilization. Despite no work neutrality issues, the Workgroup still had concerns about the volume growth and the unexpected distribution among the three new codes. In January 2024, the Workgroup reviewed the action plan in which the specialty societies note that the increased claims volume is explained by expansion of the use of ffERG (CPT 92273) in disorders other than retinal dystrophies, along with a decrease in 0509T claims. Only 4% of 2021 claims for CPT 92273 were associated with diagnoses consistent with retinal dystrophies, while 31% were associated with a diagnosis of macular degeneration, 20% with optic nerve disorders, 13% with glaucoma, and 13% with diabetes. Although ffERG changes have been described in patients with these disorders, the test is not widely considered to be clinically useful in their management. Published data suggest it is still in development or used as a research tool for the study of macular degeneration, diabetic retinopathy, and glaucoma. Additionally, only two Medicare Administrator Contractors (MACs) cover electroretinography (ERG), but it depends on the diagnosis and what is being treated. Lastly, use of pattern ERG (0506T) for diagnosis and management of glaucoma has some support in the literature, but it has not been widely adopted considering the prevalence of the disease. Likewise, Medicare utilization continues to decrease. The Workgroup discussed how best to address this issue, noting that an immediate resurvey would not address the incorrect reporting of these services. The Relativity Assessment Workgroup recommends referral to CPT Assistant to create an article to address proper reporting of CPT 92273, 92274, and 0506T, accompanied by AAO and AOA educational outreach to providers. In addition, the specialty societies encourage the MACs to develop LCDs and LCAs for these services. The RAW will review after publication of the CPT Assistant article.

## *RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues*

<b>92274 Electroretinography (ERG), with interpretation and report; multifocal (mfERG)</b>	<u>Screen:</u> CMS High Expenditure Procedural Codes2 / Work Neutrality 2019	<u>RUC Meeting:</u> January 2024	<u>RUC Rec:</u> Refer to CPT Assistant. 0.72	<u>Specialty Society:</u> AAO, AOA (optometry), ASRS	<u>CPT Asst Status:</u>
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**Background:** In October 2020, the RUC identified one code family, Electroretinography (CPT codes 92273, 92274 and 0509T) that were reviewed in April 2017, October 2017 and January 2018 and have increased more than 10% in work RVUs from what was projected. In 2015, CPT code 92275 Electroretinography with interpretation and report was identified via the CMS High Expenditure screen. In January 2016, the specialty society noted that they became aware of inappropriate use of CPT code 92275 for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 92275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes were necessary to ensure that the service for which 92275 was intended was clearly described as well as an accurate vignette and work descriptor were developed. The RUC recommended CPT code 92275 be referred to the CPT Editorial Panel. In September 2017, the CPT Editorial Panel replaced electroretinography code 92275 with two new codes to describe electroretinography full field and multi focal. A category III code was retained for pattern electroretinography. In January 2018, the RUC reviewed these services and recommended lower work RVUs for the two new codes than code 92275 that was deleted. CMS also assigned a work RVU to code 0509T. However, in reviewing the utilization assumptions and 2019e Medicare utilization, there was a 38% increase in work RVUs. Since both the source volume from deleted code 92275 and the new volume for the three new codes all have assigned RVUs and are Medicare status A, it is a like comparison between previous reporting and current reporting (unlike when category III codes are not assigned an RVU). The Workgroup requests that the specialty societies submit an action plan for January 2021 to address this issue. In January 2021, the RUC recommended that codes 92273, 92274 and 0509T be reviewed in 3 years (January 2024) to review utilization. Despite no work neutrality issues, the Workgroup still had concerns about the volume growth and the unexpected distribution among the three new codes. In January 2024, the Workgroup reviewed the action plan in which the specialty societies note that the increased claims volume is explained by expansion of the use of mfERG (CPT 92273) in disorders other than retinal dystrophies, along with a decrease in 0509T claims. Only 4% of 2021 claims for CPT 92273 were associated with diagnoses consistent with retinal dystrophies, while 31% were associated with a diagnosis of macular degeneration, 20% with optic nerve disorders, 13% with glaucoma, and 13% with diabetes. Although mfERG changes have been described in patients with these disorders, the test is not widely considered to be clinically useful in their management. Published data suggest it is still in development or used as a research tool for the study of macular degeneration, diabetic retinopathy, and glaucoma. Additionally, only two Medicare Administrator Contractors (MACs) cover electroretinography (ERG), but it depends on the diagnosis and what is being treated. Lastly, use of pattern ERG (0506T) for diagnosis and management of glaucoma has some support in the literature, but it has not been widely adopted considering the prevalence of the disease. Likewise, Medicare utilization continues to decrease. The Workgroup discussed how best to address this issue, noting that an immediate resurvey would not address the incorrect reporting of these services. The Relativity Assessment Workgroup recommends referral to CPT Assistant to create an article to address proper reporting of CPT 92273, 92274, and 0506T, accompanied by AAO and AOA educational outreach to providers. In addition, the specialty societies encourage the MACs to develop LCDs and LCAs for these services. The RAW will review after publication of the CPT Assistant article.

<b>92284 Diagnostic dark adaptation examination with interpretation and report</b>	<u>Screen:</u> Harvard Valued - Utilization over 30,000-Part5	<u>RUC Meeting:</u> September 2023	<u>RUC Rec:</u> Refer to CPT and CPT Assistant.	<u>Specialty Society:</u> AAO, AOA (optometry), ASRS	<u>CPT Asst Status:</u>
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**Background:** The Workgroup identified CPT code 92284 via the 2019e Medicare utilization over 30,000 screen. The Workgroup requests that the specialty societies submit an action plan addressing CPT code 92284 for January 2021. In January 2021, the RUC agreed with the specialty society that this service be surveyed for the April 2021 RUC meeting. The family of services should be identified on the level of interest (LOI). In April 2021, the RUC recommended that CPT code 92284 be referred to CPT to editorially revise and include the word “diagnostic” in the code descriptor. “Diagnostic dark adaptation examination with interpretation and report.” The RUC also indicated it review the typical technology used to perform this service, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology. In September 2023, the specialty societies indicated and the Workgroup recommended that this issue be referred to the CPT February 2024 meeting to create a Category III CPT code for screening dark adaptation testing, followed by a re-survey of diagnostic dark adaptation examination CPT 92284 and develop a CPT Assistant article with coding guidance on correct reporting of these two services.

## *RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues*

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92523	<b>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</b>	<u>Screen:</u> CMS Request/Speech Language Pathology Request/ High Volume Growth9	<u>RUC Meeting:</u> April 2023	<u>RUC Rec:</u> Refer to CPT Assistant. 3.36	<u>Specialty Society:</u> ASHA	<u>CPT Asst Status:</u> Apr 2024
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**Background:** October 2012 CPT deleted 92506 and created 4 new codes to more accurately describe and differentiate speech evaluation services. In April 2023, this service was identified via the high volume growth screen with 2021 Medicare utilization of 10,000 or more that increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for 92523 and noted that the specialty societies indicated that this service has not changed but is not being reported appropriately. The specialty society indicated it intends to educate its members on correct reporting via various channels. The RUC agreed with the specialty and recommends that CPT code 92523 be referred to CPT Assistant for re-education to report the most specific procedure code for the procedure provided. Specifically, for speech-language pathologists, to compare evaluation procedure CPT 92523 versus 96125 and for the Workgroup to review in 3 years.

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Physician Time from RUC Meeting:  
January 2024 (CPT 2025)

CPT Code	Pre-Service Time Package	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Post-Service Time Package	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
59200	5-NF Procedure with minimal anesthesia care	7	3	1	9	7A Local/Simple Procedure	5													25
64486	1-FAC Straightforward Patient/Straightforward Procedure	12	1	4	10	7A Local/Simple Procedure	5													32
64487	1-FAC Straightforward Patient/Straightforward Procedure	13	1	5	12	7A Local/Simple Procedure	10													41
64488	1-FAC Straightforward Patient/Straightforward Procedure	12	1	4	12	7A Local/Simple Procedure	5													34
64489	1-FAC Straightforward Patient/Straightforward Procedure	13	1	5	20	7A Local/Simple Procedure	10													49
15XX1	4-FAC Difficult Patient/Difficult Procedure	55	15	10	40	9B General Anes or Complex Regional Blk/Cmplx Proc	20													140
15XX2	ZZZ Global Code				40	ZZZ Global Code														40
15XX3	XXX Global Code				33	XXX Global Code														33
15XX4	ZZZ Global Code				28	ZZZ Global Code														28
15XX5	4-FAC Difficult Patient/Difficult Procedure				83	9B General Anes or Complex Regional Blk/Cmplx Proc	30			4			4			1				403
15XX6	ZZZ Global Code				25	ZZZ Global Code														25
15XX7	4-FAC Difficult Patient/Difficult Procedure				75	9B General Anes or Complex Regional Blk/Cmplx Proc	30			4			4			1				395
15XX8	ZZZ Global Code				30	ZZZ Global Code														30
5XX05	3-FAC Straightforward Patient/Difficult Procedure	28	5	8	20	8B IV Sedation/Complex Procedure	14													75
5XX06	6-NF Proc w local/topical anes care req wait time	17	1	5	10	7A Local/Simple Procedure	10													43
6XX00	4-FAC Difficult Patient/Difficult Procedure	65	30	15	150	8B IV Sedation/Complex Procedure	40													300
6XX01	3-FAC Straightforward Patient/Difficult Procedure	33	10	10	40	8B IV Sedation/Complex Procedure	20													113
6XX02	ZZZ Global Code				45	ZZZ Global Code														45
6XX07	1-FAC Straightforward Patient/Straightforward Procedure	12	1	4	10	7A Local/Simple Procedure	5													32
6XX08	1-FAC Straightforward Patient/Straightforward Procedure	13	1	5	15	7A Local/Simple Procedure	10													44
6XX09	1-FAC Straightforward Patient/Straightforward Procedure	12	1	4	14	7A Local/Simple Procedure	5													36
6XX10	1-FAC Straightforward Patient/Straightforward Procedure	13	1	6	20	7A Local/Simple Procedure	10													50
6XX11	1-FAC Straightforward Patient/Straightforward Procedure	12	1	3	10	7A Local/Simple Procedure	5													31
6XX12	1-FAC Straightforward Patient/Straightforward Procedure	13	1	5	15	7A Local/Simple Procedure	10													44
7XX02	XXX Global Code	15			5	XXX Global Code	5													25
7XX03	XXX Global Code	14			10	XXX Global Code	5													29
7XX04	XXX Global Code	12			8	XXX Global Code	5													25
7XX05	XXX Global Code	15			10	XXX Global Code	5													30

**Detailed Description of Pre-Service Time Packages (Minutes)**

	FACILITY				NON-FAC	
	1	2	3	4	5**	6
<b>Total Pre-Service Time</b>	<b>20</b>	<b>25</b>	<b>51</b>	<b>63</b>	<b>8</b>	<b>23</b>

**CATEGORY SUBTOTALS**

<b>A</b>	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
<b>B</b>	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
<b>C</b>	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5

**DETAILS**

<b>A</b>	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
<b>A</b>	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
<b>A</b>	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
<b>A</b>	Communicate with other professionals	0	0	5	5	0	2
<b>A</b>	Check/set-up room, supplies and equipment	1	1	5	5	0	1
<b>A</b>	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
<b>A</b>	Prepare/ review/ confirm procedure	1	1	1	1	0	0
<b>B</b>	Perform/ supervise patient positioning	1	1	3	3	0	1
<b>C</b>	Administer local/topical anesthesia	1	1	0	0	1	5
<b>C</b>	Observe (wait anesthesia care)	0	0	10	15	0	0
<b>C</b>	Dress and scrub for procedure	5	5	5	5	0	0

\*\*If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

- 1 Straightforward Patient/Straightforward Procedure (No anesthesia care)
- 2 Difficult Patient/Straightforward Procedure (No anesthesia care)
- 3 Straightforward Patient/Difficult Procedure
- 4 Difficult Patient/Difficult Procedure
- 5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
- 6 Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

**Additional Positioning Times for Spinal Surgical Procedures**

<b>SS1</b>	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
<b>SS2</b>	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
<b>SS3</b>	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
<b>SS4</b>	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
<b>SS5</b>	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

**Additional Positioning Times for Spinal Injection Procedures**

<b>SI1</b>	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
<b>SI2</b>	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
<b>SI3</b>	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
<b>SI4</b>	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

**Additional Positioning Times for Urological Procedures**

<b>U1</b>	Dorsal Lithotomy	5 Minutes
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**Notes:**

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

**Detailed Description of Facility Based Post-Service Time Packages (Minutes)**

	<b>7A Local Anesthesia/ Straightforward Procedure</b>	<b>7B Local Anesthesia/ Complex Procedure</b>	<b>8A IV Sedation/ Straightforward Procedure</b>	<b>8B IV Sedation/ Complex Procedure</b>	<b>9A General Anesthesia or Complex Regional Block/ Straightforward Procedure</b>	<b>9B General Anesthesia or Complex Regional Block/Complex Procedure</b>
<b>Total Post-Service Time</b>	<b>18</b>	<b>21</b>	<b>25</b>	<b>28</b>	<b>30</b>	<b>33</b>
<b>Details:</b>						
Application of Dressing <sup>1</sup>	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

<sup>1</sup> This represents a simple dressing

<b>CPT</b>	<b>RUC Recommended PLI Crosswalk</b>
36514	36514
36516	36516
36522	36522
59200	59200
64486	64486
64487	64487
64488	64488
64489	64489
97012	97012
97014	97014
97016	97016
97018	97018
97022	97022
97032	97032
97033	97033
97034	97034
97035	97035
97110	97110
97112	97112
97113	97113
97116	97116
97140	97140
97530	97530
97533	97533
97535	97535
97537	97537
97542	97542
15XX1	15152
15XX2	15152
15XX3	15152
15XX4	15152
15XX5	15152
15XX6	15152
15XX7	15152
15XX8	15152
5XX05	52441
5XX06	52441
6XX00	61720
6XX01	10005
6XX02	10005
6XX07	64486
6XX08	64486
6XX09	64486
6XX10	64486
6XX11	64486
6XX12	64486
7XX00	70543
7XX01	70543
7XX02	71275
7XX03	74183
7XX04	75557
7XX05	77001
9X100	96040
G0283	G0283

CPT Code	RBCS_ID (excluding 6th digit major/minor procedure indicator)	RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc
36514	PPH0	P	Procedure	PH	Hematology	0	No RBCS Family
36516	PPH0	P	Procedure	PH	Hematology	0	No RBCS Family
36522	PPH0	P	Procedure	PH	Hematology	0	No RBCS Family
59200	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
64486	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
64487	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
64488	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
64489	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
97012	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97014	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97016	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97018	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97022	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97032	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97033	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97034	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97035	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97110	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97112	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97113	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97116	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97140	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97530	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment
97533	RRT21	R	Treatment	RT	Physical, occupational, and speech therapy	21	Occupational Therapy
97535	RRT21	R	Treatment	RT	Physical, occupational, and speech therapy	21	Occupational Therapy
97537	RRT21	R	Treatment	RT	Physical, occupational, and speech therapy	21	Occupational Therapy
97542	RRT21	R	Treatment	RT	Physical, occupational, and speech therapy	21	Occupational Therapy
15XX1	PPS16	P	Procedure	PS	Skin	16	Skin Grafting
15XX2	PPS16	P	Procedure	PS	Skin	16	Skin Grafting
15XX3	PPS16	P	Procedure	PS	Skin	16	Skin Grafting
15XX4	PPS16	P	Procedure	PS	Skin	16	Skin Grafting
15XX5	PPS16	P	Procedure	PS	Skin	16	Skin Grafting
15XX6	PPS16	P	Procedure	PS	Skin	16	Skin Grafting
15XX7	PPS16	P	Procedure	PS	Skin	16	Skin Grafting
15XX8	PPS16	P	Procedure	PS	Skin	16	Skin Grafting
5XX05	PPO10	P	Procedure	PO	Other organ systems	10	Cystourethroscopy
5XX06	PPO10	P	Procedure	PO	Other organ systems	10	Cystourethroscopy
6XX00	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
6XX01	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
6XX02	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
6XX07	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
6XX08	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
6XX09	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
6XX10	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
6XX11	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
6XX12	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
7XX00	IIM0	I	Imaging	IM	MR	0	No RBCS Family
7XX01	IIM0	I	Imaging	IM	MR	0	No RBCS Family
7XX02	IIM0	I	Imaging	IM	MR	0	No RBCS Family
7XX03	IIM0	I	Imaging	IM	MR	0	No RBCS Family
7XX04	IIM0	I	Imaging	IM	MR	0	No RBCS Family
7XX05	IIM0	I	Imaging	IM	MR	0	No RBCS Family
9X100	EEX0	E	E & M	EX	E & M - Miscellaneous	0	No RBCS Family
G0283	RRT3	R	Treatment	RT	Physical, occupational, and speech therapy	3	PT Treatment



RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc	RBCS_ID (excluding 6th digit major/minor procedure indicator)
A	Anesthesia	AA	Anesthesia	0	No RBCS Family	
D	DME	DA	Medical/Surgical Supplies	0	No RBCS Family	
D	DME	DB	Hospital Beds	0	No RBCS Family	
D	DME	DC	Oxygen & Supplies	0	No RBCS Family	
D	DME	DC	Oxygen & Supplies	2	Oxygen Concentrator	
D	DME	DD	Wheelchairs	0	No RBCS Family	
D	DME	DD	Wheelchairs	9	Power Wheelchairs and Accessories	
D	DME	DE	Other DME	0	No RBCS Family	
D	DME	DE	Other DME	1	CPAP (sleep apnea)	
D	DME	DE	Other DME	5	Home Ventilator	
D	DME	DE	Other DME	12	Blood Glucose Test or Reagent Strips	
D	DME	DF	Orthotic Devices	0	No RBCS Family	
D	DME	DF	Orthotic Devices	3	Below Knee Orthotic	
D	DME	DF	Orthotic Devices	7	Lumbar Sacral Orthosis (LSO brace)	
D	DME	DF	Orthotic Devices	8	Intermittent Urinary Catheter	
D	DME	DF	Orthotic Devices	10	Ostomy	
D	DME	DF	Orthotic Devices	11	Knee Orthosis	
D	DME	DG	Drugs Administered through DME	0	No RBCS Family	
D	DME	DG	Drugs Administered through DME	4	Vasodilator	
D	DME	DG	Drugs Administered through DME	6	Bronchodilator	
E	E & M	EB	Behavioral health services	0	No RBCS Family	
E	E & M	EB	Behavioral health services	9	Psychotherapy - Nongroup	
E	E & M	EB	Behavioral health services	15	Psychotherapy - Group	
E	E & M	EC	Critical care services	10	Critical Care E&M	
E	E & M	EE	Ophthalmological services	0	No RBCS Family	
E	E & M	EE	Ophthalmological services	7	Ophthalmological E&M	
E	E & M	EH	Home services	0	No RBCS Family	
E	E & M	EH	Home services	17	Home E&M - New and Established	
E	E & M	EH	Home services	18	Home Health Skilled Services	
E	E & M	EI	Hospital inpatient services	0	No RBCS Family	
E	E & M	EI	Hospital inpatient services	3	Hospital E&M - Subsequent	
E	E & M	EI	Hospital inpatient services	5	Hospital E&M - Initial	
E	E & M	EI	Hospital inpatient services	14	Hospital Discharge Management	
E	E & M	EM	Care management/coordination	0	No RBCS Family	
E	E & M	EM	Care management/coordination	19	Chronic & Transitional Care Management	
E	E & M	EN	Nursing facility services	0	No RBCS Family	
E	E & M	EN	Nursing facility services	8	SNF E&M	
E	E & M	EN	Nursing facility services	16	Rest Home E&M	
E	E & M	EO	Observation care services	12	Observation Care	
E	E & M	EP	Hospice	0	No RBCS Family	
E	E & M	ER	Emergency dept. services	0	No RBCS Family	
E	E & M	ER	Emergency dept. services	2	ED E&M	
E	E & M	EV	Office/outpatient services	0	No RBCS Family	
E	E & M	EV	Office/outpatient services	1	Office E&M - Established	
E	E & M	EV	Office/outpatient services	4	Office E&M - New	
E	E & M	EV	Office/outpatient services	6	HOPD E&M - Facility Fee	
E	E & M	EV	Office/outpatient services	11	Annual Wellness Visits	
E	E & M	EV	Office/outpatient services	13	FQHC E&M - Facility Fee	
E	E & M	EX	E & M - Miscellaneous	0	No RBCS Family	
I	Imaging	IC	CT Scan	0	No RBCS Family	
I	Imaging	IC	CT Scan	3	CT/CTA - Abdomen and Pelvis	
I	Imaging	IC	CT Scan	6	CT/CTA - Head and Neck	
I	Imaging	IC	CT Scan	7	CT/CTA - Chest	
I	Imaging	IC	CT Scan	21	CT/CTA - Spine	
I	Imaging	IM	MR	0	No RBCS Family	

I	Imaging	IM	MR	9 MRI/MRA - Head and Neck
I	Imaging	IM	MR	10 MRI/MRA - Spine
I	Imaging	IM	MR	20 MRI/MRA - Lower Extremity
I	Imaging	IM	MR	22 MRI/MRA - Abdomen and Pelvis
I	Imaging	IM	MR	23 MRI/MRA - Other
I	Imaging	IN	Nuclear	0 No RBCS Family
I	Imaging	IN	Nuclear	2 Myocardial Perfusion Scan
I	Imaging	IN	Nuclear	8 PET- Oncology
I	Imaging	IS	Standard X-ray	0 No RBCS Family
I	Imaging	IS	Standard X-ray	4 X-ray - Chest
I	Imaging	IS	Standard X-ray	5 Mammography
I	Imaging	IS	Standard X-ray	12 Angiography
I	Imaging	IS	Standard X-ray	13 X-ray - Lower Extremity
I	Imaging	IS	Standard X-ray	19 X-ray - Spine and Pelvis
I	Imaging	IS	Standard X-ray	24 X-ray - Upper Extremity
I	Imaging	IU	Ultrasound	0 No RBCS Family
I	Imaging	IU	Ultrasound	1 Echocardiography (TTE/TEE)
I	Imaging	IU	Ultrasound	11 Ultrasound - Abdomen & Pelvis
I	Imaging	IU	Ultrasound	14 Duplex Scan - Extremity Arteries
I	Imaging	IU	Ultrasound	15 Duplex Scan - Extracranial Arteries
I	Imaging	IU	Ultrasound	16 Duplex Scan - Extremity Veins
I	Imaging	IU	Ultrasound	18 Ultrasound - Nonspecific
I	Imaging	IX	Imaging - Miscellaneous	0 No RBCS Family
I	Imaging	IX	Imaging - Miscellaneous	17 Computerized Ophthalmic Imaging
O	Other	OA	Ambulance	0 No RBCS Family
O	Other	OA	Ambulance	1 Medical Transport - Ground Emergency
O	Other	OA	Ambulance	2 Medical Transport - Ground
O	Other	OA	Ambulance	3 Medical Transport - Mileage
O	Other	OA	Ambulance	4 Medical Transport - Air
O	Other	OB	Enteral & Parenteral	0 No RBCS Family
O	Other	OB	Enteral & Parenteral	5 Parenteral Feeding and Formula
O	Other	OB	Enteral & Parenteral	6 Enteral Feeding and Formula
O	Other	OC	Vision, Hearing & Speech Services	0 No RBCS Family
P	Procedure	PB	Breast	0 No RBCS Family
P	Procedure	PB	Breast	33 Mastectomy
P	Procedure	PC	Cardiovascular	0 No RBCS Family
P	Procedure	PC	Cardiovascular	2 Percutaneous Transcatheterization
P	Procedure	PC	Cardiovascular	3 Insertion/Removal/Replacement ICD
P	Procedure	PC	Cardiovascular	8 Comprehensive Electrophysiologic Evaluation
P	Procedure	PC	Cardiovascular	18 Pacemaker Insertion or Repair
P	Procedure	PC	Cardiovascular	25 Pacemaker Removal
P	Procedure	PC	Cardiovascular	31 Percutaneous Coronary Artery Angioplasty and Stenting
P	Procedure	PE	Eye	0 No RBCS Family
P	Procedure	PE	Eye	1 Cataract Surgery
P	Procedure	PE	Eye	35 Intravitreal Injection
P	Procedure	PE	Eye	46 Vitrectomy - Mechanical
P	Procedure	PG	Digestive/gastrointestinal	0 No RBCS Family
P	Procedure	PG	Digestive/gastrointestinal	4 Lower GI Endoscopy - Other
P	Procedure	PG	Digestive/gastrointestinal	6 Upper GI Endoscopy
P	Procedure	PG	Digestive/gastrointestinal	12 Colonoscopy - Lesion Removal
P	Procedure	PG	Digestive/gastrointestinal	26 Cholecystectomy - Laparoscopic
P	Procedure	PG	Digestive/gastrointestinal	43 Hernia Repair - Laparoscopic (any site)
P	Procedure	PG	Digestive/gastrointestinal	47 Hernia Repair - Open (Inguinal)
P	Procedure	PH	Hematology	0 No RBCS Family
P	Procedure	PH	Hematology	34 Red Blood Cell Transfusion
P	Procedure	PM	Musculoskeletal	0 No RBCS Family

P	Procedure	PM	Musculoskeletal	7 Nerve Block Injection - Back
P	Procedure	PM	Musculoskeletal	11 Neurostimulator - Back
P	Procedure	PM	Musculoskeletal	14 Arthroplasty - Knee
P	Procedure	PM	Musculoskeletal	15 Joint Injection
P	Procedure	PM	Musculoskeletal	20 Arthrodesis - Spine
P	Procedure	PM	Musculoskeletal	21 Arthroscopy - Upper Extremity
P	Procedure	PM	Musculoskeletal	24 Laminotomy or Laminectomy - Lumbar
P	Procedure	PM	Musculoskeletal	36 Destruction by Neurolytic Agent - Back
P	Procedure	PM	Musculoskeletal	39 Arthroscopy - Lower Extremity
P	Procedure	PM	Musculoskeletal	41 Percutaneous Vertebroplasty
P	Procedure	PM	Musculoskeletal	44 Arthroplasty - Hip
P	Procedure	PO	Other organ systems	0 No RBCS Family
P	Procedure	PO	Other organ systems	10 Cystourethroscopy
P	Procedure	PO	Other organ systems	22 Calculus Removal - Urinary
P	Procedure	PO	Other organ systems	27 Nasal/Sinus Endoscopy
P	Procedure	PO	Other organ systems	40 Prostate Resection
P	Procedure	PO	Other organ systems	45 Lymph Node Biopsy
P	Procedure	PO	Other organ systems	50 Bronchoscopy
P	Procedure	PS	Skin	0 No RBCS Family
P	Procedure	PS	Skin	9 Destruction Skin Lesion
P	Procedure	PS	Skin	13 Debridement
P	Procedure	PS	Skin	16 Skin Grafting
P	Procedure	PS	Skin	17 Mohs Surgery
P	Procedure	PS	Skin	23 Nail Procedure
P	Procedure	PS	Skin	28 Wound Repair - All Levels
P	Procedure	PS	Skin	32 Skin Biopsy
P	Procedure	PS	Skin	38 Skin Lesion Excision
P	Procedure	PV	Vascular	0 No RBCS Family
P	Procedure	PV	Vascular	5 Transluminal Angioplasty - Arterial
P	Procedure	PV	Vascular	19 Venous Catheter Insertion
P	Procedure	PV	Vascular	29 A-V Fistula PCI
P	Procedure	PV	Vascular	30 Transluminal Angioplasty - Venous
P	Procedure	PV	Vascular	37 A-V Fistula Creation
P	Procedure	PV	Vascular	42 Varicose Vein Ablation
P	Procedure	PV	Vascular	48 Vascular Embolization
P	Procedure	PV	Vascular	49 Transvascular Stent
R	Treatment	RB	Spinal manipulation	0 No RBCS Family
R	Treatment	RB	Spinal manipulation	17 Chiropractic
R	Treatment	RD	Dialysis	0 No RBCS Family
R	Treatment	RD	Dialysis	1 ESRD Related Services (not dialysis)
R	Treatment	RD	Dialysis	28 Peritoneal Dialysis
R	Treatment	RD	Dialysis	32 Hemodialysis
R	Treatment	RH	Chemotherapy	0 No RBCS Family
R	Treatment	RH	Chemotherapy	2 Chemotherapeutic Agent
R	Treatment	RH	Chemotherapy	12 Chemotherapy Administration
R	Treatment	RI	Injections and infusions (nononcologic)	0 No RBCS Family
R	Treatment	RI	Injections and infusions (nononcologic)	4 Injection - Monoclonal Antibodies
R	Treatment	RI	Injections and infusions (nononcologic)	5 Injection - Macular Degeneration
R	Treatment	RI	Injections and infusions (nononcologic)	6 Injection - Colony Stimulating Factors
R	Treatment	RI	Injections and infusions (nononcologic)	8 Injection - Immune Globulin
R	Treatment	RI	Injections and infusions (nononcologic)	11 Vaccine - Toxoids
R	Treatment	RI	Injections and infusions (nononcologic)	13 Injection - Growth/Hormone Factor
R	Treatment	RI	Injections and infusions (nononcologic)	14 Injection Administration
R	Treatment	RI	Injections and infusions (nononcologic)	15 Intravenous Infusion, Hydration
R	Treatment	RI	Injections and infusions (nononcologic)	16 Erythropoiesis - Stimulating Agent
R	Treatment	RI	Injections and infusions (nononcologic)	18 Injection - Clotting Factors

R	Treatment	RI	Injections and infusions (nononcologic)	19 Injection - Immunomodulator
R	Treatment	RI	Injections and infusions (nononcologic)	22 Injection - Somatostatin
R	Treatment	RI	Injections and infusions (nononcologic)	23 Vaccine Admin - Flu, Pneum, & Hep B
R	Treatment	RI	Injections and infusions (nononcologic)	24 Injection - TNF blocker
R	Treatment	RI	Injections and infusions (nononcologic)	25 Injection - Hyaluronan or Derivative
R	Treatment	RI	Injections and infusions (nononcologic)	26 Injection - Vasodilator
R	Treatment	RI	Injections and infusions (nononcologic)	30 Injection - Anticoagulant
R	Treatment	RI	Injections and infusions (nononcologic)	31 Injection - Enzymes
R	Treatment	RR	Radiation oncology	0 No RBCS Family
R	Treatment	RR	Radiation oncology	7 Intensity Modulated Radiation Therapy (IMRT)
R	Treatment	RR	Radiation oncology	9 Conventional Radiation Treatment
R	Treatment	RR	Radiation oncology	10 Radiation Treatment Planning
R	Treatment	RT	Physical, occupational, and speech therapy	0 No RBCS Family
R	Treatment	RT	Physical, occupational, and speech therapy	3 PT Treatment
R	Treatment	RT	Physical, occupational, and speech therapy	20 Speech Therapy
R	Treatment	RT	Physical, occupational, and speech therapy	21 Occupational Therapy
R	Treatment	RT	Physical, occupational, and speech therapy	33 PT/OT Evaluation
R	Treatment	RX	Treatment - Miscellaneous	0 No RBCS Family
R	Treatment	RX	Treatment - Miscellaneous	27 Cardiac Rehabilitation
R	Treatment	RX	Treatment - Miscellaneous	29 Immunosuppressive Drugs - Non-injectable
R	Treatment	RX	Treatment - Miscellaneous	34 Hyperbaric Oxygen
T	Test	TA	Anatomic pathology	0 No RBCS Family
T	Test	TA	Anatomic pathology	2 Surgical Pathology Examination
T	Test	TA	Anatomic pathology	9 Immunohistochemistry
T	Test	TC	Cardiography	0 No RBCS Family
T	Test	TC	Cardiography	3 Electrocardiogram
T	Test	TC	Cardiography	10 External Electrocardiographic Monitoring
T	Test	TL	General Laboratory	0 No RBCS Family
T	Test	TL	General Laboratory	1 Clinical Chemistry
T	Test	TL	General Laboratory	4 Blood Count
T	Test	TL	General Laboratory	5 Drug Tests
T	Test	TL	General Laboratory	6 Immunoassay
T	Test	TL	General Laboratory	12 Venipuncture Blood Collection
T	Test	TL	General Laboratory	13 Bacterial Culture
T	Test	TM	Molecular testing	0 No RBCS Family
T	Test	TM	Molecular testing	11 Infectious Agent Detection by DNA/RNA
T	Test	TN	Neurologic	0 No RBCS Family
T	Test	TN	Neurologic	7 Sleep Study
T	Test	TN	Neurologic	8 Electrical Nerve Conductivity
T	Test	TP	Pulmonary function	0 No RBCS Family
T	Test	TX	Test - Miscellaneous	0 No RBCS Family

CPT Source	Deleted	Source 2022 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2022)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
17999		1,069	15XX1	26	0.024	0.00	3.00	04 Skin Cell Suspension Autograft	78	0
17999		1,069	15XX2	240	0.225	0.00	2.00	04 Skin Cell Suspension Autograft	480	0
17999		1,069	15XX3	26	0.024	0.00	2.51	04 Skin Cell Suspension Autograft	65	0
17999		1,069	15XX4	240	0.225	0.00	2.00	04 Skin Cell Suspension Autograft	480	0
17999		1,069	15XX5	14	0.013	0.00	10.97	04 Skin Cell Suspension Autograft	154	0
17999		1,069	15XX6	120	0.112	0.00	2.50	04 Skin Cell Suspension Autograft	300	0
17999		1,069	15XX7	14	0.013	0.00	12.50	04 Skin Cell Suspension Autograft	175	0
17999		1,069	15XX8	120	0.112	0.00	3.00	04 Skin Cell Suspension Autograft	360	0
17999		1,069	17999	269	0.252	0.00	0.00	04 Skin Cell Suspension Autograft	0	0
53899		826	5XX05	175	0.212	0.00	3.10	05 Bladder Neck and Prostate Procedures	543	0
55899		7,645	5XX05	175	0.023	0.00	3.10	05 Bladder Neck and Prostate Procedures	543	0
53899		826	5XX06	35	0.042	0.00	1.48	05 Bladder Neck and Prostate Procedures	52	0
55899		7,645	5XX06	35	0.005	0.00	1.48	05 Bladder Neck and Prostate Procedures	52	0
52310		84,130	5XX06	280	0.003	2.81	1.48	05 Bladder Neck and Prostate Procedures	414	787
53899		826	53899	616	0.746	0.00	0.00	05 Bladder Neck and Prostate Procedures	0	0
55899		7,645	55899	7,435	0.973	0.00	0.00	05 Bladder Neck and Prostate Procedures	0	0
52310		84,130	52310	83,850	0.997	2.81	2.81	05 Bladder Neck and Prostate Procedures	235,619	235,619
0398T		679	6XX00	679	1.000	0.00	18.95	06 Guided High Intensity Focused Ultrasound	12,867	0
60699		211	6XX01	150	0.711	0.00	5.75	07 Percutaneous Radiofrequency Ablation of	863	0
60699		211	6XX02	15	0.071	0.00	4.25	07 Percutaneous Radiofrequency Ablation of	64	0
60699		211	60699	46	0.218	0.00	0.00	07 Percutaneous Radiofrequency Ablation of	0	0
64999		34,145	6XX07	1,707	0.050	0.00	1.50	08 Fascial Plane Blocks	2,561	0
64999		34,145	6XX08	1,707	0.050	0.00	1.74	08 Fascial Plane Blocks	2,971	0
64999		34,145	6XX09	1,707	0.050	0.00	1.67	08 Fascial Plane Blocks	2,851	0
64999		34,145	6XX10	1,707	0.050	0.00	1.83	08 Fascial Plane Blocks	3,124	0
64999		34,145	6XX11	6,829	0.200	0.00	1.34	08 Fascial Plane Blocks	9,151	0
64999		34,145	6XX12	3,415	0.100	0.00	1.67	08 Fascial Plane Blocks	5,702	0
64486		7,647	64486	7,647	1.000	1.27	1.20	08 Fascial Plane Blocks	9,176	9,712
64487		219	64487	219	1.000	1.48	1.39	08 Fascial Plane Blocks	304	324
64488		62,861	64488	62,861	1.000	1.60	1.40	08 Fascial Plane Blocks	88,005	100,578
64489		891	64489	891	1.000	1.80	1.75	08 Fascial Plane Blocks	1,559	1,604
64999		34,145	64999	17,072	0.500	0.00	0.00	08 Fascial Plane Blocks	0	0
Not reported currently		N/A	7XX00	51,000	N/A	0.00	0.00	09 Magnetic Resonance Examination Safety	0	0
Not reported currently		N/A	7XX01	15,000	N/A	0.00	0.00	09 Magnetic Resonance Examination Safety	0	0
Not reported currently		N/A	7X002	154,000	N/A	0.00	0.60	09 Magnetic Resonance Examination Safety	92,400	0
Not reported currently		N/A	7X003	19,000	N/A	0.00	0.76	09 Magnetic Resonance Examination Safety	14,440	0
Not reported currently		N/A	7X004	140,000	N/A	0.00	0.75	09 Magnetic Resonance Examination Safety	105,000	0
Not reported currently		N/A	7X005	1,200	N/A	0.00	0.60	09 Magnetic Resonance Examination Safety	720	0
96040	D	0	9X100	0	1.000	0.00	0.00	10 Genetic Counseling Services (PE Only)	0	0
36514		21,488	36514	21,488	1.000	1.81	1.81	11 Therapeutic Apheresis and Photopheresis	38,893	38,893
36516		1,105	36516	1,105	1.000	1.56	1.56	11 Therapeutic Apheresis and Photopheresis	1,724	1,724
36522		6,661	36522	6,661	1.000	1.75	1.75	11 Therapeutic Apheresis and Photopheresis	11,657	11,657
59200		185	59200	185	1.000	0.79	1.20	13 Insertion of Cervical Dilator	222	146
97012		438,704	97012	438,704	1.000	0.25	0.25	18 Physical Medicine & Rehabilitation (PE O	109,676	109,676
97014		0	97014	0	1.000	0.18	0.18	18 Physical Medicine & Rehabilitation (PE O	0	0
97016		886,927	97016	886,927	1.000	0.18	0.18	18 Physical Medicine & Rehabilitation (PE O	159,647	159,647
97018		148,055	97018	148,055	1.000	0.06	0.06	18 Physical Medicine & Rehabilitation (PE O	8,883	8,883
97022		136,632	97022	136,632	1.000	0.17	0.17	18 Physical Medicine & Rehabilitation (PE O	23,227	23,227
97032		627,346	97032	627,346	1.000	0.25	0.25	18 Physical Medicine & Rehabilitation (PE O	156,837	156,837
97033		34,533	97033	34,533	1.000	0.26	0.26	18 Physical Medicine & Rehabilitation (PE O	8,979	8,979
97034		7,013	97034	7,013	1.000	0.21	0.21	18 Physical Medicine & Rehabilitation (PE O	1,473	1,473
97035		1,370,797	97035	1,370,797	1.000	0.21	0.21	18 Physical Medicine & Rehabilitation (PE O	287,867	287,867
97110		61,746,880	97110	61,746,880	1.000	0.45	0.45	18 Physical Medicine & Rehabilitation (PE O	27,786,096	27,786,096
97112		25,187,873	97112	25,187,873	1.000	0.50	0.50	18 Physical Medicine & Rehabilitation (PE O	12,593,937	12,593,937
97113		1,598,341	97113	1,598,341	1.000	0.48	0.48	18 Physical Medicine & Rehabilitation (PE O	767,204	767,204
97116		4,039,891	97116	4,039,891	1.000	0.45	0.45	18 Physical Medicine & Rehabilitation (PE O	1,817,951	1,817,951
97140		28,628,190	97140	28,628,190	1.000	0.43	0.43	18 Physical Medicine & Rehabilitation (PE O	12,310,122	12,310,122
97530		29,439,992	97530	29,439,992	1.000	0.44	0.44	18 Physical Medicine & Rehabilitation (PE O	12,953,596	12,953,596
97533		61,069	97533	61,069	1.000	0.48	0.48	18 Physical Medicine & Rehabilitation (PE O	29,313	29,313
97535		3,146,957	97535	3,146,957	1.000	0.45	0.45	18 Physical Medicine & Rehabilitation (PE O	1,416,131	1,416,131
97537		15,702	97537	15,702	1.000	0.48	0.48	18 Physical Medicine & Rehabilitation (PE O	7,537	7,537
97542		100,703	97542	100,703	1.000	0.48	0.48	18 Physical Medicine & Rehabilitation (PE O	48,337	48,337
G0283		5,773,099	G0283	5,773,099	1.000	0.18	0.18	18 Physical Medicine & Rehabilitation (PE O	1,039,158	1,039,158

71,916,431 71,690,607

Total Source RVUs	71,690,607
Total New/Revised RVUs	71,916,431
RVU Difference	(225,824)
CF	32,7442
CF Redistribution	(7,394,428)

## *New Technology/New Services List*

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; first dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; second dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose	Aug 2021	Pfizer-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	Oct 2021	Pfizer-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; first dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; second dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	Aug 2021	Moderna-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; first dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

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0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; second dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; third dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; booster dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>



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0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	Oct 2021	Moderna Booster-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; booster dose	Jun 2022	Pfizer-BioNTech Tris-Sucrose Age 5-11, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>

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0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>

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0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.5 ml dosage, booster dose	Mar 2022	Moderna Booster-SARS-CoV-2-IA- Full Dose	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 ml dosage, adjuvant as03 emulsion, booster dose	Jun 2022	Sanofi-GSK, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; first dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; second dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>

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0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
10011	Fine needle aspiration biopsy, including mr guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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10012	Fine needle aspiration biopsy, including mr guidance; each additional lesion (list separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>

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15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
15XX1		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	<input type="checkbox"/>

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15XX2		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	<input type="checkbox"/>



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15XX3		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	<input type="checkbox"/>

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15XX4		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	<input type="checkbox"/>

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15XX5		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	<input type="checkbox"/>

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15XX6		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	<input type="checkbox"/>

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15XX7		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	<input type="checkbox"/>

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15XX8		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		<input type="checkbox"/>
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>

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20703	Removal of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20705	Removal of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>



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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		<input type="checkbox"/>
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		<input type="checkbox"/>
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		<input type="checkbox"/>
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy 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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy 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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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		Survey April 2021. Maintained.	<input checked="" type="checkbox"/>
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		Survey April 2021. Maintained.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>



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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	Jan 2023	Dorsal Sacroiliac Joint Arthrodesis	04	CPT 2024	April 2028		<input type="checkbox"/>

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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	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	<input checked="" type="checkbox"/>
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove from list, was only identified with 27279 and that code has been resurveyed April 2018.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>



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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
29582	Code Deleted CPT 2018	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). Code Deleted for CPT 2018.	<input checked="" type="checkbox"/>

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29583	Code Deleted CPT 2018	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). Code Deleted for CPT 2018.	<input checked="" type="checkbox"/>
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	January 2022	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). In October 2018, RUC recommended to review again after 3 more years of data (2022). In January 2022, the Workgroup reviewed CPT code 29584 and agreed with the specialty society that the volume of this service is low and continues to decrease. The Workgroup recommends that CPT code 29584 be maintained and removed from the CPT Assistant Analysis screen and New Technology list.	<input checked="" type="checkbox"/>



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29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		<input type="checkbox"/>
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		<input type="checkbox"/>
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, 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	<input checked="" type="checkbox"/>
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	<input checked="" type="checkbox"/>
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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).	☑
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.	☑

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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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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, including imaging guidance when performed, unilateral; radiofrequency	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	☑
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	☑

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33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		<input type="checkbox"/>
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (list separately in addition to code for primary procedure)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		<input type="checkbox"/>
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		<input type="checkbox"/>
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>

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33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>



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33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>

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33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	April 2024	Review in two years (April 2023); new FDA indication recently released, suggesting this service is still changing. The RAW reviewed in April 2023 and indicated the specialties should survey in April 2024, to allow for the technology to stabilize a bit more prior to survey.	<input type="checkbox"/>
33361	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>

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33362	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33363	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33364	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>

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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	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (list separately in addition to code for primary procedure)	Jan 2021	Percutaneous Cerebral Embolic Protection	07	CPT 2022	April 2026		<input type="checkbox"/>

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33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	<input type="checkbox"/>

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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	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	<input type="checkbox"/>
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (ross-konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	April 2023	Review in 3 years (April 2023); pediatric procedure with some CMS utilization. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Jan 2021	Harvest of Upper Extremity Artery, Endoscopic and Open	09	CPT 2022	April 2026		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>



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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (list separately in addition to code for primary procedure)	Oct 2018	Aortic Graft Procedures	06	CPT 2020	April 2024		<input type="checkbox"/>
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>

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33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (list separately in addition to code for primary procedure)	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33946	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33947	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

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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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		<input type="checkbox"/>
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		<input type="checkbox"/>
34806	Code Deleted CPT 2008	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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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	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
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	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
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	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
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	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>

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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	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
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)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
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	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
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)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>



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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	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
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	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		<input type="checkbox"/>
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
3X018		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		<input type="checkbox"/>

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3X019		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		<input type="checkbox"/>
3X020		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		<input type="checkbox"/>
3X021		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		<input type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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-Pancreatascopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately.	<input type="checkbox"/>

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43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately.	<input type="checkbox"/>
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		<input type="checkbox"/>
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		<input type="checkbox"/>
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [poem])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	April 2026		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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). In Octobre 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	April 2024		<input type="checkbox"/>

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47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑



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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	Jan 2023	Cystourethroscopy with Urethral Therapeutic Drug Delivery	08	CPT 2024	April 2028		<input type="checkbox"/>
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	<input checked="" type="checkbox"/>
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	Survey for January 2019	<input checked="" type="checkbox"/>
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	April 2022	In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Oct 2019	Transrectal High Intensity Focused US Prostate Ablation	06	CPT 2021	April 2025		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to code for primary procedure)	Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	April 2025		<input type="checkbox"/>
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2023	Transcervical RF Ablation of Uterine Fibroids	09	CPT 2024	April 2028		<input type="checkbox"/>
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
5X006		Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		<input type="checkbox"/>
5X007		Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		<input type="checkbox"/>
5X008		Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		<input type="checkbox"/>
5XX05		Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>

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5XX06		Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>
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	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>
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	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>
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	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		<input type="checkbox"/>

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61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		<input type="checkbox"/>
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	<input type="checkbox"/>



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61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	<input type="checkbox"/>
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	<input type="checkbox"/>

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62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024		<input type="checkbox"/>
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024		<input type="checkbox"/>
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2024		<input type="checkbox"/>
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>

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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 (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	<input type="checkbox"/>
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	<input type="checkbox"/>

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64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	<input type="checkbox"/>
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2024		<input type="checkbox"/>
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		<input type="checkbox"/>
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		<input type="checkbox"/>
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastromal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	<input checked="" type="checkbox"/>
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	<input checked="" type="checkbox"/>
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 technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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; without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>
66987	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; with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>
66989	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; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Jan 2023	Suprachoroidal Injection	10	CPT 2024	April 2028	There is currently only one FDA-approved medication for this procedure, triamcinolone acetonide, and it is approved for only one indication: macular edema associated with uveitis. The relevant HCPCS code is J-3299. Medicare claims volume for this indication is expected to be low. However, if other drugs for more common indications obtain FDA approval, claims volume may grow substantially. Thus, CPT code 6X000 will be placed on the New Technology list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. The RUC recommended that if there are new drugs that have an associated J-code that these also be considered by the Relativity Assessment Workgroup as part of the New Technology screen.	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>



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68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Jan 2021	Lacrimal Canaliculus Drug Eluting Implant Insertion	17	CPT 2022	April 2026		<input type="checkbox"/>
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		<input type="checkbox"/>
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		<input type="checkbox"/>
6X004		Apr 2023	Iris Procedures	04	CPT 2025	April 2029		<input type="checkbox"/>
6XX00		Jan 2024	Guided High Intensity Focused Ultrasound	06	CPT 2025	April 2029	CPT code 6XX00 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>
6XX01		Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 6XX01 and 6XX02 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>
6XX02		Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 6XX01 and 6XX02 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Oct 2019	Screening CT of Thorax	07	CPT 2021	April 2025		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>

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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	☑
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.	☑

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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 left ventricular [lv] cardiac function, right ventricular [rv] structure and function and evaluation of vascular 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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Jan 2023	Fractional Flow Reserve with CT	11	CPT 2024	April 2028		<input type="checkbox"/>
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	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). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	<input type="checkbox"/>

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							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	

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76882	Ultrasound, limited, joint or focal evaluation of 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	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	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). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	<input type="checkbox"/>

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76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	Jan 2022	Neuromuscular Ultrasound	11	CPT 2023	April 2027	structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	<input type="checkbox"/>



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76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (list separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	<input checked="" type="checkbox"/>
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	<input checked="" type="checkbox"/>
76983	Ultrasound, elastography; each additional target lesion (list separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	<input checked="" type="checkbox"/>
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	<input type="checkbox"/>

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77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	<input type="checkbox"/>
77063	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	<input type="checkbox"/>

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77089	Trabecular bone score (tbs), structural condition of the bone microarchitecture; using dual x-ray absorptiometry (dxa) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		<input type="checkbox"/>
77090	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		<input type="checkbox"/>
77091	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical calculation only	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		<input type="checkbox"/>
77092	Trabecular bone score (tbs), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		<input type="checkbox"/>
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 B Therapy		CPT 2007	September 2010	Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>

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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	F Stereotactic Body Radiation B & 3CPT 2007 Therapy			September 2010/	Survey (work) and PE review (Feb 2011). Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>
77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>
77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>

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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	<input checked="" type="checkbox"/>

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							<p>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 postponed and reviewed in 2 years</p>	



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after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.

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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 parathyroid scintigraphy as an	<input checked="" type="checkbox"/>

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							<p>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 postponed and reviewed in 2 years</p>	

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							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78429	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78430	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78431	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>

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78432	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78433	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78434	Absolute quantitation of myocardial blood flow (aqmbf), positron emission tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78459	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78491	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78492	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>

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78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>
78835	Radiopharmaceutical quantification measurement(s) single area (list separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>
7XX00		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>

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7XX01		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>
7XX02		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>
7XX03		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>



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7XX04		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>
7XX05		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
81201	Apc (adenomatous polyposis coli) (eg, familial adenomatous 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.	<input checked="" type="checkbox"/>
81202	Apc (adenomatous polyposis coli) (eg, familial adenomatous 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.	<input checked="" type="checkbox"/>

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81203	Apc (adenomatous polyposis coli) (eg, familial adenomatous 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.	☑
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 (brca2, dna repair associated) (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 (brca2, dna repair associated) (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.	☑

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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.	☑
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.	☑

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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 promoter 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.	☑
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.	☑

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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; common deletions or variant (eg, southeast asian, thai, filipino, mediterranean, alpha3.7, alpha4.2, alpha20.5, 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.	☑
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.	☑

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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.	☑
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.	☑

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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.	☑
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.	☑

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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.	☑
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.	☑



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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.	☑
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.	☑

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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.	☑
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.	☑

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81350	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [gilbert syndrome]) 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.	☑
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.	☑

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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.	☑
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.	☑

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81382	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpg1, 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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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 agr1 (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 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 ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), a282v variant lct (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 c>t variant neb (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), r245x variant serpine1 (serpine peptidase	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.	<input checked="" type="checkbox"/>

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	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 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 [dvt1]), 907_909delgag (904_906delgag) variant							

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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) 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) 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) cfh/arms2 (complement factor h/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, y402h [cfh], a69s [arms2]) dek/nup214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed 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/runx1 (t(12;21)) (eg, acute lymphocytic leukemia), 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	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.	<input checked="" type="checkbox"/>



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	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) fip111/pdgfra (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed flg (filaggrin) (eg, ichthyosis 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 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 [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis 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 81278) kcnq1ot1 (kcnq1 overlapping transcript 1 [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis linc00518 (long intergenic non-protein coding rna 518) (eg, melanoma), expression							

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	analysis Irrk2 (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/mlt3 (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, 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,							

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	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 pax8/pparg (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis prame (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis 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 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 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) mefv (mediterranean fever) (eg, familial mediterranean fever), common variants (eg, e148q, p369s, f479l, m680i, i692del, m694v, m694i, k695r, v726a, a744s, r761h) 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.	<input checked="" type="checkbox"/>

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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, mase 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) cttnb1 (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) human erythrocyte antigen gene analyses (eg, 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	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.	<input checked="" type="checkbox"/>

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	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 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, or identified during a genomic sequencing procedure, 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) 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							

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	(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 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) 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 gene sequence cyp1b1 (cytochrome p450, family 1, subfamily b, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence egr2 (early growth response 2) (eg, charcot-marie-tooth), full gene sequence emd (emerin) (eg, emery-dreifuss	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.	<input checked="" type="checkbox"/>



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	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) fh11 (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) 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 (for common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) 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),							

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	<p>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 lita1 (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</p>							

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	<p>young [mody]), full gene sequence phox2b (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence 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), 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 [sco1]) (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</p>							

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	[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 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 tpa (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 ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, hereditary unconjugated hyperbilirubinemia [crigler-najjar syndrome]) 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							

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	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 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 bmp2 (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 chrb2 (cholinergic receptor, 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	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.	<input checked="" type="checkbox"/>

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	oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpox (coproporphyrinogen oxidase) (eg, hereditary coproporphyrinuria), full gene sequence ctrc (chymotrypsin c) (eg, hereditary pancreatitis), 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 cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (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-							

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	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 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 fkt1 (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 ghrr (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence gla (galactosidase, alpha) (eg, fabry disease), 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 sequence ids (iduronate 2-sulfatase) (eg, mucopolysaccharidosis, 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							



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	<p>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</p>							

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	(neuroligin 3) (eg, autism spectrum disorders), full gene sequence nlg4x (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 pklr (pyruvate kinase, liver and rbc) (eg, pyruvate kinase deficiency), full gene sequence plp1 (proteolipid protein 1) (eg, pelizaeus-merzbacher disease, spastic paraplegia), full gene sequence pou1f1 (pou class 1 homeobox 1) (eg, combined 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							

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	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 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							

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	<p>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 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 tarbdp (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 tgfb1 (transforming growth factor, beta receptor 1) (eg, marfan syndrome), full gene sequence tgfb2 (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 &gt;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</p>							

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	(troponin i, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tpm1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis tymph (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							

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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) 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 anos1 (anosmin-1) (eg, kallmann syndrome 1), 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 at11 (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 bckdhd (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 bmp2 (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), full gene sequence bscl2 (berardinelli-seip congenital lipodystrophy 2 [seipin]) (eg, berardinelli-seip congenital lipodystrophy), 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.	<input checked="" type="checkbox"/>

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	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 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 did (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							

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	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-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							



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	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 hmbs (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), 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 (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 kcnh2 (potassium voltage-gated channel, subfamily h [eag-related], member 2) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq1 (potassium voltage-gated channel, kqt-like subfamily, member 1) (eg, short qt syndrome, long qt syndrome), full gene sequence 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							

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	<p>sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence lepr (leptin receptor) (eg, obesity with hypogonadism), full gene sequence lhcg (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, 3-methylcrotonoyl-coa carboxylase deficiency), full gene sequence mccc2 (methylcrotonoyl-coa carboxylase 2 [beta]) (eg, 3-methylcrotonoyl 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</p>							

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	<p>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 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 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-</p>							

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	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 ppox (protoporphyrinogen oxidase) (eg, variegate porphyria), 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 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							

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	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							

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	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							

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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 apob (apolipoprotein b) (eg, familial hypercholesterolemia type b) full gene sequence aspm (asp [abnormal spindle] homolog, microcephaly associated [drosophila]) (eg, primary microcephaly), 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 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	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.	<input checked="" type="checkbox"/>

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	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 (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							



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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) (eg, malignant hyperthermia), full gene sequence ryr2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia,	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.	<input checked="" type="checkbox"/>

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	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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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 technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdissection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	<input checked="" type="checkbox"/>
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdissection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	<input checked="" type="checkbox"/>

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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. Code Deleted	<input checked="" type="checkbox"/>
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. Code Deleted	<input checked="" type="checkbox"/>
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. Code Deleted	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	Sept 2023	SARS-CoV-2-Immunization Administration	18	CPT 2023	April 2028		<input type="checkbox"/>
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>

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90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
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	April 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed.	<input type="checkbox"/>
90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed.	<input type="checkbox"/>

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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	April 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	<input checked="" type="checkbox"/>
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		<input type="checkbox"/>

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92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		<input type="checkbox"/>
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011		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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	Survey for January 2019.	<input checked="" type="checkbox"/>
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		<input type="checkbox"/>
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2011	April 2025	Was reviewed in Sept 2014, Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input type="checkbox"/>
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		<input type="checkbox"/>

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92284	Diagnostic dark adaptation examination with interpretation and report	Apr 2021	Dark Adaption Eye Exam	20	CPT 2023	April 2024	The RUC will review the typical technology used to perform this service when it is next re-evaluated, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology.	<input type="checkbox"/>
92517	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		<input type="checkbox"/>
92518	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		<input type="checkbox"/>
92519	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp) and ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		<input type="checkbox"/>
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	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>



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93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>

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93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
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	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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 or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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; subcutaneous cardiac rhythm monitor 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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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, or leadless 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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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, or leadless 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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 physiologic 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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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; subcutaneous cardiac rhythm monitor 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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless 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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless 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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic 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	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	<input type="checkbox"/>



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93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	<input type="checkbox"/>

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93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93319	3d echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (list separately in addition to code for echocardiographic imaging)	Oct 2020	3D Imaging of Cardiac Structures	09	CPT 2022	April 2026		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		<input type="checkbox"/>
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		<input type="checkbox"/>
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		<input type="checkbox"/>
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (mapcas) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		<input type="checkbox"/>
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 technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>

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93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (list separately in addition to code for primary procedure)	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>

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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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		<input type="checkbox"/>

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94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		<input type="checkbox"/>
95700	Electroencephalogram (eeg) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by eeg technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95705	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95706	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95707	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95708	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95709	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95710	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95711	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>



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95712	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95713	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95714	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95715	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95716	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95717	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95718	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>

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95719	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95720	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95721	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95722	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95723	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>

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95724	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95725	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95726	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2021	Quantitative Pupillometry Services	09	CPT 2023	April 2027		<input type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		<input type="checkbox"/>
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
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	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
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	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
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	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>

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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	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
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	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	Sep 2022	Post Operative Low-Level Laser Therapy	06	CPT 2024	April 2028	The RUC recommends that CPT code 9X022 be placed on the New Technology list to review when utilization is available, identifying who is performing the service.	<input type="checkbox"/>
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		<input type="checkbox"/>
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		<input type="checkbox"/>

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97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		<input type="checkbox"/>
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	Survey for January 2019.	<input checked="" type="checkbox"/>
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 U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>

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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 U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
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 U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		<input type="checkbox"/>
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		<input type="checkbox"/>
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		<input type="checkbox"/>
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>

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98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	Jan 2022	Cognitive Behavioral Therapy Monitoring	12	CPT 2023	April 2027		<input type="checkbox"/>
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (list separately in addition to code for primary procedure)	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>

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99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>

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99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99363	Code Deleted	Apr 2006	Anticoagulant Management I Services		CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
99364	Code Deleted	Apr 2006	Anticoagulant Management I Services		CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the outpatient evaluation and management service)	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		<input type="checkbox"/>
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		<input type="checkbox"/>

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99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		<input type="checkbox"/>
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>

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99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; 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)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99437	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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>
99439	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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 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)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>



<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	<input checked="" type="checkbox"/>
99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	<input checked="" type="checkbox"/>
99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	<input checked="" type="checkbox"/>
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025).	<input type="checkbox"/>
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025).	<input type="checkbox"/>
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		<input type="checkbox"/>
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		<input type="checkbox"/>
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (list separately in addition to code for primary procedure)	Jan 2019	Chronic Care Remote Physiologic Monitoring	20	CPT 2020	April 2024		<input type="checkbox"/>
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Jan 2019	Self-Measured Blood Pressure Monitoring	19	CPT 2020	April 2024		<input type="checkbox"/>
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	September 2022	Surveyed for September 2022 and recommended an increase.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	<input checked="" type="checkbox"/>
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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; 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)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99490	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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2015	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>
99491	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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommended that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is scheduled for review at the April 2023	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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Relativity Assessment  
Workgroup meeting.

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	<input checked="" type="checkbox"/>



<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	
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 at least moderate level of medical decision making during the service period face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	<input checked="" type="checkbox"/>
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 high level of medical decision making 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 October 2018	<input checked="" type="checkbox"/>
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	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	<input checked="" type="checkbox"/>
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	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	<input checked="" type="checkbox"/>
9X059		Sep 2023	Optical Coherence Tomography (OCT)	08	CPT 2025	April 2029		<input type="checkbox"/>
9X059		Apr 2023	Optical Coherence Tomography	05	CPT 2025	April 2029		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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		<input checked="" type="checkbox"/>

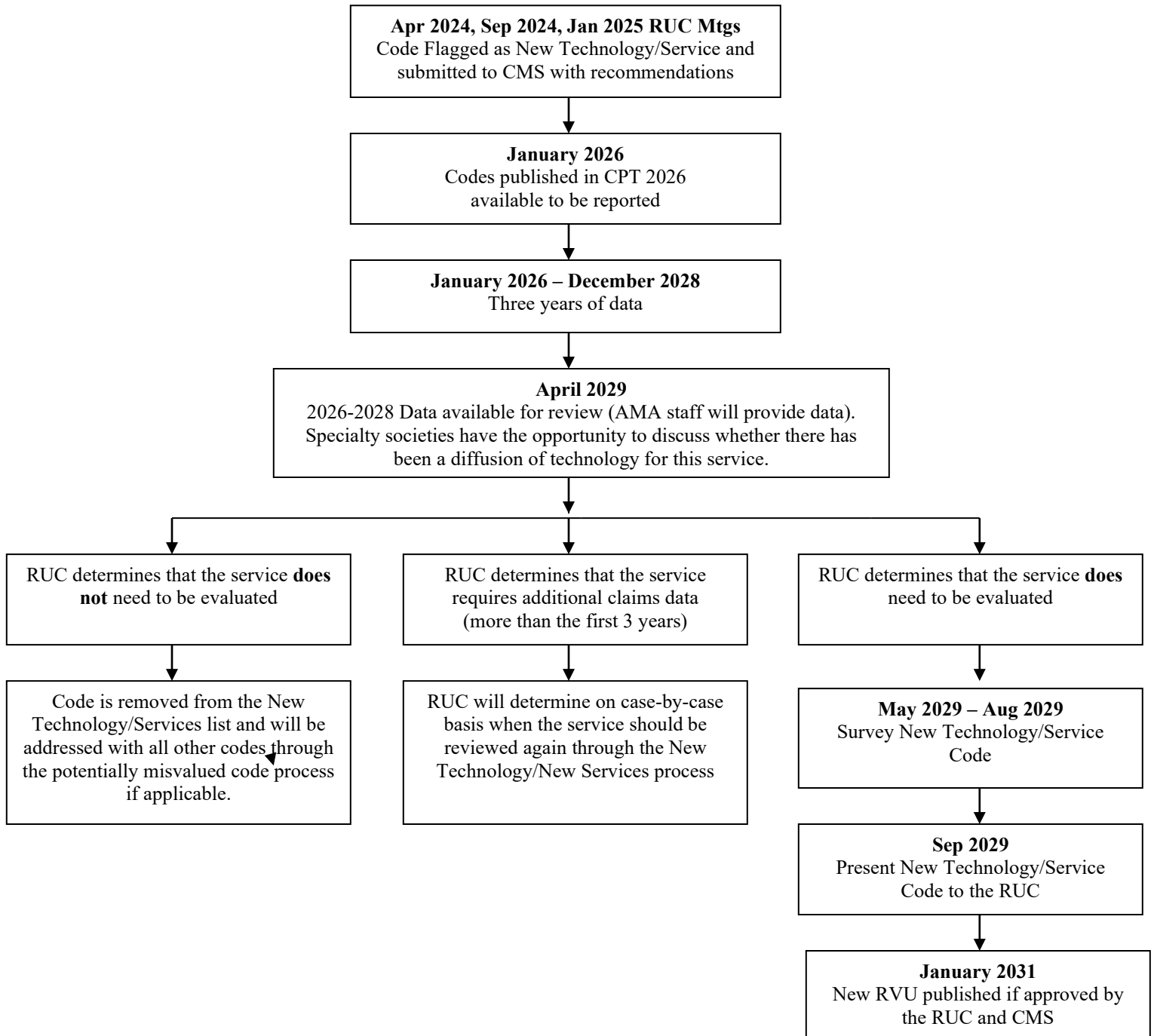
<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20		April 2027	Codes 93297 and 93298 were first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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## 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



**Specialty Societies Acronym List****May 2023**

<b>Society</b>	<b>Acronym</b>
American Academy of Audiology	AAA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Child and Adolescent Psychiatry	AACAP
American Association of Clinical Urologist, Inc.	AACU
American Academy of Dermatology Association	AADA
American Academy of Family Physicians	AAFP
American Association of Gynecologic Laparoscopists	AAGL
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Neurological Surgeons	AANS
American Academy of Ophthalmology	AAO
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Pediatrics	AAP
American Academy of Physician Associates	AAPA
American Academy of Pain Medicine	AAPM
American Academy of Physical Medicine and Rehabilitation	AAPMR
American Academy of Sleep Medicine	AASM
American Association for Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
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 Clinical Neurophysiology Society	ACNS
American College of Obstetricians and Gynecologists	ACOG
American College of Physicians	ACP
American College of Radiology	ACR
American College of Rheumatology	ACR <sup>h</sup>
American College of Radiation Oncology	ACRO
American College of Surgeons	ACS
American Dental Association	ADA



<b>Society</b>	<b>Acronym</b>
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Medical Group Association	AMGA
American Medical Woman's Association	AMWA
American Nurses Association	ANA
Academy of Nutrition and Dietetics	ANDi
American Osteopathic Association	AOA
American Optometric Association	AOA(eye)
American Orthopaedic Foot and Ankle Society	AOFAS
American Occupational Therapy Association	AOTA
American Psychiatric Association	APA(psychiatry)
American Psychological Association	APA(psychology)
American Podiatric Medical Association	APMA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Roentgen Ray Society	ARRS
American Rhinologic Society	ARS
American Society of Anesthesiologists	ASA
American Society of Addiction Medicine	ASAM
American Society of Breast Surgeons	ASBS
American Society of Cytopathology	ASC
American Society of Clinical Oncology	ASCO
American Society for Clinical Pathology	ASCP
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Dermatopathology	ASDP
American Society for Dermatologic Surgery	ASDS
American Society of Echocardiography	ASE
American Society for Gastrointestinal Endoscopy	ASGE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Speech-Language-Hearing Association	ASHA
American Society of Interventional Pain Physicians	ASIPP
American Society for Metabolic and Bariatric Surgery	ASMBS
American Society of Neuroimaging	ASN
American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Regional Anesthesia and Pain Medicine	ASRA

<b>Society</b>	<b>Acronym</b>
American Society for Reproductive Medicine	ASRM
American Society of Retina Specialists	ASRS
American Society for Surgery of the Hand	ASSH
American Society for Transplantation and Cellular Therapy	ASTCT
American Society for Radiation Oncology	ASTRO
American Society of Transplant Surgeons	ASTS
American Thoracic Society	ATS
American Urological Association	AUA
Association of University Radiologists	AUR
American Vein and Lymphatic Society	AVLS
College of American Pathologists	CAP
American College of Chest Physicians	CHEST
Congress of Neurological Surgeons	CNS
Endocrine Society	ES
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Society for the Advancement of Spine Surgery	ISASS
National Association of Medical Examiners	NAME
North American Neuromodulation Society	NANS
North American Spine Society	NASS
National Association of Social Workers	NASW
Outpatient Endovascular and Interventional Society	OEIS
Obesity Medicine Association	OMA
Renal Physicians Association	RPA
Radiological Society of North America	RSNA
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
The Society for Cardiovascular Angiography and Interventions	SCAI
Society of Critical Care Medicine	SCCM
Society of Cardiovascular Computed Tomography	SCCT
Society of Hospital Medicine	SHM
Society for Investigative Dermatology	SID
Society of Interventional Radiology	SIR
Spine Intervention Society	SIS
Society of Laparoscopic & Robotic Surgeons	SLS
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
Society for Vascular Surgery	SVS
Underseas and Hyperbaric Medical Society	UHMS

Office Visit Times	Current Times	RUC Proposal	Current W	Proposed Work RVU	Current Clinical Staff Time	RUC Proposal Clinical Staff Time
99204	45	60	2.43	2.6	62	54
99211	7	7	0.18	0.18	19	17
99212	16	18	0.48	0.7	28	28
99213	23	30	0.97	1.3	36	36
99214	40	49	1.5	1.92	53	51
99215	55	70	2.11	2.8	63	62
99231	20	25	0.76	1	0	0
99232	40	36	1.39	1.59	0	0
99233	55	52	2	2.4	0	0
99238	38	38	1.28	1.5	12	12
99239	55	64	1.9	2.15	15	15

CPT Code	Global	Current Office Visit Time	RUC Recommended Office Visit Time	Change in Office Visit Time	Current Hospital and Discharge Visit Time (99231-3; 99238-9)	RUC Recommended Hospital and Discharge Visit Time (99231-3; 99238-9)	Change in Hospital and Discharge Visit Time (99231-3; 99238-9)	Total CY2025 Physician Time - before applying post-op visit increase	CY2025 Physician Time with RUC Recommended Office Visit, Hospital	Change in Total Physician Time	Percent Change - Total Time
15XX5	090	92	120	28	198	182	-16	403	415	12	3%
15XX7	090	92	120	28	198	182	-16	395	407	12	3%

<b>Current Bundled Post-Op Office Visits RVU</b>	<b>Bundled Post-Op Office Visits RVU with RUC Proposal</b>	<b>Change in Work RVU due to Bundled Post-op Office Visits</b>	<b>Current Bundled Post-Op Hospital and Discharge Visits RVU</b>	<b>Bundled Post-Op Hospital and Discharge Visits RVU with RUC Proposal</b>	<b>Change in Work RVU due to Bundled Post-op Hospital and Discharge Visits</b>	<b>CY2025 Work RVU before applying post-op visit increase</b>	<b>Global Work RVU After Incorporating RUC Recommendation for Bundled Office,</b>	<b>Change in Work RVU</b>	<b>Percent Change - Work RVU</b>	<b>Change in Clinical Staff Time</b>	<b>Pre_Evaluation_Time</b>
3.88	5.20	1.32	6.84	7.86	1.02	10.97	13.31	2.34	21%	0	0
3.88	5.20	1.32	6.84	7.86	1.02	12.50	14.84	2.34	19%	0	0

Pre_Positioning_time	Pre_Service_Scrub_Dress_Wait_time	Median_Intra_Service_Time	Immediate_post_Service_time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232
0	0	83	30				4				4
0	0	75	30				4				4

<b>_99233</b>	<b>_99238</b>	<b>_99239</b>	<b>_99291</b>	<b>_99292</b>
	1			
	1			

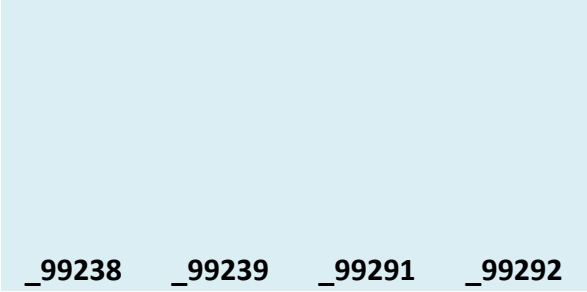
<b>CPT Code</b>	<b>Global</b>	<b>Current Office Visit Time</b>	<b>RUC Recommended Office Visit Time</b>	<b>Change in Office Visit Time</b>	<b>Current Hospital and Discharge Visit Time (99231-3; 99238-9)</b>	<b>RUC Recommended Hospital and Discharge Visit Time (99231-3; 99238-9)</b>	<b>Change in Hospital and Discharge Visit Time (99231-3; 99238-9)</b>	<b>Total CY2025 Physician Time - before applying post-op visit increase</b>
66680	090	69	90	21	27.5	26	-1.5	182
66682	090	85	108	23	27.5	26	-1.5	202
6X004	090	92	120	28	27.5	26	-1.5	224



<b>Total CY2025 Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times</b>	<b>Change in Total Physician Time</b>	<b>Percent Change - Total Time</b>	<b>Current Bundled Post-Op Office Visits RVU</b>	<b>Bundled Post- Op Office Visits RVU with RUC Proposal</b>	<b>Change in Work RVU due to Bundled Post-op Office Visits</b>	<b>Current Bundled Post- Op Hospital and Discharge Visits RVU</b>	<b>Bundled Post- Op Hospital and Discharge Visits RVU with RUC Proposal</b>
201.5	19.5	11%	2.91	3.9	0.99	1	1.2
223.5	21.5	11%	3.39	4.6	1.21	1	1.2
250.5	26.5	12%	3.88	5.2	1.32	1	1.2

<b>Change in Work RVU due to Bundled Post- op Hospital and Discharge Visits</b>	<b>CY2025 Work RVU before applying post- op visit increase</b>	<b>Surgical Global Work RVU After Incorporating RUC Recommendation for Bundled Office, Hospital and Discharge Visits</b>	<b>Change in Work RVU</b>	<b>Percent Change - Work RVU</b>	<b>Change in Clinical Staff Time</b>	<b>Pre_Evalu ation_Tim e</b>	<b>Pre_Positi oning_tim e</b>
0.2	10.25	11.44	1.19	12%	0	30	3
0.2	10.87	12.28	1.41	13%	0	33	3
0.2	12.8	14.32	1.52	12%	0	33	3

Pre_Servi ce_Scrub_ Dress_Wa it_tim	Median_I ntra_Serv ice_Time	Immediat e_post_S ervice_ti me	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233
6	45	10				3					0.5
7	45	10			1	3					0.5
7	60	10				4					0.5



**\_99238**

**\_99239**

**\_99291**

**\_99292**

CPT Code	Short Descriptor	Global	Total CY2024 CMS Final Rule Physician Time - Current	Total CY2024 CMS Final Rule Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	Total CY2024 CMS Final Rule Surgical Global wRVU	CMS Final Rule Surgical Global wRVU After Incorporating RUC Proposal for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
10040	ACNE SURGERY	010	34	36	2	6%	0.91	1.13	0.22	24%	0			1										
26250	EXTENSIVE HAND SURGERY	090	353	383	30	8%	15.21	16.97	1.76	12%	-2			1	2	1		1				1		
26260	RESECT PROX FINGER TUMOR	090	256	274	18	7%	11.16	12.24	1.08	10%	-2			1	1	1						0.5		
11765	EXCISION OF NAIL FOLD TOE	010	59	61	2	3%	1.22	1.44	0.22	18%	0			1										
11770	REMOVE PILONIDAL CYST SIMPLE	010	71	73	2	3%	2.66	2.88	0.22	8%	0			1										
11771	REMOVE PILONIDAL CYST EXTEN	090	236	250.5	14.5	6%	6.09	7.44	1.35	22%	0			3.5				1.5				1		
11772	REMOVE PILONIDAL CYST COMPL	090	269	284.5	15.5	6%	7.35	8.81	1.46	20%	0			4				1.5				1		
15620	DELAY FLAP F/C/C/N/AX/G/H/F	090	175.5	193	17.5	10%	3.75	4.58	0.83	22%	0				2.5									
15630	DELAY FLAP EYE/NOS/EAR/LIP	090	181.5	199	17.5	10%	4.08	4.91	0.83	20%	0				2.5									
15650	TRANSFER SKIN PEDICLE FLAP	090	221.5	239	17.5	8%	4.77	5.71	0.94	20%	0				2.5							0.5		
15731	FOREHEAD FLAP W/VASC PEDICLE	090	369	401	32	9%	14.38	16.12	1.74	12%	-2			1	3	1						0.5		
15740	ISLAND PEDICLE FLAP GRAFT	090	365.5	402	36.5	10%	11.80	13.75	1.95	16%	0				4.5			1				1		
15750	NEUROVASCULAR PEDICLE FLAP	090	400.5	437	36.5	9%	12.96	14.91	1.95	15%	0				4.5			1				1		
15756	FREE MYO/SKIN FLAP MICROVASC	090	809	869	60	7%	36.94	40.40	3.46	9%	-2		1	3	2			8				1		
15757	FREE SKIN FLAP MICROVASC	090	829	880	51	6%	37.15	40.57	3.42	9%	-2		1	3	2			7	1			1		
15758	FREE FASCIAL FLAP MICROVASC	090	809	855	46	6%	36.90	40.08	3.18	9%	-2		1	3	2			6	1			1		
15760	COMPOSITE SKIN GRAFT	090	278.5	303	24.5	9%	9.86	11.13	1.27	13%	0				3.5							0.5		
15770	DERMA-FAT-FASCIA GRAFT	090	302.5	334	31.5	10%	8.96	10.56	1.60	18%	0				4.5							0.5		
19302	P-MASTECTOMY W/LN REMOVAL	090	276	294	18	7%	13.99	15.07	1.08	8%	-2			1	1	1						0.5		
19305	MAST RADICAL	090	463.5	517.5	54	12%	17.46	20.25	2.79	16%	0				4.5			4.5				1		
19306	MAST RAD URBAN TYPE	090	544.5	610.5	66	12%	18.13	21.49	3.36	19%	0				5.5			5.5				1		
19350	BREAST RECONSTRUCTION	090	229	237	8	3%	9.11	9.99	0.88	10%	0			4										
19355	CORRECT INVERTED NIPPLE(S)	090	206	227	21	10%	8.52	9.51	0.99	12%	0				3									
19361	BRST RCNSTJ LATSMS DRSI FLAP	090	552	578	26	5%	23.36	25.58	2.22	10%	0			3	2			2	1			1		
19364	BRST RCNSTJ FREE FLAP	090	767	775	8	1%	42.58	44.85	2.27	5%	-2		1	4	1			1	3			1		
19367	BRST RCNSTJ 1 PDCL TRAM FLAP	090	590	630	40	7%	26.80	29.04	2.24	8%	-2			1	2	1		3				1		
19368	BRST RCNSTJ 1PDCL TRAM ANAST	090	770	824	54	7%	33.90	36.80	2.90	9%	-4			1	2	2		4				1		
19369	BRST RCNSTJ 2 PDCL TRAM FLAP	090	690	739	49	7%	31.31	33.97	2.66	8%	-4			1	2	2		3				1		
20100	EXPLORE WOUND NECK	010	266	283	17	6%	10.38	11.41	1.03	10%	0				1			2				1		
20101	EXPLORE WOUND CHEST	010	97	97	0	0%	3.23	3.23	-	0%	-2			1										
20102	EXPLORE WOUND ABDOMEN	010	106	108	2	2%	3.98	4.20	0.22	6%	0			1										
20103	EXPLORE WOUND EXTREMITY	010	136	138	2	1%	5.34	5.56	0.22	4%	0			1										
20150	EXCISE EPIPHYSEAL BAR	090	337	363	26	8%	14.75	16.20	1.45	10%	0				3			1				1		
20250	BIOPSY VRT BDY OPEN THORACIC	010	248	255	7	3%	5.19	5.87	0.68	13%	0			1				1				1		
20251	BIOPSY VRT BDY OPEN LMBR/CRV	010	238	245	7	3%	5.72	6.40	0.68	12%	0			1				1				1		
20500	INJECTION OF SINUS TRACT	010	56	58	2	4%	1.28	1.50	0.22	17%	0			1										
30117	REMOVAL OF INTRANASAL LESION	090	133	147	14	11%	3.91	4.68	0.77	20%	0				2							0.5		
30118	REMOVAL OF INTRANASAL LESION	090	211	232	21	10%	7.75	8.85	1.10	14%	0				3							0.5		
58580	TRANSCRV ABLTJ UTRN FIBRD RF	010	153	160	7	5%	7.21	7.65	0.44	6%	0				1							0.5		
15780	DERMABRASION TOTAL FACE	090	244.5	276	31.5	13%	8.73	10.33	1.60	18%	0				4.5							0.5		
15781	DERMABRASION SEGMENTAL FACE	090	144	151	7	5%	5.02	5.79	0.77	15%	0				3.5									
15782	DERMABRASION OTHER THAN FACE	090	123	128	5	4%	4.44	4.99	0.55	12%	0				2.5									
15783	DERMABRASION SUPRFL ANY SITE	090	117	122	5	4%	4.41	4.96	0.55	12%	0				2.5									
15786	ABRASION LESION SINGLE	010	53	55	2	4%	2.08	2.30	0.22	11%	0				1									
15793	CHEMICAL PEEL NONFACIAL	090	175	184	9	5%	3.96	4.95	0.99	25%	0				4.5									
15819	PLASTIC SURGERY NECK	090	316	344	28	9%	10.65	12.08	1.43	13%	0				4							0.5		
15820	REVISION OF LOWER EYELID	090	178.5	203	24.5	14%	6.27	7.43	1.16	18%	0					3.5								
15821	REVISION OF LOWER EYELID	090	191.5	216	24.5	13%	6.84	8.00	1.16	17%	0					3.5								
15822	REVISION OF UPPER EYELID	090	151	158	7	5%	4.62	5.39	0.77	17%	0				3.5									
15823	REVISION OF UPPER EYELID	090	161	174	13	8%	6.81	7.91	1.10	16%	0				3	1						0.5		
15830	EXC SKIN ABD	090	429	455	26	6%	17.11	19.20	2.09	12%	0				2	3		1	1			1		
15832	EXCISE EXCESSIVE SKIN THIGH	090	364	392	28	8%	12.85	14.39	1.54	12%	0					4						1		
15833	EXCISE EXCESSIVE SKIN LEG	090	342	370	28	8%	11.90	13.44	1.54	13%	0					4						1		
15834	EXCISE EXCESSIVE SKIN HIP	090	352	382.5	30.5	9%	12.17	13.83	1.66	14%	0					4			0.5			1		
15835	EXCISE EXCESSIVE SKIN BUTTCK	090	344	374.5	30.5	9%	12.99	14.65	1.66	13%	0					4			0.5			1		
15836	EXCISE EXCESSIVE SKIN ARM	090	302	330	28	9%	10.61	12.04	1.43	13%	0					4						0.5		
15837	EXCISE EXCESS SKIN ARM/HAND	090	239.5	264	24.5	10%	9.55	10.71	1.16	12%	0					3.5								
15838	EXCISE EXCESS SKIN FAT PAD	090	205.5	230	24.5	12%	8.25	9.41	1.16	14%	0					3.5								
15839	EXCISE EXCESS SKIN & TISSUE	090	274.5	299	24.5	9%	10.50	11.77	1.27	12%	0					3.5						0.5		
15840	NERVE PALSY FASCIAL GRAFT	090	443.5	487.5	44	10%	14.99	17.30	2.31	15%	0					4.5			2.5			1		
15841	NERVE PALSY MUSCLE GRAFT	090	769	846	77	10%	25.99	29.87	3.88	15%	0					6			7			1		
15842	NERVE PALSY MICROSURG GRAFT	090	963.5	1051.5	88	9%	41.01	45.42	4.41	11%	0					6.5			8.5			1		
15845	SKIN AND MUSCLE REPAIR FACE	090	460.5	499	38.5	8%	14.32	16.36	2.04	14%	0					5.5						1		
15920	REMOVAL OF TAIL BONE ULCER	090	294	308	14	5%	8.29	9.74	1.45	17%	0				4.5			1				1		

15922	REMOVAL OF TAIL BONE ULCER	090	354	374	20	6%	10.38	12.18	1.80	17%	0	5	2	1
15931	REMOVE SACRUM PRESSURE SORE	090	334	368.5	34.5	10%	10.07	12.38	2.31	23%	0	3.5	5.5	1
15933	REMOVE SACRUM PRESSURE SORE	090	403	441.5	38.5	10%	11.77	14.52	2.75	23%	0	5.5	5.5	1
15934	REMOVE SACRUM PRESSURE SORE	090	441	482.5	41.5	9%	13.68	16.45	2.77	20%	0	4.5	6.5	1
15935	REMOVE SACRUM PRESSURE SORE	090	524	574.5	50.5	10%	15.78	19.23	3.45	22%	0	6.5	7.5	1
15936	REMOVE SACRUM PRESSURE SORE	090	399	432	33	8%	13.16	15.46	2.30	17%	0	4	5	1
15937	REMOVE SACRUM PRESSURE SORE	090	466	505	39	8%	15.14	17.79	2.65	18%	0	4.5	6	1
15940	REMOVE HIP PRESSURE SORE	090	340	376	36	11%	10.20	12.52	2.32	23%	0	3	6	1
15941	REMOVE HIP PRESSURE SORE	090	418	459	41	10%	12.41	15.28	2.87	23%	0	5.5	6	1
15944	REMOVE HIP PRESSURE SORE	090	441	482	41	9%	12.44	15.31	2.87	23%	0	5.5	6	1
15945	REMOVE HIP PRESSURE SORE	090	473	517.5	44.5	9%	13.75	16.85	3.10	23%	0	6	6.5	1
15946	REMOVE HIP PRESSURE SORE	090	650	723.5	73.5	11%	24.12	27.82	3.70	15%	-8		7.5	1
15950	REMOVE THIGH PRESSURE SORE	090	282	302.5	20.5	7%	8.03	9.73	1.70	21%	0	4	2.5	1
15951	REMOVE THIGH PRESSURE SORE	090	389	425	36	9%	11.58	14.21	2.63	23%	0	5.5	5	1
15952	REMOVE THIGH PRESSURE SORE	090	430	468.5	38.5	9%	12.31	15.06	2.75	22%	0	5.5	5.5	1
15953	REMOVE THIGH PRESSURE SORE	090	454	493.5	39.5	9%	13.57	16.43	2.86	21%	0	6	5.5	1
15956	REMOVE THIGH PRESSURE SORE	090	568	621	53	9%	16.79	20.36	3.57	21%	0	6.5	8	1
15958	REMOVE THIGH PRESSURE SORE	090	572	625	53	9%	16.75	20.32	3.57	21%	0	6.5	8	1
17000	DESTRUCT PREMALG LESION	010	23	25	2	9%	0.61	0.83	0.22	36%	0	1		
17004	DESTROY PREMAL LESIONS 15/>>	010	35	37	2	6%	1.37	1.59	0.22	16%	0	1		
17106	DESTRUCTION OF SKIN LESIONS	090	86	95	9	10%	3.69	4.24	0.55	15%	0	1	1	
17107	DESTRUCTION OF SKIN LESIONS	090	112	123	11	10%	4.79	5.56	0.77	16%	0	2	1	
17108	DESTRUCTION OF SKIN LESIONS	090	148	161	13	9%	7.49	8.48	0.99	13%	0	3	1	
17110	DESTRUCT B9 LESION 1-14	010	29	31	2	7%	0.70	0.92	0.22	31%	0	1		
17111	DESTRUCT LESION 15 OR MORE	010	31	33	2	6%	0.97	1.19	0.22	23%	0	1		
17260	DSTRJ MAL LES T/A/L 0.5 CM/<	010	46	48	2	4%	0.96	1.18	0.22	23%	0	1		
17261	DSTRJ MAL LES T/A/L .6-1.0CM	010	47	49	2	4%	1.22	1.44	0.22	18%	0	1		
17262	DSTRJ MAL LES T/A/L 1.1-2.0	010	50	52	2	4%	1.63	1.85	0.22	13%	0	1		
17263	DSTRJ MAL LES T/A/L 2.1-3.0	010	56	58	2	4%	1.84	2.06	0.22	12%	0	1		
17264	DSTRJ MAL LES T/A/L 3.1-4.0	010	64	66	2	3%	1.99	2.21	0.22	11%	0	1		
17266	DSTRJ MAL LES T/A/L >4.0 CM	010	67	69	2	3%	2.39	2.61	0.22	9%	0	1		
17270	DSTR MAL LES S/N/H/F/G .5 /<	010	45	47	2	4%	1.37	1.59	0.22	16%	0	1		
17271	DSTR MAL LES S/N/H/F/G 0.6-1	010	49	51	2	4%	1.54	1.76	0.22	14%	0	1		
17272	DSTR MAL LES S/N/H/F/G 1.1-2	010	52	54	2	4%	1.82	2.04	0.22	12%	0	1		
17273	DSTR MAL LES S/N/H/F/G 2.1-3	010	56	58	2	4%	2.10	2.32	0.22	10%	0	1		
17274	DSTR MAL LES S/N/H/F/G 3.1-4	010	62	64	2	3%	2.64	2.86	0.22	8%	0	1		
17276	DSTR MAL LES S/N/H/F/G >4.0	010	70	72	2	3%	3.25	3.47	0.22	7%	0	1		
17280	DSTR MAL LS F/E/E/N/L/M .5/<	010	45	47	2	4%	1.22	1.44	0.22	18%	0	1		
17281	DSTR MAL LS F/E/E/N/L/M .6-1	010	47	49	2	4%	1.77	1.99	0.22	12%	0	1		
17282	DSTR MAL LS F/E/E/N/L/M1.1-2	010	55	57	2	4%	2.09	2.31	0.22	11%	0	1		
17283	DSTR MAL LS F/E/E/N/L/M2.1-3	010	60	62	2	3%	2.69	2.91	0.22	8%	0	1		
17284	DSTR MAL LS F/E/E/N/L/M3.1-4	010	66	68	2	3%	3.20	3.42	0.22	7%	0	1		
17286	DSTR MAL LS F/E/E/N/L/M>4.0	010	78	80	2	3%	4.48	4.70	0.22	5%	0	1		
17340	CRYOTHERAPY OF SKIN	010	16.5	16.5	0	0%	0.77	0.77	-	0%	-1	0.5		
17360	SKIN PEEL THERAPY	010	29	30	1	3%	1.46	1.57	0.11	8%	0	0.5		
19020	MASTOTOMY EXPL DRG ABSC DP	090	177	183	6	3%	3.83	4.60	0.77	20%	0	3		0.5
19101	BIOPSY OF BREAST OPEN	010	116	118	2	2%	3.23	3.45	0.22	7%	0	1		
19110	NIPPLE EXPLORATION	090	144	150	6	4%	4.44	5.10	0.66	15%	0	3		
19112	EXCISE BREAST DUCT FISTULA	090	137	143	6	4%	3.81	4.47	0.66	17%	0	3		
19120	REMOVAL OF BREAST LESION	090	136	145	9	7%	5.92	6.47	0.55	9%	0	1	1	
19125	EXCISION BREAST LESION	090	196	210	14	7%	6.69	7.35	0.66	10%	0		2	
19296	PLACE PO BREAST CATH FOR RAD	000	119	119	0	0%	3.63	3.74	0.11	3%	0			0.5
19300	REMOVAL OF BREAST TISSUE	090	184	191	7	4%	5.31	6.19	0.88	17%	0	3.5		0.5
19301	PARTIAL MASTECTOMY	090	216	232	16	7%	10.13	11.12	0.99	10%	0	1	2	0.5
65780	OCULAR RECONST TRANSPLANT	090	192	222	30	16%	7.03	8.68	1.65	23%	0	1	4	0.5
25260	REPAIR FOREARM TENDON/MUS	090	215	225	10	5%	8.04	9.25	1.21	15%	0	5		0.5
25263	REPAIR FOREARM TENDON/MUS	090	229	238	9	4%	8.04	9.25	1.21	15%	0	4.5		1
25265	REPAIR FOREARM TENDON/MUS	090	259	268	9	3%	10.10	11.20	1.10	11%	0	4.5		0.5
25270	REPAIR FOREARM TENDON/MUS	090	176	183	7	4%	6.17	7.05	0.88	14%	0	3.5		0.5
25272	REPAIR FOREARM TENDON/MUS	090	189	196	7	4%	7.21	8.09	0.88	12%	0	3.5		0.5
25274	REPAIR FOREARM TENDON/MUS	090	242	250	8	3%	8.94	9.93	0.99	11%	0	4		0.5
25275	REPAIR FOREARM TENDON SHEA	090	223	236	13	6%	8.96	10.06	1.10	12%	0	3	1	0.5
25280	REVISE WRIST/FOREARM TENDON	090	195	202	7	4%	7.39	8.27	0.88	12%	0	3.5		0.5
25290	INCISE WRIST/FOREARM TENDON	090	164	170	6	4%	5.43	6.20	0.77	14%	0	3		0.5
25295	RELEASE WRIST/FOREARM TENDON	090	191	198	7	4%	6.72	7.60	0.88	13%	0	3.5		0.5
25300	FUSION OF TENDONS AT WRIST	090	247	256	9	4%	9.02	10.12	1.10	12%	0	4.5		0.5
25301	FUSION OF TENDONS AT WRIST	090	235	243	8	3%	8.59	9.58	0.99	12%	0	4		0.5
26235	PARTIAL REMOVAL FINGER BONE	090	185	191	6	3%	6.33	7.21	0.88	14%	0	3		1
26236	PARTIAL REMOVAL FINGER BONE	090	171	177	6	4%	5.46	6.34	0.88	16%	0	3		1
20520	REMOVAL OF FOREIGN BODY	010	65	67	2	3%	1.90	2.12	0.22	12%	0	1		
20525	REMOVAL OF FOREIGN BODY	010	136	138	2	1%	3.54	3.87	0.33	9%	0	1		0.5
20615	TREATMENT OF BONE CYST	010	88	90	2	2%	2.33	2.55	0.22	9%	0	1		
20650	INSERT AND REMOVE BONE PIN	010	114	116	2	2%	2.28	2.61	0.33	14%	0	1		0.5

















45126	PELVIC EXENTERATION	090	755	776	21	3%	49.10	52.30	3.20	7%	-2			1	2	1		2	2	2	1		2
45130	EXCISION OF RECTAL PROLAPSE	090	520	535	15	3%	18.50	20.88	2.38	13%	0			1	2			2	2	1	1		
45135	EXCISION OF RECTAL PROLAPSE	090	735	761	26	4%	22.36	25.80	3.44	15%	-2			1	2	1		3	2	2	1		
45136	EXCISE ILEOANAL RESERVIOR	090	783	795	12	2%	30.82	34.11	3.29	11%	-2			2	1	1		2	3	2	1		1
45150	EXCISION OF RECTAL STRICTURE	090	184	191.5	7.5	4%	5.85	6.74	0.89	15%	0			2.5				0.5			1		
45160	EXCISION OF RECTAL LESION	090	342	370	28	8%	16.33	18.00	1.67	10%	-2			1	1	1		2			1		
45171	EXC RECT TUM TRANSANAL PART	090	209	225	16	8%	8.13	9.12	0.99	12%	0			1	2						0.5		
45172	EXC RECT TUM TRANSANAL FULL	090	290	311	21	7%	12.13	13.47	1.34	11%	0			1	2			1			1		
45190	DESTRUCTION RECTAL TUMOR	090	266	282	16	6%	10.42	11.41	0.99	10%	0			1	2						0.5		
67110	REPAIR DETACHED RETINA	090	196	238	42	21%	10.25	12.23	1.98	19%	0				6								
67113	REPAIR RETINAL DETACH CPLX	090	348	390	42	12%	19.00	21.09	2.09	11%	0				6						0.5		
67227	DSTRJ EXTENSIVE RETINOPATHY	010	93	100	7	8%	3.50	3.94	0.44	13%	0				1						0.5		
67228	TREATMENT X10SV RETINOPATHY	010	81	88	7	9%	4.39	4.72	0.33	8%	0				1								
26356	REPAIR FINGER/HAND TENDON	090	277	299	22	8%	9.56	11.21	1.65	17%	0			4	2						0.5		
26357	REPAIR FINGER/HAND TENDON	090	302	324	22	7%	11.00	12.65	1.65	15%	0			4	2						0.5		
45395	LAP REMOVAL OF RECTUM	090	645	669	24	4%	33.00	35.80	2.80	8%	-2			1	2	1		2	2	1	1		
45397	LAP REMOVE RECTUM W/POUCH	090	675	699	24	4%	36.50	39.30	2.80	8%	-2			1	2	1		2	2	1	1		
45400	LAPAROSCOPIC PROC	090	410	437	27	7%	19.44	21.46	2.02	10%	0			1	2			3	1		1		
45402	LAP PROCTOPEXY W/SIG RESECT	090	470	483	13	3%	26.51	28.25	1.74	7%	0			1	2			1	2		1		
45500	REPAIR OF RECTUM	090	266	284.5	18.5	7%	7.73	9.21	1.48	19%	0			3				2.5		3	1		
45505	REPAIR OF RECTUM	090	300.5	318.5	18	6%	8.36	9.44	1.08	13%	-2			1	1	1					0.5		
26358	REPAIR/GRAFT HAND TENDON	090	327	349	22	7%	12.60	14.25	1.65	13%	0			4	2						0.5		
45540	CORRECT RECTAL PROLAPSE	090	481.5	493.5	12	2%	18.12	20.08	1.96	11%	0				2			2	3		1		
45541	CORRECT RECTAL PROLAPSE	090	420	433	13	3%	14.85	16.59	1.74	12%	0			1	2			1	2		1		
45550	REPAIR RECTUM/REMOVE SIGMO	090	540	568	28	5%	24.80	27.26	2.46	10%	0			1	2			4	2		1		
45560	REPAIR OF RECTOCELE	090	367	382	15	4%	11.50	12.95	1.45	13%	0			1	1			2	1		1		
45562	EXPLORATION/REPAIR OF RECTUM	090	561	575	14	2%	17.98	20.98	3.00	17%	0			2	2			2	2	2	1		
45563	EXPLORATION/REPAIR OF RECTUM	090	636	646	10	2%	26.38	29.58	3.20	12%	0			2	2			2	3	2	2	1	
45800	REPAIR RECT/BLADDER FISTULA	090	570	582	12	2%	20.31	23.09	2.78	14%	0			1	2			2	2	2	1		
45805	REPAIR FISTULA W/COLOSTOMY	090	595	607	12	2%	23.32	26.10	2.78	12%	0			1	2			2	2	2	1		
45820	REPAIR RECTOURETHRAL FISTULA	090	480	494	14	3%	20.37	22.55	2.18	11%	0			1	2			2	3		1		
45825	REPAIR FISTULA W/COLOSTOMY	090	646	656	10	2%	24.17	27.37	3.20	13%	0			2	2			2	3	2	1		
45900	REDUCTION OF RECTAL PROLAPS	010	219	217	-2	-1%	2.99	3.63	0.64	21%	0			1					1		1		
45905	DILATION OF ANAL SPHINCTER	010	130	132	2	2%	2.35	2.68	0.33	14%	0			1							0.5		
45910	DILATION OF RECTAL NARROWIN	010	130	132	2	2%	2.85	3.18	0.33	12%	0			1							0.5		
45915	REMOVE RECTAL OBSTRUCTION	010	145	147	2	1%	3.19	3.52	0.33	10%	0			1							0.5		
46040	INCISION OF RECTAL ABSCESS	090	184	195	11	6%	5.37	6.25	0.88	16%	0			2	1						0.5		
46045	INCISION OF RECTAL ABSCESS	090	197	206	9	5%	5.87	6.64	0.77	13%	0			1	1						1		
46050	INCISION OF ANAL ABSCESS	010	59	61	2	3%	1.24	1.46	0.22	18%	0			1									
46060	INCISION OF RECTAL ABSCESS	090	201	217	16	8%	6.37	7.36	0.99	16%	0			1	2						0.5		
46070	INCISION OF ANAL SEPTUM	090	74	77	3	4%	2.79	3.12	0.33	12%	0			1.5									
46080	INCISION OF ANAL SPHINCTER	010	99	100	1	1%	2.52	2.74	0.22	9%	0			0.5							0.5		
46083	INCISE EXTERNAL HEMORRHOID	010	51	53	2	4%	1.45	1.67	0.22	15%	0			1									
46200	REMOVAL OF ANAL FISSURE	090	171	178	7	4%	3.59	4.47	0.88	25%	0			3.5							0.5		
46220	EXCISE ANAL EXT TAG/PAPILLA	010	67	69	2	3%	1.61	1.83	0.22	14%	0			1									
46221	LIGATION OF HEMORRHOID(S)	010	68	75	7	10%	2.36	2.69	0.33	14%	0				1								
46230	REMOVAL OF ANAL TAGS	010	74	76	2	3%	2.62	2.84	0.22	8%	0			1									
46250	REMOVE EXT HEM GROUPS 2+	090	188	197	9	5%	4.25	4.91	0.66	16%	0			1	1						0.5		
46255	REMOVE INT/EXT HEM 1 GROUP	090	193	202	9	5%	4.96	5.62	0.66	13%	0			1	1						0.5		
46257	REMOVE IN/EX HEM GRP & FISS	090	203	212	9	4%	5.76	6.42	0.66	11%	0			1	1						0.5		
46258	REMOVE IN/EX HEM GRP W/FIST	090	241	257	16	7%	6.41	7.40	0.99	15%	0			1	2						0.5		
46260	REMOVE IN/EX HEM GROUPS 2+	090	208	217	9	4%	6.73	7.39	0.66	10%	0			1	1						0.5		
46261	REMOVE IN/EX HEM GRPS & FISS	090	241	257	16	7%	7.76	8.75	0.99	13%	0			1	2						0.5		
46262	REMOVE IN/EX HEM GRPS W/FIS	090	179	190	11	6%	7.91	8.79	0.88	11%	0			2	1						0.5		
33269	EXCL LAA THRSCP ANY METHOD	090	323	323	0	0%	14.31	15.46	1.15	8%	0				1				1	1	1		
46270	REMOVE ANAL FIST SUBQ	090	169	180	11	7%	4.92	5.80	0.88	18%	0			2	1						0.5		
46275	REMOVE ANAL FIST INTER	090	184	195	11	6%	5.42	6.30	0.88	16%	0			2	1						0.5		
46280	REMOVE ANAL FIST COMPLEX	090	199	210	11	6%	6.39	7.27	0.88	14%	0			2	1						0.5		
46285	REMOVE ANAL FIST 2 STAGE	090	184	195	11	6%	5.42	6.30	0.88	16%	0			2	1						0.5		
46288	REPAIR ANAL FISTULA	090	236	252	16	7%	7.81	8.80	0.99	13%	0			1	2						0.5		
46320	REMOVAL OF HEMORRHOID CLOS	010	55	56	1	2%	1.64	1.75	0.11	7%	0			0.5									
46505	CHEMODENERVATION ANAL MUS	010	102	109	7	7%	3.18	3.62	0.44	14%	0				1						0.5		
66170	GLAUCOMA SURGERY	090	278	321	43	15%	13.94	16.58	2.64	19%	0			4	5						0.5		
66172	INCISION OF EYE	090	325	372	47	14%	14.84	17.92	3.08	21%	0			6	5						0.5		
46700	REPAIR OF ANAL STRICTURE	090	283.5	299.5	16	6%	9.81	10.80	0.99	10%	0			1	2						0.5		
46705	REPAIR OF ANAL STRICTURE	090	277	299	22	8%	7.43	9.14	1.71	23%	0			3.5				3			1		
46706	REPR OF ANAL FISTULA W/GLUE	010	100	102	2	2%	2.44	2.77	0.33	14%	0			1							0.5		
46707	REPAIR ANORECTAL FIST W/PLUG	090	187	198	11	6%	6.39	7.27	0.88	14%	0			2	1						0.5		
46710	REPR PER/VAG POUCH SNGL PROC	090	370	387	17	5%	17.14	18.68	1.54	9%	0			1	2			1	1		1		
46712	REPR PER/VAG POUCH DBL PROC	090	670	677	7	1%	36.45	38.99	2.54	7%	0			1	2			1	2	2	1		
46715	REP PERF ANOPER FISTU	090	265	282.5	17.5	7%	7.62	8.99	1.37	18%	0			2.5				2.5			1		
33951	ECMO/ECLS INSJ PRPH CANNULA	000	170	175	5	3%	8.15	8.39	0.24	3%	0							1					
33952	ECMO/ECLS INSJ PRPH CANNULA	000	158	163	5	3%	8.15	8.39	0.24	3%	0							1					











47610	REMOVAL OF GALLBLADDER	090	512	512	0	0%	20.92	23.13	2.21	11%	0			1	1			1	2	2	1		
47612	REMOVAL OF GALLBLADDER	090	597	593	-4	-1%	21.21	23.62	2.41	11%	0			1	1			1	3	2	1		
47620	REMOVAL OF GALLBLADDER	090	627	623	-4	-1%	23.07	25.48	2.41	10%	0			1	1			1	3	2	1		
47700	EXPLORATION OF BILE DUCTS	090	456	493	37	8%	16.50	18.93	2.43	15%	0			3.5				6			1		
47701	BILE DUCT REVISION	090	498	537.5	39.5	8%	28.73	31.28	2.55	9%	0			3.5				6.5			1		
47711	EXCISION OF BILE DUCT TUMOR	090	670	678	8	1%	25.90	28.88	2.98	12%	0			1	2			2	3	2	1		
47712	EXCISION OF BILE DUCT TUMOR	090	790	803	13	2%	33.72	36.94	3.22	10%	0			1	2			3	3	2	1		1
47715	EXCISION OF BILE DUCT CYST	090	650	653	3	0%	21.55	24.29	2.74	13%	0			1	2			1	3	2	1		
47720	FUSE GALLBLADDER & BOWEL	090	520	527	7	1%	18.34	20.88	2.54	14%	0			1	2			1	2	2	1		
47721	FUSE UPPER GI STRUCTURES	090	610	618	8	1%	21.99	24.97	2.98	14%	0			1	2			2	3	2	1		
47740	FUSE GALLBLADDER & BOWEL	090	590	593	3	1%	21.23	23.97	2.74	13%	0			1	2			1	3	2	1		
47741	FUSE GALLBLADDER & BOWEL	090	640	648	8	1%	24.21	27.19	2.98	12%	0			1	2			2	3	2	1		
47760	FUSE BILE DUCTS AND BOWEL	090	759	783	24	3%	38.32	41.54	3.22	8%	-2				2	1		3	2	2	1		1
47765	FUSE LIVER DUCTS & BOWEL	090	882	911	29	3%	52.19	55.65	3.46	7%	-2				2	1		4	2	2	1		1
47780	FUSE BILE DUCTS AND BOWEL	090	799	823	24	3%	42.32	45.54	3.22	8%	-2				2	1		3	2	2	1		1
47785	FUSE BILE DUCTS AND BOWEL	090	939	968	29	3%	56.19	59.65	3.46	6%	-2				2	1		4	2	2	1		1
47800	RECONSTRUCTION OF BILE DUCTS	090	652.5	660.5	8	1%	26.17	29.15	2.98	11%	0			1	2			2	3	2	1		
47801	PLACEMENT BILE DUCT SUPPORT	090	525	532	7	1%	17.60	20.14	2.54	14%	0			1	2			1	2	2	1		
47802	FUSE LIVER DUCT & INTESTINE	090	705	713	8	1%	24.93	27.91	2.98	12%	0			1	2			2	3	2	1		1
47900	SUTURE BILE DUCT INJURY	090	570	582	12	2%	22.44	25.22	2.78	12%	0			1	2			2	2	2	1		
48000	DRAINAGE OF ABDOMEN	090	743	751	8	1%	31.95	34.93	2.98	9%	0			1	2			2	3	2	1		2
48001	PLACEMENT OF DRAIN PANCREAS	090	815.5	815.5	0	0%	39.69	42.83	3.14	8%	0			1	2			1	3	3	1		2
48020	REMOVAL OF PANCREATIC STONE	090	678	686	8	1%	19.09	22.07	2.98	16%	0			1	2			2	3	2	1		1
48100	BIOPSY OF PANCREAS OPEN	090	497.5	502.5	5	1%	14.46	16.91	2.45	17%	0			1	1			2	2	2	1		
48102	NEEDLE BIOPSY PANCREAS	010	120	121	1	1%	4.70	4.92	0.22	5%	0			0.5							0.5		
48105	RESECT/DEBRIDE PANCREAS	090	1220	1250.5	30.5	2%	49.26	55.18	5.92	12%	-2			1	2	1		7.5	5	4	1		3
48120	REMOVAL OF PANCREAS LESION	090	595	596	1	0%	18.41	21.06	2.65	14%	0			1	1			2	3	2	1		
48140	PARTIAL REMOVAL OF PANCREAS	090	725	733	8	1%	26.32	29.30	2.98	11%	0			1	2			2	3	2	1		1
48145	PARTIAL REMOVAL OF PANCREAS	090	762.5	770.5	8	1%	27.39	30.37	2.98	11%	0			1	2			2	3	2	1		1
48146	PANCREATECTOMY	090	893	908	15	2%	30.60	33.91	3.31	11%	0			1	3			2	3	2	1		2
48148	REMOVAL OF PANCREATIC DUCT	090	700	712	12	2%	20.39	23.17	2.78	14%	0			1	2			2	2	2	1		1
48150	PARTIAL REMOVAL OF PANCREAS	090	1110	1133	23	2%	52.84	56.92	4.08	8%	-2			1	2	1		4	4	2	1		2
48152	PANCREATECTOMY	090	1063	1085	22	2%	48.65	52.84	4.19	9%	0			1	3			4	3	3	1		2
48153	PANCREATECTOMY	090	1078	1100	22	2%	52.79	56.98	4.19	8%	0			1	3			4	3	3	1		2
48154	PANCREATECTOMY	090	1033	1050	17	2%	48.88	52.83	3.95	8%	0			1	3			3	3	3	1		2
48155	REMOVAL OF PANCREAS	090	1043	1060	17	2%	29.45	33.40	3.95	13%	0			1	3			3	3	3	1		2
48500	SURGERY OF PANCREATIC CYST	090	603	611	8	1%	18.16	21.14	2.98	16%	0			1	2			2	3	2	1		
48510	DRAIN PANCREATIC PSEUDOCYST	090	580.5	588.5	8	1%	17.19	20.17	2.98	17%	0			1	2			2	3	2	1		
48520	FUSE PANCREAS CYST AND BOWEL	090	580	581	1	0%	18.15	20.80	2.65	15%	0			1	1			2	3	2	1		
48540	FUSE PANCREAS CYST AND BOWEL	090	560	565	5	1%	21.94	24.39	2.45	11%	0			1	1			2	2	2	1		
48545	PANCREATORRHAPHY	090	773	782	9	1%	22.23	25.41	3.18	14%	0			1	2			2	2	3	1		2
48547	DUODENAL EXCLUSION	090	903	912	9	1%	30.38	33.56	3.18	10%	0			1	2			2	2	3	1		3
48548	FUSE PANCREAS AND BOWEL	090	765	773	8	1%	28.09	31.07	2.98	11%	0			1	2			2	3	2	1		1
48554	TRANSPL ALLOGRAFT PANCREAS	090	1237	1337	100	8%	37.80	42.45	4.65	12%	-9				4	3	3						
48556	REMOVAL ALLOGRAFT PANCREAS	090	952	1011	59	6%	19.47	24.06	4.59	24%	-2				3	1		9	4		1		
49000	EXPLORATION OF ABDOMEN	090	304	328	24	8%	12.54	13.90	1.36	11%	0				2			2			1		
49002	REOPENING OF ABDOMEN	090	437	450	13	3%	17.63	19.92	2.29	13%	0			1	1			3	2	1	1		
49010	EXPLORATION BEHIND ABDOMEN	090	357	377	20	6%	16.06	17.75	1.69	11%	0			1	1			3	1		1		
49020	DRAINAGE ABDOM ABSCESS OPEN	090	710	746	36	5%	26.67	30.59	3.92	15%	-2			1	2	1		5	2	2	1		1
49040	DRAIN OPEN ABDOM ABSCESS	090	603	601	-2	0%	16.52	19.15	2.63	16%	0			2	1			1	3	2	1		1
49060	DRAIN OPEN RETROPERI ABSCESS	090	563	565	2	0%	18.53	20.96	2.43	13%	0			2	1			1	2	2	1		1
49062	DRAIN TO PERITONEAL CAVITY	090	334	358	24	7%	12.22	13.58	1.36	11%	0				2			2			1		
49203	EXC ABD TUM 5 CM OR LESS	090	420	447	27	6%	20.13	22.15	2.02	10%	0			1	2			3	1		1		
49204	EXC ABD TUM OVER 5 CM	090	511	548	37	7%	26.13	28.63	2.50	10%	0			1	2			5	1		1		
49205	EXC ABD TUM OVER 10 CM	090	645	670	25	4%	30.13	32.99	2.86	9%	0			1	2			4	2	1	1		
49215	EXCISE SACRAL SPINE TUMOR	090	855	859	4	0%	37.81	40.62	2.81	7%	0				3				2	3	1		2
49250	EXCISION OF UMBILICUS	090	292	319.5	27.5	9%	9.01	10.86	1.85	21%	0			2.5				4.5			1		
49255	REMOVAL OF OMENTUM	090	345	386	41	12%	12.56	14.73	2.17	17%	0				3			4			1		
49320	DIAG LAPARO SEPARATE PROC	010	157	164	7	4%	5.14	5.58	0.44	9%	0				1						0.5		
49321	LAPAROSCOPY BIOPSY	010	201	213	12	6%	5.44	6.23	0.79	15%	0				1			1			1		
49322	LAPAROSCOPY ASPIRATION	010	133	140	7	5%	6.01	6.34	0.33	5%	0				1								
49323	LAPARO DRAIN LYMPHOCELE	090	299	318	19	6%	10.23	11.35	1.12	11%	0				2			1			1		
49324	LAP INSERT TUNNEL IP CATH	010	162	169	7	4%	6.32	6.76	0.44	7%	0				1						0.5		
49325	LAP REVISION PERM IP CATH	010	162	169	7	4%	6.82	7.26	0.44	6%	0				1						0.5		
49402	REMOVE FOREIGN BODY ADBOM	090	422	421	-1	0%	14.09	16.10	2.01	14%	0			1	1			1	3	1	1		
49419	INSERT TUN IP CATH W/PORT	090	231	243	12	5%	7.08	7.87	0.79	11%	0				1			1			1		
49425	INSERT ABDOMEN-VENOUS DRAIN	090	367	403	36	10%	12.22	14.54	2.32	19%	0			3				6			1		
49426	REVISE ABDOMEN-VENOUS SHUNT	090	330	362.5	32.5	10%	10.41	12.50	2.09	20%	0			2.5				5.5			1		
49428	LIGATION OF SHUNT	010	239.5	249.5	10	4%	6.87	8.08	1.21	18%	0			1	1			1	1		1		
49429	REMOVAL OF SHUNT	010	317	349	32	10%	7.44	9.32	1.88	25%	0							6			1		
26262	RESECT DISTAL FINGER TUMOR	090	212	230	18	8%	8.29	9.37	1.08	13%	-2			1	1	1					0.5		
26320	REMOVAL OF IMPLANT FROM HAND	090	150	155	5	3%	4.10	4.76	0.66	16%	0			2.5							0.5		
26340	MANIPULATE FINGER W/ANESTH	090	170	182	12	7%	2.80	4.23	1.43	51%	0			6							0.5		





22214	INCIS 1 VERTEBRAL SEG LUMBAR	090	624	694	70	11%	21.02	24.57	3.55	17%	0				5			7			1		
25230	PARTIAL REMOVAL OF RADIUS	090	190	196	6	3%	5.37	6.25	0.88	16%	0				3						1		
25240	PARTIAL REMOVAL OF ULNA	090	176	182	6	3%	5.31	6.08	0.77	15%	0				3						0.5		
25248	REMOVE FOREARM FOREIGN BO	090	163	170	7	4%	5.31	6.08	0.77	15%	0				3.5								
25250	REMOVAL OF WRIST PROSTHESIS	090	205	212	7	3%	6.77	7.65	0.88	13%	0				3.5						0.5		
25251	REMOVAL OF WRIST PROSTHESIS	090	300	310.5	10.5	3%	9.82	11.04	1.22	12%	0				4			0.5			1		
25259	MANIPULATE WRIST W/ANESTHE	090	201	213	12	6%	4.04	5.47	1.43	35%	0				6						0.5		
26350	REPAIR FINGER/HAND TENDON	090	180	189	9	5%	6.21	7.20	0.99	16%	0				4.5								
26352	REPAIR/GRAFT HAND TENDON	090	258	266	8	3%	7.87	8.97	1.10	14%	0				4						1		
26370	REPAIR FINGER/HAND TENDON	090	221	228	7	3%	7.28	8.27	0.99	14%	0				3.5						1		
26372	REPAIR/GRAFT HAND TENDON	090	278	288.5	10.5	4%	9.01	10.23	1.22	14%	0				4			0.5			1		
26373	REPAIR FINGER/HAND TENDON	090	258	268.5	10.5	4%	8.41	9.63	1.22	15%	0				4			0.5			1		
26390	REVISE HAND/FINGER TENDON	090	220	228	8	4%	9.43	10.53	1.10	12%	0				4						1		
26392	REPAIR/GRAFT HAND TENDON	090	254	264.5	10.5	4%	10.50	11.72	1.22	12%	0				4			0.5			1		
26410	REPAIR HAND TENDON	090	162	168	6	4%	4.77	5.54	0.77	16%	0				3						0.5		
26412	REPAIR/GRAFT HAND TENDON	090	215	222	7	3%	6.48	7.47	0.99	15%	0				3.5						1		
26415	EXCISION HAND/FINGER TENDON	090	191	198	7	4%	8.51	9.39	0.88	10%	0				3.5						0.5		
26416	GRAFT HAND OR FINGER TENDON	090	216	224	8	4%	9.56	10.55	0.99	10%	0				4						0.5		
26418	REPAIR FINGER TENDON	090	153	162	9	6%	4.47	5.46	0.99	22%	0				4.5								
26420	REPAIR/GRAFT FINGER TENDON	090	224	231	7	3%	6.94	7.93	0.99	14%	0				3.5						1		
26426	REPAIR FINGER/HAND TENDON	090	190	197	7	4%	6.32	7.20	0.88	14%	0				3.5						0.5		
26428	REPAIR/GRAFT FINGER TENDON	090	218	226	8	4%	7.40	8.39	0.99	13%	0				4						0.5		
26432	REPAIR FINGER TENDON	090	134	140	6	4%	4.16	4.82	0.66	16%	0				3								
26433	REPAIR FINGER TENDON	090	148	154	6	4%	4.70	5.36	0.66	14%	0				3								
26434	REPAIR/GRAFT FINGER TENDON	090	190	197	7	4%	6.26	7.14	0.88	14%	0				3.5						0.5		
26437	REALIGNMENT OF TENDONS	090	183	190	7	4%	5.99	6.87	0.88	15%	0				3.5						0.5		
26440	RELEASE PALM/FINGER TENDON	090	162	168	6	4%	5.16	5.93	0.77	15%	0				3						0.5		
26442	RELEASE PALM & FINGER TENDON	090	280	315	35	13%	9.75	11.40	1.65	17%	0					5							
26445	RELEASE HAND/FINGER TENDON	090	137	143	6	4%	4.45	5.11	0.66	15%	0				3								
26449	RELEASE FOREARM/HAND TENDON	090	275	310	35	13%	8.59	10.24	1.65	19%	0					5							
26450	INCISION OF PALM TENDON	090	111	116	5	5%	3.79	4.34	0.55	15%	0				2.5								
26455	INCISION OF FINGER TENDON	090	113	118	5	4%	3.76	4.31	0.55	15%	0				2.5								
24160	RMVL PROSTHHUMRL&ULNAR C	090	405	429	24	6%	18.63	20.50	1.87	10%	0				1	3		1	1		1		
24164	REMOVAL PROSTH RADIAL HEAD	090	228	249	21	9%	10.00	11.10	1.10	11%	0					3					0.5		
24200	RMVL FB UPPER ARM/ELBW SUB	010	68	70	2	3%	1.81	2.03	0.22	12%	0				1								
24201	RMVL FB UPPER ARM/ELBW DEE	090	164	170	6	4%	4.70	5.47	0.77	16%	0				3						0.5		
24300	MNPJ ELBOW UNDER ANES	090	205	217	12	6%	4.04	5.47	1.43	35%	0				6						0.5		
24301	MUSC/TDN TRANSFER UPR A/E 1	090	266	274	8	3%	10.38	11.48	1.10	11%	0				4						1		
24305	TENDON LNGTH UPR A/E EA TDN	090	209	216	7	3%	7.62	8.50	0.88	12%	0				3.5						0.5		
24310	TNOT OPN ELBW TO SHO EA TDN	090	171	177	6	4%	6.12	6.89	0.77	13%	0				3						0.5		
24320	TENOPLASTY ELBOW TO SHO 1	090	304	317	13	4%	10.86	12.20	1.34	12%	0				4			1			1		
24330	FLEXOR-PLASTY ELBOW	090	263	271	8	3%	9.79	10.89	1.10	11%	0				4						1		
24331	FLEXOR-PLASTY ELBW W/ADVMN	090	303	316	13	4%	10.95	12.29	1.34	12%	0				4			1			1		
33957	ECMO/ECLS REPOS PERPH CNULA	000	130	135	5	4%	3.51	3.75	0.24	7%	0							1					
33958	ECMO/ECLS REPOS PERPH CNULA	000	118	123	5	4%	3.51	3.75	0.24	7%	0							1					
33959	ECMO/ECLS REPOS PERPH CNULA	000	130	135	5	4%	4.47	4.71	0.24	5%	0							1					
33962	ECMO/ECLS REPOS PERPH CNULA	000	118	123	5	4%	4.47	4.71	0.24	5%	0							1					
33963	ECMO/ECLS REPOS PERPH CNULA	000	183	180	-3	-2%	9.00	9.40	0.40	4%	0										1		
33964	ECMO/ECLS REPOS PERPH CNULA	000	195	192	-3	-2%	9.50	9.90	0.40	4%	0										1		
33965	ECMO/ECLS RMVL PERPH CANNUL	000	130	135	5	4%	3.51	3.75	0.24	7%	0							1					
33966	ECMO/ECLS RMVL PRPH CANNUL	000	133	138	5	4%	4.50	4.74	0.24	5%	0							1					
33969	ECMO/ECLS RMVL PERPH CANNUL	000	163	159	-4	-2%	5.22	5.42	0.20	4%	0									1			
33971	AORTIC CIRCULATION ASSIST	090	494	518	24	5%	11.99	13.35	1.36	11%	-2					1		3			1		3
33974	REMOVE INTRA-AORTIC BALLOON	090	314	333	19	6%	15.03	16.15	1.12	7%	0					2			1		1		
33984	ECMO/ECLS RMVL PRPH CANNUL	000	153	149	-4	-3%	5.46	5.66	0.20	4%	0									1			
33985	ECMO/ECLS RMVL CTR CANNULA	000	200	197	-3	-2%	9.89	10.29	0.40	4%	0										1		
33986	ECMO/ECLS RMVL CTR CANNULA	000	205	202	-3	-1%	10.00	10.40	0.40	4%	0										1		
33988	INSERTION OF LEFT HEART VENT	000	250	250	0	0%	15.00	15.00	-	0%	0												1
33989	REMOVAL OF LEFT HEART VENT	000	205	202	-3	-1%	9.50	9.90	0.40	4%	0										1		
34001	REMOVAL OF ARTERY CLOT	090	384	386	2	1%	17.88	19.36	1.48	8%	0					2				3		1	
34051	REMOVAL OF ARTERY CLOT	090	594	636.5	42.5	7%	16.99	19.56	2.57	15%	0				2.5				7.5		1		1.5
34101	REMOVAL OF ARTERY CLOT	090	322	337	15	5%	10.93	12.38	1.45	13%	0				1	1			2	1		1	
34111	REMOVAL OF ARM ARTERY CLOT	090	307	322	15	5%	10.93	12.38	1.45	13%	0				1	1			2	1		1	
34151	REMOVAL OF ARTERY CLOT	090	508	531	23	5%	26.52	28.87	2.35	9%	0				2	1			4	2		1	
34201	REMOVAL OF ARTERY CLOT	090	422	438	16	4%	19.48	21.24	1.76	9%	0					2			2	2		1	
34203	REMOVAL OF LEG ARTERY CLOT	090	413	440	27	7%	17.86	19.88	2.02	11%	0				1	2			3	1		1	
34401	REMOVAL OF VEIN CLOT	090	503	526	23	5%	26.52	28.87	2.35	9%	0				2	1			4	2		1	
34421	REMOVAL OF VEIN CLOT	090	412	428	16	4%	13.37	15.26	1.89	14%	0				1	1			3	2		1	
34451	REMOVAL OF VEIN CLOT	090	533	556	23	4%	28.52	30.87	2.35	8%	0				2	1			4	2		1	
34471	REMOVAL OF VEIN CLOT	090	453	475	22	5%	21.11	23.02	1.91	9%	0				2	1			3	1		1	
34490	REMOVAL OF VEIN CLOT	090	367	387	20	5%	10.91	12.60	1.69	15%	0				1	1			3	1		1	
34501	REPAIR VALVE FEMORAL VEIN	090	393	405	12	3%	16.85	18.28	1.43	8%	0				2	1			1	1		1	
34502	RECONSTRUCT VENA CAVA	090	741	796	55	7%	28.07	30.90	2.83	10%	-4					1	2			6		1	



34510	TRANSPOSITION OF VEIN VALVE	090	448	465	17	4%	19.91	21.58	1.67	8%	0			2	1			2	1			1		
34520	CROSS-OVER VEIN GRAFT	090	443	465	22	5%	19.18	20.96	1.78	9%	0			1	2			2	1			1		
34530	LEG VEIN FUSION	090	436	460	24	6%	17.93	19.93	2.00	11%	0			2	2			2	1			1		
34830	OPEN AORTIC TUBE PROSTH REPR	090	665	682	17	3%	35.23	38.25	3.02	9%	0			1	2			3	2	2		1		
34831	OPEN AORTOILIAC PROSTH REPR	090	690	707	17	2%	37.98	41.00	3.02	8%	0			1	2			3	2	2		1		
34832	OPEN AORTOFEMOR PROSTH REPR	090	710	727	17	2%	37.98	41.00	3.02	8%	0			1	2			3	2	2		1		
35001	REPAIR DEFECT OF ARTERY	090	568	617.5	49.5	9%	20.81	23.84	3.03	15%	0							3.5				1		
35002	REPAIR ARTERY RUPTURE NECK	090	592	644	52	9%	22.23	25.38	3.15	14%	0							3.5				1		
35005	REPAIR DEFECT OF ARTERY	090	551	600.5	49.5	9%	19.29	22.32	3.03	16%	0							3.5				1		
35011	REPAIR DEFECT OF ARTERY	090	357	376	19	5%	18.58	19.83	1.25	7%	0				1	1			2				1	
35013	REPAIR ARTERY RUPTURE ARM	090	433	455	22	5%	23.23	25.01	1.78	8%	0					2			2	1			1	
35021	REPAIR DEFECT OF ARTERY	090	745	797.5	52.5	7%	22.17	25.22	3.05	14%	0							2.5				1		2.5
35022	REPAIR ARTERY RUPTURE CHEST	090	764	816.5	52.5	7%	25.70	28.75	3.05	12%	0							2.5				1		2.5
35045	REPAIR DEFECT OF ARM ARTERY	090	329	342	13	4%	18.01	18.91	0.90	5%	0							0.5	1			1		
35081	REPAIR DEFECT OF ARTERY	090	677	693	16	2%	33.53	35.80	2.27	7%	-2							1	1	1		1		1
35082	REPAIR ARTERY RUPTURE AORTA	090	792	810	18	2%	42.09	45.00	2.91	7%	-2							1	1	1		3	3	1
35091	REPAIR DEFECT OF ARTERY	090	790	845	55	7%	35.35	38.21	2.86	8%	0											11		1
35092	REPAIR ARTERY RUPTURE AORTA	090	1172	1179	7	1%	50.97	54.44	3.47	7%	-2											2	3	3
35102	REPAIR DEFECT OF ARTERY	090	732	748	16	2%	36.53	38.80	2.27	6%	-2											1	1	1
35103	REPAIR ARTERY RUPTURE AORTA	090	740	764	24	3%	43.62	46.28	2.66	6%	0											2	3	1
35111	REPAIR DEFECT OF ARTERY	090	483	496	13	3%	26.28	28.15	1.87	7%	0											2	2	1
35112	REPAIR ARTERY RUPTURE SPLEEN	090	690	708	18	3%	32.57	34.55	1.98	6%	0											1	2	2
35121	REPAIR DEFECT OF ARTERY	090	563	586	23	4%	31.52	33.87	2.35	7%	0											2	2	1
35122	REPAIR ARTERY RUPTURE BELLY	090	770	784	14	2%	37.89	40.07	2.18	6%	0											2	3	1
35131	REPAIR DEFECT OF ARTERY	090	528	546	18	3%	26.40	28.51	2.11	8%	0											2	1	1
35132	REPAIR ARTERY RUPTURE GROIN	090	655	673	18	3%	32.57	34.55	1.98	6%	0											1	2	2
35141	REPAIR DEFECT OF ARTERY	090	427	442	15	4%	20.91	22.36	1.45	7%	0											1	1	1
35142	REPAIR ARTERY RUPTURE THIGH	090	555	582	27	5%	25.16	27.18	2.02	8%	0											3	1	1
35151	REPAIR DEFECT OF ARTERY	090	473	495	22	5%	23.72	25.63	1.91	8%	0											2	1	1
35152	REPAIR RUPTD POPLITEAL ART	090	590	605	15	3%	27.66	30.04	2.38	9%	0											1	2	1
35180	REPAIR BLOOD VESSEL LESION	090	500	541	41	8%	15.10	17.66	2.56	17%	0											3		1
35182	REPAIR BLOOD VESSEL LESION	090	553	572	19	3%	31.71	33.89	2.18	7%	0											1	2	1
35184	REPAIR BLOOD VESSEL LESION	090	413	424	11	3%	18.82	20.14	1.32	7%	0											1.5	1	1
35188	REPAIR BLOOD VESSEL LESION	090	380	390	10	3%	18.00	19.21	1.21	7%	0											1	1	1
35189	REPAIR BLOOD VESSEL LESION	090	548	560.5	12.5	2%	29.98	32.24	2.26	8%	0											1	2	1
35190	REPAIR BLOOD VESSEL LESION	090	416	444.5	28.5	7%	13.42	15.38	1.96	15%	0											3		1
35201	REPAIR BLOOD VESSEL LESION	090	382	415.5	33.5	9%	16.93	19.13	2.20	13%	0											3		1
35206	REPAIR BLOOD VESSEL LESION	090	282	301	19	7%	13.84	15.09	1.25	9%	0											1	1	1
35207	REPAIR BLOOD VESSEL LESION	090	376	409.5	33.5	9%	10.94	13.14	2.20	20%	0											3		1
35211	REPAIR BLOOD VESSEL LESION	090	806	856	50	6%	24.58	27.51	2.93	12%	0											2.5		1
35216	REPAIR BLOOD VESSEL LESION	090	658	677	19	3%	36.61	38.90	2.29	6%	-4											1	1	1
23630	OPTX GR HMRL TBRS FX INT FIX	090	306	334	28	9%	10.57	12.24	1.67	16%	0											1	3	1
23650	CLTX SHO DSLC W/MNPJ WO ANE	090	133	139	6	5%	3.53	4.19	0.66	19%	0											3		
23655	CLTX SHO DSLC W/MNPJ W/ANES	090	165	173	8	5%	4.76	5.75	0.99	21%	0											4		0.5
23660	OPTX ACUTE SHOULDER DISC	090	245	252	7	3%	7.66	8.65	0.99	13%	0											3.5		1
23665	CLTX SHO DSLC FX GR HMRL TBR	090	165	173	8	5%	4.66	5.65	0.99	21%	0											4		0.5
23670	OPTX SHO DISLC FX	090	326	349	23	7%	12.28	13.84	1.56	13%	0											2	2	1
23675	CLTX SHO DISLC NECK FX MNPJ	090	222	231	9	4%	6.27	7.48	1.21	19%	0											4.5		1
23680	OPTX SHO DISLC NECK FX FIXJ	090	361	384	23	6%	13.15	14.71	1.56	12%	0											2	2	1
23700	MNPJ ANES SHO JT FIX APRATS	010	65	67	2	3%	2.57	2.79	0.22	9%	0											1		
23800	ARTHRODESIS GLENOHUMERAL J	090	378	402	24	6%	14.73	16.66	1.93	13%	0											4.5		1
23802	ARTHROD GLENOHUMERAL JT W/G	090	448	493	45	10%	18.42	20.77	2.35	13%	0											5		1
23900	INTERTHORACOSPLR AMPUTATI	090	537	579.5	42.5	8%	20.72	23.60	2.88	14%	0											5		1
25076	EXC FOREARM TUM DEEP < 3 CM	090	206	222	16	8%	6.74	7.73	0.99	15%	0											1	2	0.5
25077	RESECT FOREARM/WRIST TUM<3	090	345	373	28	8%	12.93	14.60	1.67	13%	0											1	3	1
25078	RESECT FORARM/WRIST TUM 3C	090	422	448	26	6%	17.69	19.65	1.96	11%	-2											1	2	1
25085	INCISION OF WRIST CAPSULE	090	197	203	6	3%	5.64	6.52	0.88	16%	0											3		1
25100	BIOPSY OF WRIST JOINT	090	142	147	5	4%	4.02	4.68	0.66	16%	0											2.5		0.5
25101	EXPLORE/TREAT WRIST JOINT	090	163	169	6	4%	4.83	5.60	0.77	16%	0											3		0.5
25105	REMOVE WRIST JOINT LINING	090	201	208	7	3%	6.02	6.90	0.88	15%	0											3.5		0.5
25107	REMOVE WRIST JOINT CARTILAGE	090	257	285	28	11%	7.70	9.02	1.32	17%	0												4	
25109	EXCISE TENDON FOREARM/WRIS	090	191	207	16	8%	6.94	7.93	0.99	14%	0											1	2	0.5
25110	REMOVE WRIST TENDON LESION	090	132	137	5	4%	4.04	4.59	0.55	14%	0											2.5		
25111	REMOVE WRIST TENDON LESION	090	140	146	6	4%	3.53	4.19	0.66	19%	0											3		
25112	REREMOVE WRIST TENDON LESIO	090	148	154	6	4%	4.67	5.33	0.66	14%	0											3		
25115	REMOVE WRIST/FOREARM LESIO	090	257	285	28	11%	10.09	11.41	1.32	13%	0												4	
25116	REMOVE WRIST/FOREARM LESIO	090	249	272	23	9%	7.56	8.88	1.32	17%	0											1	3	0.5
25118	EXCISE WRIST TENDON SHEATH	090	158	164	6	4%	4.51	5.28	0.77	17%	0											3		0.5
25119	PARTIAL REMOVAL OF ULNA	090	214	221	7	3%	6.21	7.20	0.99	16%	0											3.5		1
25120	REMOVAL OF FOREARM LESION	090	217	224	7	3%	6.27	7.26	0.99	16%	0											3.5		1
25125	REMOVE/GRAFT FOREARM LESIO	090	270	278	8	3%	7.67	8.77	1.10	14%	0											4		1
25126	REMOVE/GRAFT FOREARM LESIO	090	260	268	8	3%	7.74	8.84	1.10	14%	0											4		1
25130	REMOVAL OF WRIST LESION	090	167	174	7	4%	5.43	6.20	0.77	14%	0											3.5		





50405	REVISION OF KIDNEY/URETER	090	550.5	610	59.5	11%	25.86	28.92	3.06	12%	0				3.5			7			1		
50500	REPAIR OF KIDNEY WOUND	090	463	514	51	11%	21.22	23.87	2.65	12%	0				3			6			1		
50520	CLOSE KIDNEY-SKIN FISTULA	090	465	516	51	11%	18.88	21.53	2.65	14%	0				3			6			1		
50525	CLOSE NEPHROVISCERAL FISTULA	090	569.5	636.5	67	12%	24.39	27.81	3.42	14%	0				3.5			8.5			1		
50526	CLOSE NEPHROVISCERAL FISTULA	090	624.5	699	74.5	12%	26.31	30.09	3.78	14%	0				3.5			10			1		
50540	REVISION OF HORSESHOE KIDNEY	090	421	452	31	7%	21.10	22.79	1.69	8%	0				3			2			1		
50541	LAPARO ABLATE RENAL CYST	090	319	343	24	8%	16.86	18.22	1.36	8%	0				2			2			1		
50542	LAPARO ABLATE RENAL MASS	090	449	468	19	4%	21.36	22.86	1.50	7%	-2				2	1			1		1		
50543	LAPARO PARTIAL NEPHRECTOMY	090	557	593	36	6%	27.41	29.72	2.31	8%	-2				3	1		2	1		1		
50544	LAPAROSCOPY PYELOPLASTY	090	459	488	29	6%	23.37	24.97	1.60	7%	0				2			3			1		
50545	LAPARO RADICAL NEPHRECTOMY	090	491	522	31	6%	25.06	26.75	1.69	7%	-2				1	1		3			1		
50546	LAPAROSCOPIC NEPHRECTOMY	090	466.5	504.5	38	8%	21.87	23.89	2.02	9%	-2				2	1		3			1		
50547	LAPARO REMOVAL DONOR KIDNEY	090	501.5	525.5	24	5%	26.34	27.70	1.36	5%	0				2			2			1		
50548	LAPARO REMOVE W/URETER	090	494	523	29	6%	25.36	26.96	1.60	6%	0				2			3			1		
50562	RENAL SCOPE W/TUMOR RESECT	090	187.5	187.5	0	0%	10.90	11.01	0.11	1%	0										0.5		
50590	FRAGMENTING OF KIDNEY STONE	090	207	223	16	8%	9.77	10.76	0.99	10%	0			1	2						0.5		
50600	EXPLORATION OF URETER	090	361.5	401.5	40	11%	17.17	19.30	2.13	12%	0				2.5			4.5			1		
50605	INSERT URETERAL SUPPORT	090	361.5	401.5	40	11%	16.79	18.92	2.13	13%	0				2.5			4.5			1		
50610	REMOVAL OF URETER STONE	090	354.5	394.5	40	11%	17.25	19.38	2.13	12%	0				2.5			4.5			1		
50620	REMOVAL OF URETER STONE	090	330.5	368	37.5	11%	16.43	18.44	2.01	12%	0				2.5			4			1		
50630	REMOVAL OF URETER STONE	090	339.5	377	37.5	11%	16.21	18.22	2.01	12%	0				2.5			4			1		
50650	REMOVAL OF URETER	090	387	428	41	11%	18.82	20.99	2.17	12%	0				3			4			1		
50660	REMOVAL OF URETER	090	434	477.5	43.5	10%	21.02	23.31	2.29	11%	0				3			4.5			1		
50688	CHANGE OF URETER TUBE/STENT	010	52	53	1	2%	1.20	1.31	0.11	9%	0			0.5									
50700	REVISION OF URETER	090	415	458.5	43.5	10%	16.69	18.98	2.29	14%	0				3			4.5			1		
50715	RELEASE OF URETER	090	467	504	37	8%	20.64	23.01	2.37	11%	0				3			4	1		1		
50722	RELEASE OF URETER	090	423	471.5	48.5	11%	17.95	20.48	2.53	14%	0				3			5.5			1		
50725	RELEASE/REVISE URETER	090	486	539.5	53.5	11%	20.20	22.97	2.77	14%	0				3			6.5			1		
50727	REVISE URETER	090	225	241	16	7%	8.28	9.51	1.23	15%	0			2	1			1			1		
50728	REVISE URETER	090	286	314	28	10%	12.18	13.85	1.67	14%	0			1	3			1			1		
50740	FUSION OF URETER & KIDNEY	090	465	516	51	11%	20.07	22.72	2.65	13%	0				3			6			1		
50750	FUSION OF URETER & KIDNEY	090	507	560.5	53.5	11%	21.22	23.99	2.77	13%	0				3			6.5			1		
50760	FUSION OF URETERS	090	451	502	51	11%	20.07	22.72	2.65	13%	0				3			6			1		
50770	SPLICING OF URETERS	090	489	542.5	53.5	11%	21.22	23.99	2.77	13%	0				3			6.5			1		
50780	REIMPLANT URETER IN BLADDER	090	413	461.5	48.5	12%	19.95	22.48	2.53	13%	0				3			5.5			1		
50782	REIMPLANT URETER IN BLADDER	090	384	415	31	8%	19.66	21.35	1.69	9%	0				3			2			1		
50783	REIMPLANT URETER IN BLADDER	090	427	460	33	8%	20.70	22.61	1.91	9%	0			1	3			2			1		
50785	REIMPLANT URETER IN BLADDER	090	485	538.5	53.5	11%	22.23	25.00	2.77	12%	0				3			6.5			1		
50800	IMPLANT URETER IN BOWEL	090	470.5	527.5	57	12%	16.41	19.35	2.94	18%	0				3.5			6.5			1		
50810	FUSION OF URETER & BOWEL	090	731.5	810.5	79	11%	22.61	26.60	3.99	18%	0				4.5			9.5			1		
50815	URINE SHUNT TO INTESTINE	090	630	703	73	12%	22.26	25.96	3.70	17%	0				4			9			1		
50820	CONSTRUCT BOWEL BLADDER	090	606.5	676	69.5	11%	24.07	27.61	3.54	15%	0				3.5			9			1		
50825	CONSTRUCT BOWEL BLADDER	090	761	841.5	80.5	11%	30.68	34.74	4.06	13%	0				4			10.5			1		
50830	REVISE URINE FLOW	090	761	841.5	80.5	11%	33.77	37.83	4.06	12%	0				4			10.5			1		
50840	REPLACE URETER BY BOWEL	090	678	753.5	75.5	11%	22.39	26.21	3.82	17%	0				4			9.5			1		
50845	APPENDICO-VESICOSTOMY	090	613	673	60	10%	22.46	25.53	3.07	14%	0				5			5			1		
50860	TRANSPLANT URETER TO SKIN	090	434	487.5	53.5	12%	17.08	19.85	2.77	16%	0				3			6.5			1		
50900	REPAIR OF URETER	090	363	404	41	11%	15.04	17.21	2.17	14%	0				3			4			1		
50920	CLOSURE URETER/SKIN FISTULA	090	409	452.5	43.5	11%	15.81	18.10	2.29	14%	0				3			4.5			1		
50930	CLOSURE URETER/BOWEL FISTULA	090	438	481.5	43.5	10%	20.19	22.48	2.29	11%	0				3			4.5			1		
50940	RELEASE OF URETER	090	383	424	41	11%	15.93	18.10	2.17	14%	0				3			4			1		
50945	LAPAROSCOPY URETEROLITHOTOMY	090	341.5	370.5	29	8%	17.97	19.57	1.60	9%	0				2			3			1		
50947	LAPARO NEW URETER/BLADDER	090	512	548	36	7%	25.78	27.71	1.93	7%	0				3			3			1		
50948	LAPARO NEW URETER/BLADDER	090	506	524	18	4%	23.82	25.43	1.61	7%	-2				1	1		1		1	1		
51020	INCISE & TREAT BLADDER	090	266.5	291.5	25	9%	7.69	9.10	1.41	18%	0				2.5			1.5			1		
51030	INCISE & TREAT BLADDER	090	284.5	312	27.5	10%	7.81	9.34	1.53	20%	0				2.5			2			1		
51040	INCISE & DRAIN BLADDER	090	139	143	4	3%	4.49	5.04	0.55	12%	0										0.5		
51045	INCISE BLADDER/DRAIN URETER	090	271.5	299	27.5	10%	7.81	9.34	1.53	20%	0				2.5			2			1		
51050	REMOVAL OF BLADDER STONE	090	276	307.5	31.5	11%	7.97	9.69	1.72	22%	0				2			3.5			1		
51060	REMOVAL OF URETER STONE	090	319.5	349.5	30	9%	9.95	11.60	1.65	17%	0				2.5			2.5			1		
51065	REMOVE URETER CALCULUS	090	318.5	348.5	30	9%	9.95	11.60	1.65	17%	0				2.5			2.5			1		
51080	DRAINAGE OF BLADDER ABSCESS	090	238	257	19	8%	6.71	7.83	1.12	17%	0				2			1			1		
51500	REMOVAL OF BLADDER CYST	090	290.5	313	22.5	8%	11.05	12.34	1.29	12%	0				2.5			1			1		
51520	REMOVAL OF BLADDER LESION	090	271.5	294	22.5	8%	10.21	11.50	1.29	13%	0				2.5			1			1		
51525	REMOVAL OF BLADDER LESION	090	386.5	431.5	45	12%	15.42	17.79	2.37	15%	0				2.5			5.5			1		
51530	REMOVAL OF BLADDER LESION	090	357.5	397.5	40	11%	13.71	15.84	2.13	15%	0				2.5			4.5			1		
51535	REPAIR OF URETER LESION	090	374.5	414.5	40	11%	13.90	16.03	2.13	15%	0				2.5			4.5			1		
51550	PARTIAL REMOVAL OF BLADDER	090	419.5	469.5	50	12%	17.23	19.84	2.61	15%	0				2.5			6.5			1		
51555	PARTIAL REMOVAL OF BLADDER	090	534	597.5	63.5	12%	23.18	26.43	3.25	14%	0				3			8.5			1		
51565	REVISE BLADDER & URETER(S)	090	571.5	636	64.5	11%	23.68	26.98	3.30	14%	0				3.5			8			1		
51570	REMOVAL OF BLADDER	090	710	773.5	63.5	9%	27.46	30.71	3.25	12%	0				3			8.5			1		2.5
51575	REMOVAL OF BLADDER & NODES	090	863.5	945.5	82	9%	34.18	38.32	4.14	12%	0				3.5			11.5			1		2.5
51580	REMOVE BLADDER/REVISE TRACT	090	987.5	1086.5	99	10%	35.37	40.32	4.95	14%	0				4.5			13.5			1		2.5

51585	REMOVAL OF BLADDER & NODES	090	1073.5	1177.5	104	10%	39.64	44.83	5.19	13%	0			4.5		14.5		1	2.5
51590	REMOVE BLADDER/REVISE TRACT	090	990.5	1070	79.5	8%	36.33	40.35	4.02	11%	0			3.5		11		1	2.5
51595	REMOVE BLADDER/REVISE TRACT	090	1039	1137	98	9%	41.32	46.22	4.90	12%	0			4		14		1	2.5
51596	REMOVE BLADDER/CREATE POUCH	090	1231	1346	115	9%	44.26	49.97	5.71	13%	0			5		16		1	2.5
51597	REMOVAL OF PELVIC STRUCTURE	090	1023	1093	70	7%	42.86	48.37	5.51	13%	0			5		11	5	1	
51800	REVISION OF BLADDER/URETHRA	090	434	477.5	43.5	10%	18.89	21.18	2.29	12%	0			3		4.5		1	
51820	REVISION OF URINARY TRACT	090	511.5	561	49.5	10%	19.59	22.17	2.58	13%	0			3.5		5		1	
51840	ATTACH BLADDER/URETHRA	090	319	346.5	27.5	9%	11.36	13.21	1.85	16%	0		2.5			4.5		1	
51841	ATTACH BLADDER/URETHRA	090	354	381.5	27.5	8%	13.68	15.53	1.85	14%	0		2.5			4.5		1	
51845	REPAIR BLADDER NECK	090	265	282.5	17.5	7%	10.15	11.52	1.37	13%	0		2.5			2.5		1	
51860	REPAIR OF BLADDER WOUND	090	308	332.5	24.5	8%	12.60	14.43	1.83	15%	0		3.5			3.5		1	
51865	REPAIR OF BLADDER WOUND	090	398	430	32	8%	15.80	17.99	2.19	14%	0		3.5			5		1	
51880	REPAIR OF BLADDER OPENING	090	216	225	9	4%	7.87	8.77	0.90	11%	0		2			1		1	
51900	REPAIR BLADDER/VAGINA LESION	090	487	538	51	10%	14.63	17.28	2.65	18%	0			3		6		1	
51920	CLOSE BLADDER-UTERUS FISTULA	090	458	506.5	48.5	11%	13.41	15.94	2.53	19%	0			3		5.5		1	
51925	HYSTERECTOMY/BLADDER REPAIR	090	536.5	596	59.5	11%	17.53	20.59	3.06	17%	0			3.5		7		1	
51940	CORRECTION OF BLADDER DEFECT	090	671.5	743.5	72	11%	30.66	34.32	3.66	12%	0			3.5		9.5		1	
51960	REVISION OF BLADDER & BOWEL	090	663	738.5	75.5	11%	25.40	29.22	3.82	15%	0			4		9.5		1	
51980	CONSTRUCT BLADDER OPENING	090	320.5	355.5	35	11%	12.57	14.46	1.89	15%	0			2.5		3.5		1	
51990	LAPARO URETHRAL SUSPENSION	090	324	348	24	7%	13.36	14.72	1.36	10%	0			2		2		1	
51992	LAPARO SLING OPERATION	090	324	348	24	7%	14.87	16.23	1.36	9%	0			2		2		1	
52301	CYSTOSCOPY AND TREATMENT	000	183	183	0	0%	5.50	5.72	0.22	4%	0							1	
52400	CYSTOURETERO W/CONGEN REPAIR	090	197.5	199.5	2	1%	8.69	9.02	0.33	4%	0		1					0.5	
52450	INCISION OF PROSTATE	090	209	230	21	10%	7.78	8.88	1.10	14%	0			3				0.5	
52500	REVISION OF BLADDER NECK	090	230.5	251.5	21	9%	8.14	9.24	1.10	14%	0			3				0.5	
52630	REMOVE PROSTATE REGROWTH	090	222	233	11	5%	6.55	7.43	0.88	13%	0		2	1				0.5	
52640	RELIEVE BLADDER CONTRACTURE	090	184	200	16	9%	4.79	5.78	0.99	21%	0		1	2				0.5	
52647	LASER SURGERY OF PROSTATE	090	219	240	21	10%	11.30	12.29	0.99	9%	0			3					
52648	LASER SURGERY OF PROSTATE	090	249	270	21	8%	12.15	13.14	0.99	8%	0			3					
52649	PROSTATE LASER ENUCLEATION	090	279	295	16	6%	14.56	15.55	0.99	7%	0		1	2				0.5	
52700	DRAINAGE OF PROSTATE ABSCESS	090	201	217.5	16.5	8%	7.49	8.49	1.00	13%	0			2		0.5		1	
53000	INCISION OF URETHRA	010	138	140	2	1%	2.33	2.77	0.44	19%	0		1					1	
53010	INCISION OF URETHRA	090	228	249.5	21.5	9%	4.45	5.69	1.24	28%	0			2		1.5		1	
53040	DRAINAGE OF URETHRA ABSCESS	090	179	185.5	6.5	4%	6.55	7.33	0.78	12%	0		2			0.5		1	
53060	DRAINAGE OF URETHRA ABSCESS	010	68	70	2	3%	2.68	2.90	0.22	8%	0		1						
53080	DRAINAGE OF URINARY LEAKAGE	090	193	207	14	7%	6.92	7.80	0.88	13%	0			2				1	
53085	DRAINAGE OF URINARY LEAKAGE	090	254.5	277	22.5	9%	11.18	12.47	1.29	11%	0			2.5		1		1	
53210	REMOVAL OF URETHRA	090	325.5	358	32.5	10%	13.72	15.49	1.77	13%	0			2.5		3		1	
53215	REMOVAL OF URETHRA	090	371.5	409	37.5	10%	16.85	18.86	2.01	12%	0			2.5		4		1	
53220	TREATMENT OF URETHRA LESION	090	201	215	14	7%	7.63	8.51	0.88	12%	0			2				1	
53230	REMOVAL OF URETHRA LESION	090	267.5	287.5	20	7%	10.44	11.61	1.17	11%	0			2.5		0.5		1	
53235	REMOVAL OF URETHRA LESION	090	281.5	301.5	20	7%	10.99	12.16	1.17	11%	0			2.5		0.5		1	
53240	SURGERY FOR URETHRA POUCH	090	199	213	14	7%	7.08	7.96	0.88	12%	0			2				1	
53250	REMOVAL OF URETHRA GLAND	090	153	167	14	9%	6.52	7.18	0.66	10%	0			2					
53260	TREATMENT OF URETHRA LESION	010	74	76	2	3%	3.03	3.25	0.22	7%	0		1						
53265	TREATMENT OF URETHRA LESION	010	76	78	2	3%	3.17	3.39	0.22	7%	0		1						
53270	REMOVAL OF URETHRA GLAND	010	93	95	2	2%	3.14	3.47	0.33	11%	0		1					0.5	
53275	REPAIR OF URETHRA DEFECT	010	121	123	2	2%	4.57	4.90	0.33	7%	0		1					0.5	
53400	REVISE URETHRA STAGE 1	090	343	381.5	38.5	11%	14.13	16.18	2.05	15%	0			3		3.5		1	
53405	REVISE URETHRA STAGE 2	090	330	361	31	9%	15.66	17.35	1.69	11%	0			3		2		1	
53410	RECONSTRUCTION OF URETHRA	090	364	397.5	33.5	9%	17.68	19.49	1.81	10%	0			3		2.5		1	
53415	RECONSTRUCTION OF URETHRA	090	424	460	36	8%	20.70	22.63	1.93	9%	0			3		3		1	
53420	RECONSTRUCT URETHRA STAGE 1	090	340.5	370.5	30	9%	15.17	16.82	1.65	11%	0			2.5		2.5		1	
53425	RECONSTRUCT URETHRA STAGE 2	090	349.5	379.5	30	9%	17.07	18.72	1.65	10%	0			2.5		2.5		1	
53430	RECONSTRUCTION OF URETHRA	090	344.5	374.5	30	9%	17.43	19.08	1.65	9%	0			2.5		2.5		1	
53431	RECONSTRUCT URETHRA/BLADDER	090	426	462	36	8%	21.18	23.11	1.93	9%	0			3		3		1	
53440	MALE SLING PROCEDURE	090	248	264	16	6%	13.36	14.35	0.99	7%	0		1	2				0.5	
53442	REMOVE/REVISE MALE SLING	090	395	415	20	5%	13.49	15.43	1.94	14%	0			4		2		1	
53444	INSERT TANDEM CUFF	090	320	341	21	7%	14.19	15.53	1.34	9%	0		1	2		1		1	
53445	INSERT URO/VES NCK SPHINCTER	090	314	337	23	7%	13.00	14.32	1.32	10%	0		1	3				0.5	
53446	REMOVE URO SPHINCTER	090	300	321	21	7%	11.02	12.36	1.34	12%	0		1	2		1		1	
53447	REMOVE/REPLACE UR SPHINCTER	090	340	361	21	6%	14.28	15.62	1.34	9%	0		1	2		1		1	
53448	REMOV/REPLC UR SPHINCTR CON	090	564	604	40	7%	23.44	26.34	2.90	12%	-2		2	1		5	2	1	
53449	REPAIR URO SPHINCTER	090	280.5	300.5	20	7%	10.56	11.73	1.17	11%	0			2.5		0.5		1	
53450	REVISION OF URETHRA	090	202	216	14	7%	6.77	7.65	0.88	13%	0			2				1	
53460	REVISION OF URETHRA	090	205	219	14	7%	7.75	8.63	0.88	11%	0			2				1	
53500	URETHRLYS TRANSVAG W/ SCOPE	090	289	310	21	7%	13.00	14.34	1.34	10%	0		1	2		1		1	
53502	REPAIR OF URETHRA INJURY	090	212	226	14	7%	8.26	9.14	0.88	11%	0			2				1	
53505	REPAIR OF URETHRA INJURY	090	218	232	14	6%	8.26	9.14	0.88	11%	0			2				1	
53510	REPAIR OF URETHRA INJURY	090	270.5	290.5	20	7%	10.96	12.13	1.17	11%	0			2.5		0.5		1	
53515	REPAIR OF URETHRA INJURY	090	322.5	345	22.5	7%	14.22	15.51	1.29	9%	0			2.5		1		1	
53520	REPAIR OF URETHRA DEFECT	090	250.5	268	17.5	7%	9.48	10.53	1.05	11%	0			2.5				1	
53860	TRANSURETHRAL RF TREATMENT	090	98	112	14	14%	3.97	4.63	0.66	17%	0			2					















59515	CESAREAN DELIVERY	MMM	476.5	491.5	15	3%	22.79	24.11	1.32	6%	0					2			1	1			1			
59614	VBAC CARE AFTER DELIVERY	MMM	398.5	401.5	3	1%	20.48	21.23	0.75	4%	0					1					1			1		
59622	ATTEMPTED VBAC AFTER CARE	MMM	451.5	466.5	15	3%	23.32	24.64	1.32	6%	0					2				1	1			1		
59812	TREATMENT OF MISCARRIAGE	090	135.5	147.5	12	9%	4.44	5.01	0.57	13%	0					1				1						
59820	CARE OF MISCARRIAGE	090	162	180	18	11%	4.84	5.68	0.84	17%	-4									2						
59821	TREATMENT OF MISCARRIAGE	090	148	161.5	13.5	9%	5.09	5.72	0.63	12%	-3									1.5						
59830	TREAT UTERUS INFECTION	090	115.5	126	10.5	9%	6.59	7.09	0.50	8%	0						1.5									
59841	ABORTION	010	203	212	9	4%	5.65	6.29	0.64	11%	-2									1					1	
59855	ABORTION	090	158	165	7	4%	6.43	6.76	0.33	5%	0									1						
59856	ABORTION	090	183	190	7	4%	7.79	8.12	0.33	4%	0									1						
59857	ABORTION	090	301	303	2	1%	9.33	9.55	0.22	2%	0						1									
59870	EVACUATE MOLE OF UTERUS	090	256	271	15	6%	6.57	7.87	1.30	20%	-2					3				1					1	
60000	DRAIN THYROID/TONGUE CYST	010	59	61	2	3%	1.81	2.03	0.22	12%	0					1										
60200	REMOVE THYROID LESION	090	297	316.5	19.5	7%	10.02	11.61	1.59	16%	0					3.5								2.5		1
60210	PARTIAL THYROID EXCISION	090	264	273	9	3%	11.23	11.78	0.55	5%	0					1				1						
60212	PARTIAL THYROID EXCISION	090	358	369	11	3%	16.43	17.20	0.77	5%	0					2				1						
60220	PARTIAL REMOVAL OF THYROID	090	267	281	14	5%	11.19	11.96	0.77	7%	0									2						0.5
60225	PARTIAL REMOVAL OF THYROID	090	374	399.5	25.5	7%	14.79	16.73	1.94	13%	0					4								3.5		1
60240	REMOVAL OF THYROID	090	327	341	14	4%	15.04	15.81	0.77	5%	0									2						0.5
60252	REMOVAL OF THYROID	090	470	483	13	3%	22.01	23.75	1.74	8%	0					1				2				1	2	1
60254	EXTENSIVE THYROID SURGERY	090	500	513	13	3%	28.42	30.16	1.74	6%	0					1				2				1	2	1
60260	REPEAT THYROID SURGERY	090	372	382	10	3%	18.26	19.47	1.21	7%	0					1				1				1	1	1
60270	REMOVAL OF THYROID	090	650	657	7	1%	23.20	25.74	2.54	11%	0					1				2				1	2	1
60271	REMOVAL OF THYROID	090	377	387	10	3%	17.62	18.83	1.21	7%	0					1				1				1	1	1
60280	REMOVE THYROID DUCT LESION	090	262	274	12	5%	6.16	7.39	1.23	20%	0					3.5								1		1
60281	REMOVE THYROID DUCT LESION	090	262	274	12	5%	8.82	10.05	1.23	14%	0					3.5								1		1
60500	EXPLORE PARATHYROID GLANDS	090	313	329	16	5%	15.60	16.59	0.99	6%	0					1				2						0.5
60502	RE-EXPLORE PARATHYROIDS	090	465	499	34	7%	21.15	23.56	2.41	11%	0					4.5								5		1
60505	EXPLORE PARATHYROID GLANDS	090	636	681	45	7%	23.06	26.06	3.00	13%	0					5								7		1
60520	REMOVAL OF THYMUS GLAND	090	474	493	19	4%	17.16	18.41	1.25	7%	-2					1				1				2		2
60521	REMOVAL OF THYMUS GLAND	090	445	477	32	7%	19.18	20.93	1.75	9%	-4					2				1				5		1
60522	REMOVAL OF THYMUS GLAND	090	533	579	46	9%	23.48	26.15	2.67	11%	0									2				7		1
60540	EXPLORE ADRENAL GLAND	090	485	527	42	9%	18.02	20.69	2.67	15%	0					3.5								7		1
60545	EXPLORE ADRENAL GLAND	090	538	582.5	44.5	8%	20.93	23.72	2.79	13%	0					3.5								7.5		1
60600	REMOVE CAROTID BODY LESION	090	429	444	15	3%	25.09	26.41	1.32	5%	0									2				1	1	1
60605	REMOVE CAROTID BODY LESION	090	530	537	7	1%	31.96	33.44	1.48	5%	0									2				1	1	1
60650	LAPAROSCOPY ADRENALECTOMY	090	384	403	19	5%	20.73	21.85	1.12	5%	0									2				1		1
61105	TWIST DRILL HOLE	090	152	159	7	5%	5.45	6.00	0.55	10%	0									1						1
61108	DRILL SKULL FOR DRAINAGE	090	326.5	371.5	45	14%	11.64	14.01	2.37	20%	0									2.5				5.5		1
61120	BURR HOLE FOR PUNCTURE	090	238.5	264	25.5	11%	9.60	11.04	1.44	15%	0									1.5				3		1
61140	PIERCE SKULL FOR BIOPSY	090	367.5	407.5	40	11%	17.23	19.36	2.13	12%	0									2.5				4.5		1
61150	PIERCE SKULL FOR DRAINAGE	090	378	422	44	12%	18.90	21.22	2.32	12%	0									2				6		1
61151	PIERCE SKULL FOR DRAINAGE	090	312.5	348	35.5	11%	13.49	15.41	1.92	14%	0									1.5				5		1
61154	PIERCE SKULL & REMOVE CLOT	090	447	480	33	7%	17.07	19.64	2.57	15%	0									3				4	2	1
61156	PIERCE SKULL FOR DRAINAGE	090	339.5	377.5	38	11%	17.45	19.49	2.04	12%	0									1.5				5.5		1
61215	INSERT BRAIN-FLUID DEVICE	090	275.5	306	30.5	11%	5.85	7.53	1.68	29%	0									1.5				4		1
61250	PIERCE SKULL & EXPLORE	090	304.5	340	35.5	12%	11.49	13.41	1.92	17%	0									1.5				5		1
61253	PIERCE SKULL & EXPLORE	090	333.5	371.5	38	11%	13.49	15.53	2.04	15%	0									1.5				5.5		1
61304	OPEN SKULL FOR EXPLORATION	090	493	542	49	10%	23.41	25.97	2.56	11%	0									2				7		1
61305	OPEN SKULL FOR EXPLORATION	090	617.5	687.5	70	11%	28.64	32.21	3.57	12%	0									2.5				10.5		1
61312	OPEN SKULL FOR DRAINAGE	090	689	714	25	4%	30.17	33.69	3.52	12%	0									2				6	4	1
61313	OPEN SKULL FOR DRAINAGE	090	687	719	32	5%	28.09	31.70	3.61	13%	0									3				5	2	2
61314	OPEN SKULL FOR DRAINAGE	090	540.5	595.5	55	10%	25.90	28.75	2.85	11%	0									2.5				7.5		1
61315	OPEN SKULL FOR DRAINAGE	090	625.5	693	67.5	11%	29.65	33.10	3.45	12%	0									2.5				10		1
61320	OPEN SKULL FOR DRAINAGE	090	570	634	64	11%	27.42	30.70	3.28	12%	0									2				10		1
61321	OPEN SKULL FOR DRAINAGE	090	636.5	706.5	70	11%	30.53	34.10	3.57	12%	0									2.5				10.5		1
61322	DECOMPRESSIVE CRANIOTOMY	090	893	927	34	4%	34.26	39.57	5.31	15%	0									1				7	3	4
61323	DECOMPRESSIVE LOBECTOMY	090	865	900	35	4%	35.06	39.88	4.82	14%	0									1				8	3	3
61330	DECOMPRESS EYE SOCKET	090	597.5	665	67.5	11%	25.30	28.75	3.45	14%	0									2.5				10		1
61333	EXPLORE ORBIT/REMOVE LESION	090	573	617	44	8%	29.27	31.59	2.32	8%	0									2				6		1
61340	SUBTEMPORAL DECOMPRESSION	090	445	494	49	11%	20.11	22.67	2.56	13%	0									2				7		1
61343	INCISE SKULL (PRESS RELIEF)	090	669.5	742	72.5	11%	31.86	35.55	3.69	12%	0									2.5				11		1
61345	RELIEVE CRANIAL PRESSURE	090	622.5	692.5	70	11%	29.23	32.80	3.57	12%	0									2.5				10.5		1
61450	INCISE SKULL FOR SURGERY	090	541	602.5	61.5	11%	27.69	30.85	3.16	11%	0									2				9.5		1
61458	INCISE SKULL FOR BRAIN WOUND	090	551.5	601.5	50	9%	28.84	31.45	2.61	9%	0									2.5				6.5		1
61460	INCISE SKULL FOR SURGERY	090	609.5	672	62.5	10%	30.24	33.45	3.21	11%	0									2.5				9		1
61500	REMOVAL OF SKULL LESION	090	412.5	450	37.5	9%	19.18	21.19	2.01	10%	0									2.5				4		1
61501	REMOVE INFECTED SKULL BONE	090	438.5	486	47.5	11%	16.35	18.84	2.49	15%	0									2.5				6		1
61510	REMOVAL OF BRAIN LESION	090	635	675	40	6%	30.83	33.73	2.90	9%	0									4				4	2	1
61512	REMOVE BRAIN LINING LESION	090	652	685	33	5%	37.14	39.71	2.57	7%	0									3				4	2	1
61514	REMOVAL OF BRAIN ABSCESS	090	599.5	667	67.5	11%	27.23	30.68	3.45																	

61519	REMOVE BRAIN LINING LESION	090	732	765	33	5%	43.43	46.00	2.57	6%	0				3			4	2			1		
61520	REMOVAL OF BRAIN LESION	090	815	869	54	7%	57.09	60.27	3.18	6%	0				4			6	1			1		
61521	REMOVAL OF BRAIN LESION	090	928	1016.5	88.5	10%	46.99	51.44	4.45	9%	0				3			13.5				1		
61522	REMOVAL OF BRAIN ABSCESS	090	654.5	727	72.5	11%	31.54	35.23	3.69	12%	0				2.5			11				1		
61524	REMOVAL OF BRAIN LESION	090	625.5	695.5	70	11%	29.89	33.46	3.57	12%	0				2.5			10.5				1		
61526	REMOVAL OF BRAIN LESION	090	789	833	44	6%	54.08	56.78	2.70	5%	-2				2	1		5	1			1		
61530	REMOVAL OF BRAIN LESION	090	869.5	927	57.5	7%	45.56	48.53	2.97	7%	0				2.5			8				1		
61531	IMPLANT BRAIN ELECTRODES	090	511	530	19	4%	16.41	18.46	2.05	12%	-2				1	1		2	1	1		1		
61533	IMPLANT BRAIN ELECTRODES	090	537	598.5	61.5	11%	21.46	24.62	3.16	15%	0				2			9.5				1		
61534	REMOVAL OF BRAIN LESION	090	619.5	689.5	70	11%	23.01	26.58	3.57	15%	0				2.5			10.5				1		
61535	REMOVE BRAIN ELECTRODES	090	414	465.5	51.5	12%	13.15	15.83	2.68	20%	0				2			7.5				1		
61536	REMOVAL OF BRAIN LESION	090	759.5	837	77.5	10%	37.72	41.65	3.93	10%	0				2.5			12				1		
61537	REMOVAL OF BRAIN TISSUE	090	614	644	30	5%	36.45	38.49	2.04	6%	0				2			4	1			1		
61538	REMOVAL OF BRAIN TISSUE	090	679	709	30	4%	39.45	41.49	2.04	5%	0				2			4	1			1		
61539	REMOVAL OF BRAIN TISSUE	090	758.5	836	77.5	10%	34.28	38.21	3.93	11%	0				2.5			12				1		
61540	REMOVAL OF BRAIN TISSUE	090	655	668	13	2%	31.43	33.17	1.74	6%	0			1	2			1	2			1		
61541	INCISION OF BRAIN TISSUE	090	675.5	748	72.5	11%	30.94	34.63	3.69	12%	0				2.5			11				1		
61543	REMOVAL OF BRAIN TISSUE	090	666.5	739	72.5	11%	31.31	35.00	3.69	12%	0				2.5			11				1		
61544	REMOVE & TREAT BRAIN LESION	090	598	664.5	66.5	11%	27.36	30.76	3.40	12%	0				2			10.5				1		
61545	EXCISION OF BRAIN TUMOR	090	775	821	46	6%	46.43	49.77	3.34	7%	0				4			5	1	1		1		
61546	REMOVAL OF PITUITARY GLAND	090	703.5	778.5	75	11%	33.44	37.25	3.81	11%	0				2.5			11.5				1		
61548	REMOVAL OF PITUITARY GLAND	090	553	597	44	8%	23.37	25.69	2.32	10%	0				2			6				1		1
61550	RELEASE OF SKULL SEAMS	090	279	300	21	8%	15.59	16.69	1.10	7%	0				3							0.5		
61552	RELEASE OF SKULL SEAMS	090	345.5	365.5	20	6%	20.40	21.57	1.17	6%	0				2.5			0.5				1		
61556	INCISE SKULL/SUTURES	090	692	701	9	1%	24.09	26.58	2.49	10%	-2		1	1	1			3	3	1		1		
61557	INCISE SKULL/SUTURES	090	510	546	36	7%	23.31	25.24	1.93	8%	0				3			3				1		
61558	EXCISION OF SKULL/SUTURES	090	661	707	46	7%	26.50	28.91	2.41	9%	0				3			5				1		
61559	EXCISION OF SKULL/SUTURES	090	665	713	48	7%	34.02	36.52	2.50	7%	0				4			4				1		
61563	EXCISION OF SKULL TUMOR	090	656	659	3	0%	28.44	30.25	1.81	6%	-2		1	1	1			1	2	1		1		
61564	EXCISION OF SKULL TUMOR	090	623	664	41	7%	34.74	36.91	2.17	6%	0				3			4				1		
61566	REMOVAL OF BRAIN TISSUE	090	610	642	32	5%	32.45	34.71	2.26	7%	0			1	2			4	1			1		
61567	INCISION OF BRAIN TISSUE	090	681	715	34	5%	37.00	39.48	2.48	7%	0			2	2			4	1			1		
61570	REMOVE FOREIGN BODY BRAIN	090	585.5	650.5	65	11%	26.51	29.84	3.33	13%	0				2.5			9.5				1		
61571	INCISE SKULL FOR BRAIN WOUND	090	635.5	705.5	70	11%	28.42	31.99	3.57	13%	0				2.5			10.5				1		
61575	SKULL BASE/BRAINSTEM SURGER	090	762.5	840	77.5	10%	36.56	40.49	3.93	11%	0				2.5			12				1		
61576	SKULL BASE/BRAINSTEM SURGER	090	915	974	59	6%	55.31	58.73	3.42	6%	0				4			7	1			1		1
61580	CRANIOFACIAL APPROACH SKULL	090	1078.3	1072.3	-6	-1%	34.51	38.03	3.52	10%	-2		1	2	2				3	4		1		1
61581	CRANIOFACIAL APPROACH SKULL	090	1214.4	1227.4	13	1%	39.13	43.31	4.18	11%	-4		1	2	2	1		1	1	5		1		1
61582	CRANIOFACIAL APPROACH SKULL	090	1010.3	1040.3	30	3%	35.14	38.75	3.61	10%	0				2	3		4	3	1		1		1
61583	CRANIOFACIAL APPROACH SKULL	090	906.4	952.4	46	5%	38.50	41.59	3.09	8%	-2		1	1	1			8		1		1		1
61584	ORBITOCRANIAL APPROACH/SKU	090	842.4	843.4	1	0%	37.70	40.35	2.65	7%	-2		1	1	1			2	3	2		1		1
61585	ORBITOCRANIAL APPROACH/SKU	090	1101.7	1096.7	-5	0%	42.57	45.60	3.03	7%	0			2	1			1	3	3		1		2
61586	RESECT NASOPHARYNX SKULL	090	720	760	40	6%	27.48	30.38	2.90	11%	0				4			4	2			1		
61590	INFRATEMPORAL APPROACH/SKU	090	1418.4	1420.4	2	0%	47.04	51.40	4.36	9%	-2		1	2	2			1		7		1		2
61591	INFRATEMPORAL APPROACH/SKU	090	1254.85	1269.85	15	1%	47.02	49.64	2.62	6%	-4		2	1	2			3	4			1		2
61592	ORBITOCRANIAL APPROACH/SKU	090	1002.8	998.8	-4	0%	43.08	45.49	2.41	6%	-4		2	1	1			1	3	2		1		2
61595	TRANSTEMPORAL APPROACH/SK	090	1077.8	1071.8	-6	-1%	33.74	37.26	3.52	10%	-2		1	2	2				3	4		1		1
61596	TRANSCOCHLEAR APPROACH/SKU	090	1188.3	1179.3	-9	-1%	39.43	42.66	3.23	8%	-2		1	2	1			1	4	3		1		1
61597	TRANSCONDYLAR APPROACH/SKU	090	1041.4	1061.4	20	2%	40.82	43.70	2.88	7%	0				3			5	2	1		1		2
61598	TRANSPETROSAL APPROACH/SKU	090	1048.1	1054.1	6	1%	36.53	39.00	2.47	7%	-2		1	2	1			2	3	1		1		2
61600	RESECT/EXCISE CRANIAL LESION	090	1101.4	1101.4	0	0%	30.01	33.73	3.72	12%	-2		1	2	2						6		1	1
61601	RESECT/EXCISE CRANIAL LESION	090	854.9	859.9	5	1%	31.14	33.59	2.45	8%	-4		2	1	1			2	2	2		1		2
61605	RESECT/EXCISE CRANIAL LESION	090	1052.6	1074.6	22	2%	32.57	35.41	2.84	9%	-2		1	2	2			3	2	1		1		2
61606	RESECT/EXCISE CRANIAL LESION	090	926.9	937.9	11	1%	42.05	44.76	2.71	6%	0				2	1		3	3	1		1		2
61607	RESECT/EXCISE CRANIAL LESION	090	1201.2	1190.2	-11	-1%	40.93	44.52	3.59	9%	0				2	1				1	6		1	2
61608	RESECT/EXCISE CRANIAL LESION	090	1042	1045	3	0%	45.54	48.54	3.00	7%	0				3			3	3	2		1		2
61613	REMOVE ANEURYSM SINUS	090	1102	1095	-7	-1%	45.03	48.55	3.52	8%	0				3			1		6		1		2
61615	RESECT/EXCISE LESION SKULL	090	1092.2	1096.2	4	0%	35.77	38.95	3.18	9%	-2		1	1	2			2	4	2		1		1
61616	RESECT/EXCISE LESION SKULL	090	1116.8	1146.8	30	3%	46.74	49.84	3.10	7%	-2		1	1	2			5	2	1		1		2
61618	REPAIR DURA	090	573.1	574.1	1	0%	18.69	20.68	1.99	11%	0				2	1			1	2		1		
61619	REPAIR DURA	090	587.6	587.6	0	0%	22.10	24.02	1.92	9%	0				3			1	2	1		1		
61630	INTRACRANIAL ANGIOPLASTY	XXX	394	409	15	4%	22.07	23.39	1.32	6%	0				2			1	1			1		
61635	INTRACRAN ANGIOPLSTY W/STEN	XXX	424	430	6	1%	24.28	25.56	1.28	5%	0				2				2			1		
61680	INTRACRANIAL VESSEL SURGERY	090	632	674	42	7%	32.55	35.16	2.61	8%	0				3			5	1			1		
61682	INTRACRANIAL VESSEL SURGERY	090	874	924	50	6%	63.41	66.41	3.00	5%	0				2			8	1			1		
61684	INTRACRANIAL VESSEL SURGERY	090	717	759	42	6%	41.64	44.25	2.61	6%	0				3			5	1			1		
61686	INTRACRANIAL VESSEL SURGERY	090	1019	1065	46	5%	67.50	70.84	3.34	5%	-2				2	1		6	1	1		1		1
61690	INTRACRANIAL VESSEL SURGERY	090	672	688	16	2%	31.34	33.48	2.14	7%	-4					2		2	3			1		
61692	INTRACRANIAL VESSEL SURGERY	090	896	919	23	3%	54.59	57.61	3.02	6%	-4					2		4	3	1		1		
61697	BRAIN ANEURYSM REPR COMPLX	090	1194	1203	9	1%	63.40	69.10	5.70	9%	-2				2	1		5	6	5		1		
61698	BRAIN ANEURYSM REPR COMPLX	090	1209	1221	12	1%	69.63	74.93	5.30	8%	-2				2	1		5	6	4		1		
61700	BRAIN ANEURYSM REPR SIMPLE	090	949	973	24	3%	50.62	55.32																



61703	CLAMP NECK ARTERY	090	377	421	44	12%	18.80	21.12	2.32	12%	0					2			6			1	
61705	REVISE CIRCULATION TO HEAD	090	655.5	720.5	65	10%	38.10	41.43	3.33	9%	0					2.5			9.5			1	
61708	REVISE CIRCULATION TO HEAD	090	647.5	712.5	65	10%	37.20	40.53	3.33	9%	0					2.5			9.5			1	
61710	REVISE CIRCULATION TO HEAD	090	551	607.5	56.5	10%	31.29	34.21	2.92	9%	0					2			8.5			1	
61711	FUSION OF SKULL ARTERIES	090	665.5	730.5	65	10%	38.23	41.56	3.33	9%	0					2.5			9.5			1	
61720	INCISE SKULL/BRAIN SURGERY	090	384	408	24	6%	17.62	18.98	1.36	8%	0					2			2			1	
61735	INCISE SKULL/BRAIN SURGERY	090	576.5	641.5	65	11%	22.35	25.68	3.33	15%	0					2.5			9.5			1	
61750	INCISE SKULL/BRAIN BIOPSY	090	487	543.5	56.5	12%	19.83	22.75	2.92	15%	0					2			8.5			1	
61751	BRAIN BIOPSY W/CT/MR GUIDE	090	395	426	31	8%	18.79	20.48	1.69	9%	0					3			2			1	
61760	IMPLANT BRAIN ELECTRODES	090	505	536	31	6%	22.39	24.08	1.69	8%	0					3			2			1	
61770	INCISE SKULL FOR TREATMENT	090	517	578.5	61.5	12%	23.19	26.35	3.16	14%	0								9.5			1	
61790	TREAT TRIGEMINAL NERVE	090	282	301	19	7%	11.60	12.72	1.12	10%	0					2			1			1	
61791	TREAT TRIGEMINAL TRACT	090	328	349.5	21.5	7%	15.41	16.65	1.24	8%	0					2			1.5			1	
61796	SRS CRANIAL LESION SIMPLE	090	195	209	14	7%	13.93	14.70	0.77	6%	0					2						0.5	
61798	SRS CRANIAL LESION COMPLEX	090	225	239	14	6%	19.85	20.62	0.77	4%	0					2						0.5	
61850	IMPLANT NEUROELECTRODES	090	306.5	337	30.5	10%	13.34	15.02	1.68	13%	0					1.5			4			1	
61860	IMPLANT NEUROELECTRODES	090	405	451.5	46.5	11%	22.26	24.70	2.44	11%	0					2			6.5			1	
61863	IMPLANT NEUROELECTRODE	090	452	470	18	4%	20.71	22.56	1.85	9%	0					3			1	2		1	
61867	IMPLANT NEUROELECTRODE	090	617	635	18	3%	33.03	34.88	1.85	6%	0					3			1	2		1	
61880	REVISE/REMOVE NEUROELECTRO	090	213.5	231.5	18	8%	6.95	8.03	1.08	15%	0					1.5			1.5			1	
61885	INSRT/REDO NEUROSTIM 1 ARRA	090	181	195	14	8%	6.05	6.82	0.77	13%	0					2						0.5	
61886	IMPLANT NEUROSTIM ARRAYS	090	385	405	20	5%	9.93	11.87	1.94	20%	0					4				2		1	
61888	REVISE/REMOVE NEURORECEIVER	010	171	178	7	4%	5.23	5.91	0.68	13%	0					1			1			1	
62000	TREAT SKULL FRACTURE	090	408	454.5	46.5	11%	13.93	16.37	2.44	18%	0					2			6.5			1	
62005	TREAT SKULL FRACTURE	090	470	519	49	10%	17.63	20.19	2.56	15%	0					2			7			1	
62010	TREATMENT OF HEAD INJURY	090	519.5	572	52.5	10%	21.43	24.16	2.73	13%	0					2.5			7			1	
62100	REPAIR BRAIN FLUID LEAKAGE	090	549.5	597	47.5	9%	23.53	26.02	2.49	11%	0					2.5			6			1	
62115	REDUCTION OF SKULL DEFECT	090	678	728.5	50.5	7%	22.91	25.53	2.62	11%	0					4			4.5			1	
62117	REDUCTION OF SKULL DEFECT	090	714	706	-8	-1%	28.35	30.43	2.08	7%	0					3				2	2	1	
62120	REPAIR SKULL CAVITY LESION	090	523	566	43	8%	24.59	26.85	2.26	9%	0					4			3			1	
62121	INCISE SKULL REPAIR	090	496	545	49	10%	23.03	25.59	2.56	11%	0					2			7			1	
62140	CRNOP SKULL DEFECT<5 CM DIAM	090	383	414.5	31.5	8%	14.55	16.27	1.72	12%	0					2			3.5			1	
62141	CRNOP SKULL DEFECT>5 CM DIAM	090	413	449.5	36.5	9%	16.07	18.03	1.96	12%	0					2			4.5			1	
62142	RMVL B1 FLP/PROSTC PLATE SKL	090	324	355.5	31.5	10%	11.83	13.55	1.72	15%	0					2			3.5			1	
62143	RPL B1 FLP/PROSTC PLATE SKL	090	371	405	34	9%	14.15	15.99	1.84	13%	0					2			4			1	
62145	REPAIR OF SKULL & BRAIN	090	490	531.5	41.5	8%	20.09	22.29	2.20	11%	0					2			5.5			1	
62146	CRNOP W/AUTOGRAFT<5 CM DIA	090	402	438.5	36.5	9%	17.28	19.24	1.96	11%	0					2			4.5			1	
62147	CRNOP W/AUTOGRAFT>5 CM DIA	090	473	517	44	9%	20.67	22.99	2.32	11%	0					2			6			1	
62161	DISSECT BRAIN W/SCOPE	090	400	422	22	5%	21.23	23.01	1.78	8%	0					1	2		2	1		1	
62162	REMOVE COLLOID CYST W/SCOPE	090	516	534	18	3%	26.80	28.78	1.98	7%	0					1	2		2	2		1	
62164	REMOVE BRAIN TUMOR W/SCOPE	090	571	587	16	3%	29.43	31.83	2.40	8%	0					2	2		2	3		1	
62165	REMOVE PITUIT TUMOR W/SCOPE	090	490	512	22	4%	23.23	25.01	1.78	8%	0					1	2		2	1		1	
62180	ESTABLISH BRAIN CAVITY SHUNT	090	564	596	32	6%	22.58	24.71	2.13	9%	-2					1	1		4	1		1	
62190	ESTABLISH BRAIN CAVITY SHUNT	090	355	389	34	10%	12.17	14.01	1.84	15%	0					2			4			1	
62192	ESTABLISH BRAIN CAVITY SHUNT	090	351	385	34	10%	13.35	15.19	1.84	14%	0					2			4			1	
62194	REPLACE/IRRIGATE CATHETER	010	294	313	19	6%	5.78	6.90	1.12	19%	0					2			1			1	
62200	ESTABLISH BRAIN CAVITY SHUNT	090	388	417	29	7%	19.29	20.89	1.60	8%	0					2			3			1	
62201	BRAIN CAVITY SHUNT W/SCOPE	090	425	456	31	7%	16.04	17.73	1.69	11%	0					3			2			1	
62220	ESTABLISH BRAIN CAVITY SHUNT	090	356	390	34	10%	14.10	15.94	1.84	13%	0					2			4			1	
62223	ESTABLISH BRAIN CAVITY SHUNT	090	357	388	31	9%	14.05	15.74	1.69	12%	0					3			2			1	
62225	REPLACE/IRRIGATE CATHETER	090	230.5	253.5	23	10%	6.19	7.51	1.32	21%	0					1.5			2.5			1	
62230	REPLACE/REVISE BRAIN SHUNT	090	293.5	321.5	28	10%	11.43	12.99	1.56	14%	0					1.5			3.5			1	
62256	REMOVE BRAIN CAVITY SHUNT	090	233.5	256.5	23	10%	7.38	8.70	1.32	18%	0					1.5			2.5			1	
62258	REPLACE BRAIN CAVITY SHUNT	090	366	400	34	9%	15.64	17.48	1.84	12%	0					2			4			1	
62263	EPIDURAL LYSIS MULT SESSIONS	010	214	230	16	7%	5.00	5.99	0.99	20%	0					1	2					0.5	
62264	EPIDURAL LYSIS ON SINGLE DAY	010	109	109	0	0%	4.42	4.53	0.11	2%	0											0.5	
62287	DCMPRN PX PERQ 1/MLT LUMBA	090	248	269	21	8%	9.03	10.13	1.10	12%	0					3						0.5	
62292	NJX CHEMONUCLEOLYSIS LMBR	090	284	308	24	8%	9.24	10.60	1.36	15%	0					2			2			1	1
62294	INJECTION INTO SPINAL ARTERY	090	336	367.5	31.5	9%	12.87	14.59	1.72	13%	0					2			3.5			1	
62350	IMPLANT SPINAL CANAL CATH	010	170	177	7	4%	6.05	6.49	0.44	7%	0					1						0.5	
62351	IMPLANT SPINAL CANAL CATH	090	449	448	-1	0%	11.66	13.96	2.30	20%	0					4						3	1
62355	REMOVE SPINAL CANAL CATHETE	010	140	147	7	5%	3.55	3.99	0.44	12%	0					1						0.5	
62360	INSERT SPINE INFUSION DEVICE	010	170	177	7	4%	4.33	4.77	0.44	10%	0					1						0.5	
62361	IMPLANT SPINE INFUSION PUMP	010	170	177	7	4%	5.00	5.44	0.44	9%	0					1						0.5	
62362	IMPLANT SPINE INFUSION PUMP	010	170	177	7	4%	5.60	6.04	0.44	8%	0					1						0.5	
62365	REMOVE SPINE INFUSION DEVICE	010	155	162	7	5%	3.93	4.37	0.44	11%	0					1						0.5	
63001	REMOVE SPINE LAMINA 1/2 CRVL	090	488	529.5	41.5	9%	17.61	19.81	2.20	12%	0					2			5.5			1	1
63003	REMOVE SPINE LAMINA 1/2 THRC	090	485	526.5	41.5	9%	17.74	19.94	2.20	12%	0					2			5.5			1	1
63005	REMOVE SPINE LAMINA 1/2 LMB	090	450	477	27	6%	16.43	18.32	1.89	12%	0					3			2	1		1	
63011	REMOVE SPINE LAMINA 1/2 SCRL	090	415.5	458	42.5	10%	15.91	18.16	2.25	14%	0					2.5			5			1	
63012	REMOVE LAMINA/FACETS LUMBA	090	441.5	486.5	45	10%	16.85	19.22	2.37	14%	0					2.5			5.5			1	
63015	REMOVE SPINE LAMINA >2 CRVC	090	465	492	27	6%	20.85	22.74	1.89	9%	0					3			2	1		1	
63016	REMOVE SPINE LAMINA >2 THRC	090	665.5	715.5	50	8%	22.03	24.64	2.61	12%	0					2.5			6.5			1	2.5

63017	REMOVE SPINE LAMINA >2 LMBR	090	437	459	22	5%	17.33	18.98	1.65	10%	0				3			1	1		1		
63040	LAMINOTOMY SINGLE CERVICAL	090	479.5	527	47.5	10%	20.31	22.80	2.49	12%	0				2.5			6			1		
63042	LAMINOTOMY SINGLE LUMBAR	090	400	436	36	9%	18.76	20.69	1.93	10%	0				3			3			1		
63047	LAM FACETEC & FORAMOT LUMBAR	090	362	384	22	6%	15.37	17.02	1.65	11%	0				3			1	1		1		
63050	CERVICAL LAMINOPLASTY 2/> SEG	090	455	477	22	5%	22.01	23.79	1.78	8%	0				1	2		2	1		1		
63051	C-LAMINOPLASTY W/GRAFT/PLATE	090	495	517	22	4%	25.51	27.29	1.78	7%	0				1	2		2	1		1		
63055	DECOMPRESS SPINAL CORD THRC	090	520.5	570.5	50	10%	23.55	26.16	2.61	11%	0					2.5		6.5			1		
63056	DECOMPRESS SPINAL CORD LMBR	090	490.5	538	47.5	10%	21.86	24.35	2.49	11%	0					2.5		6			1		
63064	DECOMPRESS SPINAL CORD THRC	090	592.5	645	52.5	9%	26.22	28.95	2.73	10%	0					2.5		7			1		
63075	NECK SPINE DISK SURGERY	090	355	367	12	3%	19.60	20.90	1.30	7%	0				1	2				1			
63077	SPINE DISK SURGERY THORAX	090	517.5	562.5	45	9%	22.88	25.25	2.37	10%	0					2.5		5.5			1		
63081	REMOVE VERT BODY DCMGPRN CR	090	622.5	675	52.5	8%	26.10	28.83	2.73	10%	0					2.5		7			1		1.5
63085	REMOVE VERT BODY DCMGPRN TH	090	721.5	781.5	60	8%	29.47	32.56	3.09	10%	0					2.5		8.5			1		1.5
63087	REMOV VERTBR DCMGPRN THRC	090	682	729	47	7%	37.53	40.38	2.85	8%	0					3		6	1		1		
63090	REMOVE VERT BODY DCMGPRN LN	090	741	807	66	9%	30.93	34.30	3.37	11%	0					3		9			1		1.5
63101	REMOVE VERT BODY DCMGPRN TH	090	671	706	35	5%	34.10	36.89	2.79	8%	0				1	3		4	2		1		
63102	REMOVE VERT BODY DCMGPRN LN	090	658	693	35	5%	34.10	36.89	2.79	8%	0				1	3		4	2		1		
63170	INCISE SPINAL CORD TRACT(S)	090	623.5	676	52.5	8%	22.21	24.94	2.73	12%	0					2.5		7			1		1.5
63172	DRAINAGE OF SPINAL CYST	090	581	625	44	8%	19.76	22.08	2.32	12%	0					2		6			1		1.5
63173	DRAINAGE OF SPINAL CYST	090	630.5	680.5	50	8%	24.31	26.92	2.61	11%	0					2.5		6.5			1		1.5
63185	INCISE SPINE NRV HALF SEGMNT	090	451.5	496.5	45	10%	16.49	18.86	2.37	14%	0					2.5		5.5			1		
63190	INCISE SPINE NRV >2 SEGMNTS	090	491.5	536.5	45	9%	18.89	21.26	2.37	13%	0					2.5		5.5			1		
63191	INCISE SPINE ACCESSORY NERVE	090	468.5	511	42.5	9%	18.92	21.17	2.25	12%	0					2.5		5			1		
63197	LAM W/CORDOTOMY 1STG THRC	090	707.5	752.5	45	6%	24.08	26.45	2.37	10%	0					2.5		5.5			1		3
63200	RELEASE SPINAL CORD LUMBAR	090	589.5	637	47.5	8%	21.44	23.93	2.49	12%	0					2.5		6			1		1.5
63250	REVISE SPINAL CORD VSLS CRVL	090	941.5	1004	62.5	7%	43.86	47.07	3.21	7%	0					2.5		9			1		2.5
63251	REVISE SPINAL CORD VSLS THRC	090	983	1056.5	73.5	7%	44.64	48.37	3.73	8%	0					3		10.5			1		2.5
63252	REVISE SPINE CORD VSL THRLMB	090	981	1054.5	73.5	7%	44.63	48.36	3.73	8%	0					3		10.5			1		2.5
63265	EXCISE INTRASPINAL LESION CRV	090	612.5	660	47.5	8%	23.82	26.31	2.49	10%	0					2.5		6			1		1.5
63266	EXCISE INTRASPINAL LESION THRC	090	636.5	689	52.5	8%	24.68	27.41	2.73	11%	0					2.5		7			1		1.5
63267	EXCISE INTRASPINAL LESION LMBR	090	480.5	528	47.5	10%	19.45	21.94	2.49	13%	0					2.5		6			1		
63268	EXCISE INTRASPINAL LESION SCRL	090	498.5	546	47.5	10%	20.02	22.51	2.49	12%	0					2.5		6			1		
63270	EXCISE INTRASPINAL LESION CRVL	090	781.5	839	57.5	7%	29.80	32.77	2.97	10%	0					2.5		8			1		2.5
63271	EXCISE INTRASPINAL LESION THRC	090	779.5	837	57.5	7%	29.92	32.89	2.97	10%	0					2.5		8			1		2.5
63272	EXCISE INTRASPINAL LESION LMBR	090	648.5	703.5	55	8%	27.50	30.35	2.85	10%	0					2.5		7.5			1		1
63273	EXCISE INTRASPINAL LESION SCRL	090	648.5	703.5	55	8%	26.47	29.32	2.85	11%	0					2.5		7.5			1		1
63275	BX/EXC XDRL SPINE LESN CRVL	090	654.5	709.5	55	8%	25.86	28.71	2.85	11%	0					2.5		7.5			1		1
63276	BX/EXC XDRL SPINE LESN THRC	090	659.5	717	57.5	9%	25.69	28.66	2.97	12%	0					2.5		8			1		1
63277	BX/EXC XDRL SPINE LESN LMBR	090	544.5	594.5	50	9%	22.39	25.00	2.61	12%	0					2.5		6.5			1		
63278	BX/EXC XDRL SPINE LESN SCRL	090	546.5	596.5	50	9%	22.12	24.73	2.61	12%	0					2.5		6.5			1		
63280	BX/EXC IDRL SPINE LESN CRVL	090	669	732.5	63.5	9%	30.29	33.54	3.25	11%	0					3		8.5			1		
63281	BX/EXC IDRL SPINE LESN THRC	090	669	732.5	63.5	9%	29.99	33.24	3.25	11%	0					3		8.5			1		
63282	BX/EXC IDRL SPINE LESN LMBR	090	623	679	56	9%	28.15	31.04	2.89	10%	0					3		7			1		
63283	BX/EXC IDRL SPINE LESN SCRL	090	618	674	56	9%	26.76	29.65	2.89	11%	0					3		7			1		
63285	BX/EXC IDRL IMED LESN CRVL	090	762	830.5	68.5	9%	38.05	41.54	3.49	9%	0					3		9.5			1		
63286	BX/EXC IDRL IMED LESN THRC	090	747	813	66	9%	37.62	40.99	3.37	9%	0					3		9			1		
63287	BX/EXC IDRL IMED LESN THRLMB	090	931	1002	71	8%	40.08	43.69	3.61	9%	0					3		10			1		2.5
63290	BX/EXC XDRL/IDRL LSN ANY LVL	090	960	1033.5	73.5	8%	40.82	44.55	3.73	9%	0					3		10.5			1		2.5
63300	REMOVE VERT XDRL BODY CRVCL	090	638.5	691	52.5	8%	26.80	29.53	2.73	10%	0					2.5		7			1		1.5
63301	REMOVE VERT XDRL BODY THRC	090	950	1023.5	73.5	8%	31.57	35.30	3.73	12%	0					3		10.5			1		3.5
63302	REMOVE VERT XDRL BODY THRLM	090	871	939.5	68.5	8%	31.15	34.64	3.49	11%	0					3		9.5			1		2.5
63303	REMOV VERT XDRL BDY LMBR/SA	090	809.5	869.5	60	7%	33.55	36.64	3.09	9%	0					2.5		8.5			1		2.5
63304	REMOVE VERT IDRL BODY CRVCL	090	845	911	66	8%	33.85	37.22	3.37	10%	0					3		9			1		3
63305	REMOVE VERT IDRL BODY THRC	090	1004	1077.5	73.5	7%	36.24	39.97	3.73	10%	0					3		10.5			1		4
63306	REMOV VERT IDRL BDY THRLMB	090	871	939.5	68.5	8%	35.55	39.04	3.49	10%	0					3		9.5			1		2.5
63307	REMOV VERT IDRL BDY LMBR/SA	090	863	931.5	68.5	8%	34.96	38.45	3.49	10%	0					3		9.5			1		2.5
63600	REMOVE SPINAL CORD LESION	090	364	398	34	9%	15.12	16.96	1.84	12%	0							4			1		
63620	SRS SPINAL LESION	090	195	209	14	7%	15.60	16.37	0.77	5%	0					2						0.5	
63650	IMPLANT NEUROELECTRODES	010	170	177	7	4%	7.15	7.59	0.44	6%	0					1						0.5	
63655	IMPLANT NEUROELECTRODES	090	254	270	16	6%	10.92	11.91	0.99	9%	0				1	2						0.5	
63661	REMOVE SPINE ELTRD PERQ ARAY	010	165	172	7	4%	5.08	5.52	0.44	9%	0					1						0.5	
63662	REMOVE SPINE ELTRD PLATE	090	243	259	16	7%	11.00	12.10	1.10	10%	0				1	2						1	
63663	REVISE SPINE ELTRD PERQ ARAY	010	200	207	7	3%	7.75	8.19	0.44	6%	0					1						0.5	
63664	REVISE SPINE ELTRD PLATE	090	273	289	16	6%	11.52	12.62	1.10	10%	0				1	2						1	
63700	REPAIR OF SPINAL HERNIATION	090	401	437	36	9%	17.47	19.40	1.93	11%	0					3					1		
63702	REPAIR OF SPINAL HERNIATION	090	463	499	36	8%	19.41	21.34	1.93	10%	0					3					1		
63704	REPAIR OF SPINAL HERNIATION	090	609	677	68	11%	22.43	25.89	3.46	15%	0					4					1		
63706	REPAIR OF SPINAL HERNIATION	090	679	747	68	10%	25.35	28.81	3.46	14%	0					4					1		
63707	REPAIR SPINAL FLUID LEAKAGE	090	377.5	420	42.5	11%	12.65	14.90	2.25	18%	0					2.5					1		
63709	REPAIR SPINAL FLUID LEAKAGE	090	426.5	466.5	40	9%	15.65	17.78	2.13	14%	0					2.5					1		
63710	GRAFT REPAIR OF SPINE DEFECT	090	407.5	447.5	40	10%	15.40	17.53	2.13	14%	0					2.5					1		
63740	INSTALL SPINAL SHUNT	090	378.5	416	37.5	10%	12.63	14.64	2.01	16%	0					2.5					1		
63741	INSTALL SPINAL SHUNT	090	289	313	24	8%	9.12	10.48	1.36	15%	0					2					1		



63744	REVISION OF SPINAL SHUNT	090	282.5	308	25.5	9%	8.94	10.38	1.44	16%	0				1.5			3			1
63746	REMOVAL OF SPINAL SHUNT	090	254.5	282.5	28	11%	7.33	8.89	1.56	21%	0				1.5			3.5			1
64568	OPN IMPLTJ CRNL NRV NEA&PG	090	275	294	19	7%	9.00	10.12	1.12	12%	0				2			1			1
64569	REVISE/REPL VAGUS N ELTRD	090	312	331	19	6%	11.00	12.12	1.12	10%	0				2			1			1
64570	REMOVE VAGUS N ELTRD	090	259	271	12	5%	9.10	9.89	0.79	9%	0				1			1			1
64575	OPN IMPLTJ NEA PERPH NERVE	090	78	81	3	4%	4.42	4.75	0.33	7%	0				1.5						
64580	OPN IMPLTJ NEA NEUROMUSCUL	090	79	82	3	4%	4.19	4.52	0.33	8%	0				1.5						
64581	OPN IMPLTJ NEA SACRAL NERVE	090	269	278	9	3%	12.20	12.73	0.53	4%	-2						1				0.5
64585	REV/RMV PERPH NSTIM ELTRD R	010	58	60	2	3%	2.11	2.33	0.22	10%	0				1						
64600	INJECTION TREATMENT OF NERVE	010	77	79	2	3%	3.49	3.71	0.22	6%	0				1						
64605	INJECTION TREATMENT OF NERVE	010	103	105	2	2%	5.65	5.87	0.22	4%	0				1						
64610	INJECTION TREATMENT OF NERVE	010	140	142	2	1%	7.20	7.42	0.22	3%	0				1						
64611	CHEMODENERV SALIV GLANDS	010	36	38	2	6%	1.03	1.25	0.22	21%	0				1						
64612	DESTROY NERVE FACE MUSCLE	010	41	43	2	5%	1.41	1.63	0.22	16%	0				1						
64620	INJECTION TREATMENT OF NERVE	010	76	78	2	3%	2.89	3.11	0.22	8%	0				1						
64630	INJECTION TREATMENT OF NERVE	010	78	80	2	3%	3.05	3.27	0.22	7%	0				1						
64632	N BLOCK INJ COMMON DIGIT	010	36	38	2	6%	1.23	1.45	0.22	18%	0				1						
64680	INJECTION TREATMENT OF NERVE	010	98	100	2	2%	2.67	2.89	0.22	8%	0				1						
64681	INJECTION TREATMENT OF NERVE	010	122	132	10	8%	3.78	4.26	0.48	13%	0							2			
64702	REVISE FINGER/TOE NERVE	090	212	230	18	8%	6.26	7.47	1.21	19%	0				2	2					0.5
64704	REVISE HAND/FOOT NERVE	090	152	157	5	3%	4.69	5.24	0.55	12%	0				2.5						
64708	REVISE ARM/LEG NERVE	090	220	233	13	6%	6.36	7.46	1.10	17%	0				3	1					0.5
64712	REVISION OF SCIATIC NERVE	090	294	307.5	13.5	5%	8.07	9.31	1.24	15%	0				3			1.5			1
64713	REVISION OF ARM NERVE(S)	090	429	446	17	4%	11.40	12.87	1.47	13%	0				3.5			2			1
64714	REVISE LOW BACK NERVE(S)	090	364	373.5	9.5	3%	10.55	11.66	1.11	11%	0				3.5			0.5			1
64716	REVISION OF CRANIAL NERVE	090	182	198	16	9%	6.99	7.87	0.88	13%	0				1	2					
64718	REVISE ULNAR NERVE AT ELBOW	090	250	278	28	11%	7.26	8.69	1.43	20%	0					4					0.5
64719	REVISE ULNAR NERVE AT WRIST	090	149	154	5	3%	4.97	5.52	0.55	11%	0				2.5						
64721	CARPAL TUNNEL SURGERY	090	171	187	16	9%	4.97	5.96	0.99	20%	0				1	2					0.5
64722	RELIEVE PRESSURE ON NERVE(S)	090	159	164	5	3%	4.82	5.48	0.66	14%	0				2.5						0.5
64726	RELEASE FOOT/TOE NERVE	090	151	155	4	3%	4.27	4.82	0.55	13%	0				2						0.5
64732	INCISION OF BROW NERVE	090	132.5	143	10.5	8%	4.89	5.50	0.61	12%	0					1.5					0.5
64734	INCISION OF CHEEK NERVE	090	186	200	14	8%	5.55	6.43	0.88	16%	0					2					1
64736	INCISION OF CHIN NERVE	090	139	153	14	10%	5.23	5.89	0.66	13%	0					2					
64738	INCISION OF JAW NERVE	090	173	187	14	8%	6.36	7.13	0.77	12%	0					2					0.5
64740	INCISION OF TONGUE NERVE	090	166	180	14	8%	6.22	6.99	0.77	12%	0					2					0.5
64742	INCISION OF FACIAL NERVE	090	179	193	14	8%	6.85	7.62	0.77	11%	0					2					0.5
64744	INCISE NERVE BACK OF HEAD	090	192.5	203	10.5	5%	5.72	6.44	0.72	13%	0					1.5					1
64746	INCISE DIAPHRAGM NERVE	090	177	191	14	8%	6.56	7.33	0.77	12%	0					2					0.5
64755	INCISION OF STOMACH NERVES	090	360	377	17	5%	15.05	17.14	2.09	14%	0				1	1		3	1	1	1
64760	INCISION OF VAGUS NERVE	090	212	226	14	7%	7.59	8.47	0.88	12%	0					2					1
64763	INCISE HIP/THIGH NERVE	090	210	224	14	7%	7.56	8.33	0.77	10%	0					2					0.5
64766	INCISE HIP/THIGH NERVE	090	239.5	257	17.5	7%	9.47	10.41	0.94	10%	0					2.5					0.5
64771	SEVER CRANIAL NERVE	090	236.5	254	17.5	7%	8.15	9.09	0.94	11%	0					2.5					0.5
64772	INCISION OF SPINAL NERVE	090	245	259	14	6%	7.84	8.72	0.88	11%	0					2					1
64774	REMOVE SKIN NERVE LESION	090	174	188	14	8%	5.80	6.57	0.77	13%	0					2					0.5
64776	REMOVE DIGIT NERVE LESION	090	158.5	169	10.5	7%	5.60	6.21	0.61	11%	0					1.5					0.5
64782	REMOVE LIMB NERVE LESION	090	235	249	14	6%	6.86	7.74	0.88	13%	0					2					1
64784	REMOVE NERVE LESION	090	257.5	275	17.5	7%	10.62	11.56	0.94	9%	0					2.5					0.5
64786	REMOVE SCIATIC NERVE LESION	090	291.5	309	17.5	6%	16.25	17.19	0.94	6%	0					2.5					0.5
64788	REMOVE SKIN NERVE LESION	090	183	197	14	8%	5.24	6.01	0.77	15%	0					2					0.5
64790	REMOVAL OF NERVE LESION	090	331.5	349	17.5	5%	12.10	13.04	0.94	8%	0					2.5					0.5
64792	REMOVAL OF NERVE LESION	090	416	437	21	5%	15.86	17.07	1.21	8%	0					3					1
64802	SYMPATHECTOMY CERVICAL	090	354.5	389.5	35	10%	10.37	12.26	1.89	18%	0					2.5		3.5			1
64804	REMOVE SYMPATHETIC NERVES	090	389.5	427	37.5	10%	15.91	17.92	2.01	13%	0					2.5		4			1
64809	REMOVE SYMPATHETIC NERVES	090	336	367.5	31.5	9%	14.71	16.43	1.72	12%	0					2		3.5			1
64818	REMOVE SYMPATHETIC NERVES	090	345	376.5	31.5	9%	11.34	13.06	1.72	15%	0					2		3.5			1
64820	SYMPATHECTOMY DIGITAL ARTERY	090	268	277	9	3%	10.74	11.29	0.55	5%	-4		2		1	1					
64821	REMOVE SYMPATHETIC NERVES	090	269	287	18	7%	9.33	10.78	1.45	16%	0					3	1		1		1
64822	REMOVE SYMPATHETIC NERVES	090	269	287	18	7%	9.33	10.78	1.45	16%	0					3	1		1		1
64823	SYMPATHECTOMY SUPFC PALMA	090	299	317	18	6%	10.94	12.39	1.45	13%	0					3	1		1		1
64831	REPAIR OF DIGIT NERVE	090	237	255	18	8%	9.16	10.37	1.21	13%	0					2					0.5
64834	REPAIR OF HAND OR FOOT NERVE	090	226	240	14	6%	10.81	11.69	0.88	8%	0					2					1
64835	REPAIR OF HAND OR FOOT NERVE	090	259.5	277	17.5	7%	11.73	12.78	1.05	9%	0					2.5					1
64836	REPAIR OF HAND OR FOOT NERVE	090	260.5	278	17.5	7%	11.73	12.78	1.05	9%	0					2.5					1
64840	REPAIR OF LEG NERVE	090	356	379.5	23.5	7%	14.02	15.35	1.33	9%	0					3		0.5			1
64856	REPAIR/TRANSPOSE NERVE	090	415.5	453	37.5	9%	15.07	17.08	2.01	13%	0					2.5		4			1
64857	REPAIR ARM/LEG NERVE	090	428.5	468.5	40	9%	15.82	17.95	2.13	13%	0					2.5		4.5			1
64858	REPAIR SCIATIC NERVE	090	442.5	482.5	40	9%	17.82	19.95	2.13	12%	0					2.5		4.5			1
64861	REPAIR OF ARM NERVES	090	549	600	51	9%	20.89	23.54	2.65	13%	0					3		6			1
64862	REPAIR OF LOW BACK NERVES	090	531	582	51	10%	21.09	23.74	2.65	13%	0					3		6			1
64864	REPAIR OF FACIAL NERVE	090	321	345	24	7%	13.41	14.77	1.36	10%	0					2		2			1
64865	REPAIR OF FACIAL NERVE	090	365.5	385.5	20	5%	16.09	17.26	1.17	7%	0					2.5		0.5			1

64866	FUSION OF FACIAL/OTHER NERVE	090	391.5	421.5	30	8%	16.83	18.48	1.65	10%	0				2.5			2.5			1
64868	FUSION OF FACIAL/OTHER NERVE	090	351	375	24	7%	14.90	16.26	1.36	9%	0				2			2			1
64885	NERVE GRAFT HEAD/NECK <4 CM	090	325	339	14	4%	17.60	18.48	0.88	5%	0				2						1
64886	NERVE GRAFT HEAD/NECK >4 CM	090	411	426	15	4%	20.82	22.14	1.32	6%	0				2			1	1		1
64890	NRV GRF 1STRND HND/FOOT <4C	090	403.5	433.5	30	7%	16.24	17.89	1.65	10%	0				2.5			2.5			1
64891	NRV GRF 1STRND HND/FOOT >4C	090	424.5	459.5	35	8%	17.35	19.24	1.89	11%	0				2.5			3.5			1
64892	NRV GRF 1STRND ARM/LEG <4CM	090	396.5	426.5	30	8%	15.74	17.39	1.65	10%	0				2.5			2.5			1
64893	NRV GRF 1STRND ARM/LEG >4 CM	090	439.5	477	37.5	9%	16.87	18.88	2.01	12%	0				2.5			4			1
64895	NRV GRF MLTST HND/FOOT <4 CM	090	458.5	491	32.5	7%	20.39	22.16	1.77	9%	0				2.5			3			1
64896	NRV GRF MLTST HND/FOOT >4 CM	090	523	566.5	43.5	8%	21.96	24.25	2.29	10%	0				3			4.5			1
64897	NRV GRF MLTST ARM/LEG <4 CM	090	480.5	513	32.5	7%	19.38	21.15	1.77	9%	0				2.5			3			1
64898	NRV GRF MLTST ARM/LEG >4 CM	090	531	574.5	43.5	8%	20.97	23.26	2.29	11%	0				3			4.5			1
64905	NERVE PEDICLE TRANSFER	090	383.5	413.5	30	8%	15.11	16.76	1.65	11%	0				2.5			2.5			1
64907	NERVE PEDICLE TRANSFER	090	404.5	439.5	35	9%	20.03	21.92	1.89	9%	0				2.5			3.5			1
65091	REVISE EYE	090	164.5	182	17.5	11%	7.26	8.20	0.94	13%	0				2.5						0.5
65093	REVISE EYE WITH IMPLANT	090	214	221	7	3%	7.04	8.03	0.99	14%	0			3.5							1
65101	REMOVAL OF EYE	090	232	260	28	12%	8.30	9.73	1.43	17%	0				4						0.5
65103	REMOVE EYE/INSERT IMPLANT	090	237	265	28	12%	8.84	10.27	1.43	16%	0				4						0.5
65105	REMOVE EYE/ATTACH IMPLANT	090	269.5	301	31.5	12%	9.93	11.53	1.60	16%	0				4.5						0.5
65110	REMOVAL OF EYE	090	370.5	409	38.5	10%	15.70	17.74	2.04	13%	0				5.5						1
65112	REMOVE EYE/REVISE SOCKET	090	434.5	482.5	48	11%	18.51	21.00	2.49	13%	0				6.5			0.5			1
65114	REMOVE EYE/REVISE SOCKET	090	446.5	494.5	48	11%	19.65	22.14	2.49	13%	0				6.5			0.5			1
65125	REVISE OCULAR IMPLANT	090	148	154	6	4%	3.27	3.93	0.66	20%	0			3							
65130	INSERT OCULAR IMPLANT	090	200	228	28	14%	8.42	9.74	1.32	16%	0				4						
65135	INSERT OCULAR IMPLANT	090	207	235	28	14%	8.60	9.92	1.32	15%	0				4						
65140	ATTACH OCULAR IMPLANT	090	255.5	287	31.5	12%	9.46	11.06	1.60	17%	0				4.5						0.5
65150	REVISE OCULAR IMPLANT	090	187	194	7	4%	6.43	7.31	0.88	14%	0			3.5							0.5
65155	REINSERT OCULAR IMPLANT	090	259.5	291	31.5	12%	10.10	11.59	1.49	15%	0				4.5						
65175	REMOVAL OF OCULAR IMPLANT	090	174.5	199	24.5	14%	7.40	8.56	1.16	16%	0				3.5						
65235	REMOVE FOREIGN BODY FROM E	090	185.5	217	31.5	17%	9.01	10.50	1.49	16%	0				4.5						
65260	REMOVE FOREIGN BODY FROM E	090	270	305	35	13%	12.54	14.30	1.76	14%	0				5						0.5
65265	REMOVE FOREIGN BODY FROM E	090	291.5	330	38.5	13%	14.34	16.16	1.82	13%	0				5.5						
65270	REPAIR OF EYE WOUND	010	67	69	2	3%	1.95	2.17	0.22	11%	0			1							
65272	REPAIR OF EYE WOUND	090	115.5	133	17.5	15%	4.62	5.45	0.83	18%	0				2.5						
65273	REPAIR OF EYE WOUND	090	164.5	182	17.5	11%	5.16	6.21	1.05	20%	0				2.5						1
65275	REPAIR OF EYE WOUND	090	146	167	21	14%	6.29	7.28	0.99	16%	0				3						
65280	REPAIR OF EYE WOUND	090	249.5	281	31.5	13%	9.10	10.70	1.60	18%	0				4.5						0.5
65285	REPAIR OF EYE WOUND	090	353	397	44	12%	15.36	17.67	2.31	15%	0			1	6						0.5
65286	REPAIR OF EYE WOUND	090	172.5	197	24.5	14%	6.63	7.79	1.16	17%	0				3.5						
65290	REPAIR OF EYE SOCKET WOUND	090	178.5	203	24.5	14%	6.53	7.69	1.16	18%	0				3.5						
65400	REMOVAL OF EYE LESION	090	189.5	221	31.5	17%	7.50	8.99	1.49	20%	0				4.5						
65420	REMOVAL OF EYE LESION	090	149	157	8	5%	4.36	5.24	0.88	20%	0			4							
65426	REMOVAL OF EYE LESION	090	162.5	170.5	8	5%	6.05	7.04	0.99	16%	0			4							0.5
65436	CURETTE/TREAT CORNEA	090	101	115	14	14%	4.82	5.48	0.66	14%	0				2						
65450	TREATMENT OF CORNEAL LESION	090	117	125	8	7%	3.47	4.35	0.88	25%	0			4							
65600	REVISION OF CORNEA	090	115.5	133	17.5	15%	4.20	5.03	0.83	20%	0				2.5						
65710	CORNEAL TRANSPLANT	090	317	363	46	15%	14.45	16.61	2.16	15%	-4			4	2						
65730	CORNEAL TRANSPLANT	090	322	368	46	14%	16.35	18.51	2.16	13%	-4			4	2						
65750	CORNEAL TRANSPLANT	090	288	330	42	15%	16.90	18.88	1.98	12%	0				6						
65755	CORNEAL TRANSPLANT	090	288	330	42	15%	16.79	18.77	1.98	12%	0				6						
65756	CORNEAL TRNSPL ENDOTHELIAL	090	255	282	27	11%	16.84	18.60	1.76	10%	0			3	3						0.5
65770	REVISE CORNEA WITH IMPLANT	090	456.5	507	50.5	11%	19.74	22.35	2.61	13%	0				6.5			1			1
65772	CORRECTION OF ASTIGMATISM	090	128.5	146	17.5	14%	5.09	5.92	0.83	16%	0				2.5						
65775	CORRECTION OF ASTIGMATISM	090	168.5	193	24.5	15%	6.91	8.07	1.16	17%	0				3.5						
65781	OCULAR RECONST TRANSPLANT	090	354	374	20	6%	18.14	20.45	2.31	13%	0			10							0.5
65782	OCULAR RECONST TRANSPLANT	090	331	349	18	5%	15.43	17.52	2.09	14%	0			9							0.5
65810	DRAINAGE OF EYE	090	142	163	21	15%	5.82	6.81	0.99	17%	0				3						
65815	DRAINAGE OF EYE	090	152	173	21	14%	6.00	6.99	0.99	17%	0				3						
65820	RELIEVE INNER EYE PRESSURE	090	244	264	20	8%	8.91	10.23	1.32	15%	0			3	2						
65850	INCISION OF EYE	090	233	243	10	4%	11.39	12.71	1.32	12%	0			5							1
65860	INCISE INNER EYE ADHESIONS	090	120	122	2	2%	3.59	3.81	0.22	6%	0			1							
65865	INCISE INNER EYE ADHESIONS	090	135	142	7	5%	5.77	6.54	0.77	13%	0			3.5							
65870	INCISE INNER EYE ADHESIONS	090	165.5	190	24.5	15%	7.39	8.55	1.16	16%	0				3.5						
65875	INCISE INNER EYE ADHESIONS	090	178	206	28	16%	7.81	9.13	1.32	17%	0				4						
65880	INCISE INNER EYE ADHESIONS	090	185	213	28	15%	8.36	9.68	1.32	16%	0				4						
65900	REMOVE EYE LESION	090	246	281	35	14%	12.51	14.16	1.65	13%	0				5						
65920	REMOVE IMPLANT OF EYE	090	214	249	35	16%	9.99	11.64	1.65	17%	0				5						
65930	REMOVE BLOOD CLOT FROM EYE	090	176	197	21	12%	8.39	9.49	1.10	13%	0				3						0.5
66020	INJECTION TREATMENT OF EYE	010	52	54	2	4%	1.64	1.86	0.22	13%	0			1							
66030	INJECTION TREATMENT OF EYE	010	51	53	2	4%	1.30	1.52	0.22	17%	0			1							
66130	REMOVE EYE LESION	090	131	137	6	5%	7.83	8.49	0.66	8%	0			3							
66150	GLAUCOMA SURGERY	090	269	318	49	18%	10.53	12.84	2.31	22%	0				7						
66155	GLAUCOMA SURGERY	090	284	333	49	17%	10.52	12.94	2.42	23%	0				7						0.5















21208	AUGMENTATION OF FACIAL BONE	090	320	349	29	9%	11.42	13.27	1.85	16%	-2			3	2	1						0.5			
21209	REDUCTION OF FACIAL BONES	090	270	297	27	10%	7.82	9.58	1.76	23%	0			3	3								0.5		
21210	FACE BONE GRAFT	090	318	352	34	11%	11.69	13.54	1.85	16%	-2			2	3	1									
21215	LOWER JAW BONE GRAFT	090	334	368	34	10%	12.23	14.08	1.85	15%	-2			2	3	1									
21230	RIB CARTILAGE GRAFT	090	342	353	11	3%	11.17	12.16	0.99	9%	0			2	1									1	
21235	EAR CARTILAGE GRAFT	090	265	285	20	8%	7.50	8.93	1.43	19%	0			3	2									0.5	
21240	RECONSTRUCTION OF JAW JOINT	090	425	472	47	11%	16.07	18.51	2.44	15%	0				6								1		1
21242	RECONSTRUCTION OF JAW JOINT	090	402	432	30	7%	14.59	16.99	2.40	16%	-2			3	2	1							1		1
21243	RECONSTRUCTION OF JAW JOINT	090	751	827	76	10%	24.53	28.73	4.20	17%	0				10								2	1	1
21244	RECONSTRUCTION OF LOWER JAW	090	387	422	35	9%	13.62	16.26	2.64	19%	-2			3	2	1							2	1	1
21245	RECONSTRUCTION OF JAW	090	376	408	32	9%	13.12	15.10	1.98	15%	-2			2	2	1							1		1
21246	RECONSTRUCTION OF JAW	090	369	382	13	4%	12.92	14.13	1.21	9%	0			3	1										1
21247	RECONSTRUCT LOWER JAW BONE	090	544	590	46	8%	24.37	27.14	2.77	11%	-2			3	3	1							2		1
21248	RECONSTRUCTION OF JAW	090	223	251	28	13%	12.74	14.06	1.32	10%	0				4										
21249	RECONSTRUCTION OF JAW	090	295	323	28	9%	18.77	20.09	1.32	7%	0				4										
21255	RECONSTRUCT LOWER JAW BONE	090	457	503	46	10%	18.46	21.23	2.77	15%	-2			3	3	1							2		1
21256	RECONSTRUCTION OF ORBIT	090	444	467	23	5%	17.66	19.38	1.72	10%	-2			2	2	1								1	
21260	REVISE EYE SOCKETS	090	426	436	10	2%	17.90	19.62	1.72	10%	0			2	2									2	1
21261	REVISE EYE SOCKETS	090	674	697	23	3%	34.07	36.94	2.87	8%	-2			2	3	1								2	1
21263	REVISE EYE SOCKETS	090	639	662	23	4%	31.01	33.88	2.87	9%	-2			2	3	1								2	1
21267	REVISE EYE SOCKETS	090	476	495	19	4%	20.69	22.83	2.14	10%	-2			2	2	1								2	1
21268	REVISE EYE SOCKETS	090	614	637	23	4%	27.07	29.94	2.87	11%	-2			2	3	1								2	1
21270	AUGMENTATION CHEEK BONE	090	362	373	11	3%	10.63	11.40	0.77	7%	0			2	1										
21275	REVISION ORBITOFACIAL BONES	090	360	376	16	4%	11.76	12.99	1.23	10%	0			2	1									1	1
21280	REVISION OF EYELID	090	251	276	25	10%	7.13	8.43	1.30	18%	-2			1	2	1									
21282	REVISION OF EYELID	090	209	227	18	9%	4.27	5.24	0.97	23%	-2			1	1	1									
21295	REVISION OF JAW MUSCLE/BONE	090	101	110	9	9%	1.90	2.45	0.55	29%	0			1	1										
21296	REVISION OF JAW MUSCLE/BONE	090	219	235	16	7%	4.78	6.01	1.23	26%	0			2	1									1	1
21325	OPEN TX NOSE FX UNCOMPLICAT	090	217	228	11	5%	4.18	5.17	0.99	24%	0			2	1										1
21330	OPEN TX NOSE FX W/SKELE FIX	090	251	262	11	4%	5.79	6.78	0.99	17%	0			2	1										1
21335	OPEN TX NOSE & SEPTAL FX	090	293	304	11	4%	9.02	10.01	0.99	11%	0			2	1										1
21336	OPEN TX SEPTAL FX W/WO STAB	090	243	268	25	10%	6.77	8.20	1.43	21%	0			2	3										
21337	CLOSED TX SEPTAL&NOSE FX	090	154	170	16	10%	3.39	4.27	0.88	26%	0			1	2										
21338	OPEN NASOETHMOID FX W/O FIX	090	291	302	11	4%	6.87	7.86	0.99	14%	0			2	1										1
21339	OPEN NASOETHMOID FX W/ FIX	090	315	326	11	3%	8.50	9.49	0.99	12%	0			2	1										1
43497	TRANSORL LWR ESOPHGL MYOTOM	090	281	295	14	5%	13.29	14.06	0.77	6%	0				2										0.5
21340	PERQ TX NASOETHMOID FX	090	347	365	18	5%	11.49	12.81	1.32	11%	0			2	2										1
21343	OPEN TX DPRSD FRONT SINUS FX	090	389	410	21	5%	14.32	16.17	1.85	13%	0			2	3									1	1
21344	OPEN TX COMPL FRONT SINUS FX	090	519	537	18	3%	21.57	23.82	2.25	10%	0			2	3									1	1
21345	CLOSED TX NOSE/JAW FX	090	312	337	25	8%	9.06	10.84	1.78	20%	0			3	2									1	1
21346	OPN TX NASOMAX FX W/FIX	090	352	375	23	7%	11.45	13.01	1.56	14%	0			2	2									1	1
21347	OPN TX NASOMAX FX MULTIPLE	090	393	416	23	6%	13.53	15.09	1.56	12%	0			2	2									1	1
21348	OPN TX NASOMAX FX W/GRAFT	090	452	475	23	5%	17.52	19.08	1.56	9%	0			2	2									1	1
21010	INCISION OF JAW JOINT	090	337	351	14	4%	11.04	12.69	1.65	15%	0			3	1									1	1
21011	EXC FACE LES SC <2 CM	090	107	116	9	8%	2.99	3.54	0.55	18%	0			1	1										
21012	EXC FACE LES SBQ 2 CM/>	090	148	157	9	6%	4.45	5.11	0.66	15%	0			1	1										0.5
21013	EXC FACE TUM DEEP < 2 CM	090	174	183	9	5%	5.42	6.08	0.66	12%	0			1	1										0.5
21014	EXC FACE TUM DEEP 2 CM/>	090	217	233	16	7%	7.13	8.12	0.99	14%	0			1	2										0.5
21015	RESECT FACE/SCALP TUM < 2 CM	090	277	300	23	8%	9.89	11.21	1.32	13%	0			1	3										0.5
21016	RESECT FACE/SCALP TUM 2 CM/>	090	398	424	26	7%	15.26	17.22	1.96	13%	-2			1	2	1								1	1
21025	EXCISION OF BONE LOWER JAW	090	283	301	18	6%	10.03	11.13	1.10	11%	0			2	2										
21026	EXCISION OF FACIAL BONE(S)	090	261	284	23	9%	5.70	7.26	1.56	27%	0			2	2									1	1
21029	CONTOUR OF FACE BONE LESION	090	196	212	16	8%	8.39	9.38	0.99	12%	0			1	2										0.5
21030	EXCISE MAX/ZYGOMA B9 TUMOR	090	133	144	11	8%	4.91	5.68	0.77	16%	0			2	1										
21031	REMOVE EXOSTOSIS MANDIBLE	090	93	95	2	2%	3.30	3.52	0.22	7%	-2			1	1										
23920	DISARTICULATION SHOULDER	090	475	518	43	9%	16.23	18.49	2.26	14%	0				4									3	1
23921	DISARTICULATION SHO SEC CLSR	090	241	250.5	9.5	4%	5.72	6.83	1.11	19%	0				3.5									0.5	1
23930	I&D UPR A/E DP ABSC/HMTMA	010	92	94	2	2%	2.99	3.32	0.33	11%	0			1											0.5
23931	I&D UPR A/E BURSA	010	75	77	2	3%	1.84	2.17	0.33	18%	0			1											0.5
23935	INC DP OPN B1 CRTX HUM/ELBW	090	233	245	12	5%	6.38	7.61	1.23	19%	0				3.5									1	1
24000	ARTHRT ELBW EXPL DRG/RMVL F	090	217	228	11	5%	6.08	7.20	1.12	18%	0				3									1	1
24006	ARTHRT ELBW CAPSL EXC RLS	090	282	300	18	6%	9.74	11.32	1.58	16%	0				4									2	1
24065	BIOPSY ARM/ELBOW SOFT TISSUE	010	80	82	2	2%	2.13	2.35	0.22	10%	0				1										
24066	BIOPSY ARM/ELBOW SOFT TISSUE	090	172	178	6	3%	5.35	6.12	0.77	14%	0				3										0.5
24071	EXC ARM/ELBOW LES SC 3 CM/>	090	183	192	9	5%	5.70	6.36	0.66	12%	0				1	1									0.5
24073	EX ARM/ELBOW TUM DEEP 5 CM	090	283	304	21	7%	10.13	11.47	1.34	13%	0				1	2								1	1
24075	EXC ARM/ELBOW LES SC < 3 CM	090	142	151	9	6%	4.24	4.90	0.66	16%	0				1	1									0.5
24076	EX ARM/ELBOW TUM DEEP < 5 CM	090	229	245	16	7%	7.41	8.40	0.99	13%	0				1	2									0.5
24077	RAD RESCJ TUM TISS A/E <5CM	090	405	429	24	6%	15.72	17.59	1.87	12%	0				1	3								1	1
24079	RAD RESCJ TUM TISS A/E 5 CM+	090	472	503	31	7%	20.61	22.81	2.20	11%	-2				1	2	1							2	1
24100	ARTHRT ELBW SYNOVIAL BX ONL	090	157	163	6	4%	5.07	5.84	0.77	15%	0				3										0.5
24101	ARTHRT ELBW JT EXPL BX RMVL	090	189	196	7	4%	6.30	7.18	0.88	14%	0				3.5										0.5
24102	ARTHRT ELBOW W/SYNOVECTOM	090	251	260.5	9.5	4%	8.26	9.37	1.1																













33411	REPLACEMENT OF AORTIC VALVE	090	1059	1052	-7	-1%	62.07	65.68	3.61	6%	-2				1	1		1	4	4	1	2
33412	REPLACEMENT OF AORTIC VALVE	090	866	867	1	0%	59.00	61.28	2.28	4%	-2					1		1	1	3	1	2
33413	REPLACEMENT OF AORTIC VALVE	090	898	906	8	1%	59.87	62.48	2.61	4%	-2				1	1		1	1	3	1	2
33414	REPAIR OF AORTIC VALVE	090	763	764	1	0%	39.37	41.65	2.28	6%	-2					1		1	1	3	1	1
33415	REVISION SUBVALVULAR TISSUE	090	679	679	0	0%	37.27	39.35	2.08	6%	-2					1		1	2	2	1	1
33416	REVISE VENTRICLE MUSCLE	090	664	683	19	3%	36.56	38.61	2.05	6%	-2				1	1		2	1	1	1	1
33417	REPAIR OF AORTIC VALVE	090	750	780.5	30.5	4%	29.33	30.99	1.66	6%	-4							2.5			1	2.5
33418	REPAIR TCAT MITRAL VALVE	090	561	580	19	3%	32.25	33.74	1.49	5%	-4					2			2		1	1
33420	REVISION OF MITRAL VALVE	090	761	814.5	53.5	7%	25.79	28.56	2.77	11%	-3					1.5		8			1	3
33422	REVISION OF MITRAL VALVE	090	892	943	51	6%	29.73	32.38	2.65	9%	-3					1.5		7.5			1	4.5
33425	REPAIR OF MITRAL VALVE	090	880	881	1	0%	49.96	53.17	3.21	6%	-2				1	1		1	2	4	1	1
33426	REPAIR OF MITRAL VALVE	090	776	780	4	1%	43.28	46.09	2.81	6%	-2				1	1		1	2	3	1	1
33427	REPAIR OF MITRAL VALVE	090	737	744	7	1%	44.83	47.24	2.41	5%	-2				1	1		1	2	2	1	1
33430	REPLACEMENT OF MITRAL VALVE	090	913	933	20	2%	50.93	54.10	3.17	6%	-2				2	1		1	2	3	1	2
33460	REVISION OF TRICUSPID VALVE	090	877	867	-10	-1%	44.70	47.78	3.08	7%	-2					1		1	3	4	1	2
33463	VALVULOPLASTY TRICUSPID	090	1127	1108	-19	-2%	57.08	61.29	4.21	7%	-2				1	1		1	7	4	1	2
33464	VALVULOPLASTY TRICUSPID	090	871	868	-3	0%	44.62	48.03	3.41	8%	-2				1	1		1	3	4	1	1
33465	REPLACE TRICUSPID VALVE	090	972	964	-8	-1%	50.72	54.13	3.41	7%	-2				1	1		1	5	3	1	2
33468	REVISION OF TRICUSPID VALVE	090	806	807	1	0%	45.13	47.41	2.28	5%	-2					1		1	1	3	1	2
47382	PERCUT ABLATE LIVER RF	010	265	267	2	1%	14.97	15.30	0.33	2%	0				1						0.5	
47383	PERQ ABLTJ LVR CRYOABLATION	010	196	198	2	1%	8.88	9.21	0.33	4%	0				1						0.5	
49440	PLACE GASTROSTOMY TUBE PERC	010	116	121	5	4%	3.93	4.17	0.24	6%	0							1				
49441	PLACE DUOD/IEJ TUBE PERC	010	123	128	5	4%	4.52	4.76	0.24	5%	0							1				
49442	PLACE CECOSTOMY TUBE PERC	010	108	113	5	5%	3.75	3.99	0.24	6%	0							1				
50592	PERC RF ABLATE RENAL TUMOR	010	145	147	2	1%	6.55	6.88	0.33	5%	0				1						0.5	
50593	PERC CRYO ABLATE RENAL TUM	010	207	214	7	3%	8.88	9.32	0.44	5%	0					1					0.5	
66720	DESTRUCTION CILIARY BODY	090	146	155	9	6%	4.75	5.74	0.99	21%	0					4.5						
69300	REVISE EXTERNAL EAR	YYY	227	236	9	4%	6.44	6.86	0.42	7%	-4				1			1				
92986	REVISION OF AORTIC VALVE	090	463	489	26	6%	22.60	24.05	1.45	6%	0						3		1		1	
92987	REVISION OF MITRAL VALVE	090	329	350	21	6%	23.38	24.37	0.99	4%	0						3					
10040	ACNE SURGERY	010	34	36	2	6%	0.91	1.13	0.22	24%	0					1						
15734	MUSCLE-SKIN GRAFT TRUNK	090	596	617	21	4%	23.00	25.78	2.78	12%	-2						2	2	1	1	1	
15736	MUSCLE-SKIN GRAFT ARM	090	396	428	32	8%	17.04	18.78	1.74	10%	-2					1	3	1			0.5	
15738	MUSCLE-SKIN GRAFT LEG	090	516	548	32	6%	19.04	21.68	2.64	14%	0					1	4		2	2	1	
19303	MAST SIMPLE COMPLETE	090	283	306	23	8%	15.00	16.19	1.19	8%	-2						2	1			0.5	
31610	INCISION OF WINDPIPE	090	367	391	24	7%	12.00	14.29	2.29	19%	0						3		2	1	1	
50080	PERQ NL/PL LITHOTRP SMP<2CM	090	244	258	14	6%	12.41	13.18	0.77	6%	0						2				0.5	
50081	PERQ NL/PL LITHOTRP CPLX>2CM	090	302	316	14	5%	20.91	21.68	0.77	4%	0						2				0.5	
38573	LAPS PELVIC LYMPHNODEC	010	360	376	16	4%	20.00	20.86	0.86	4%	-2						1	1			0.5	
43107	REMOVAL OF ESOPHAGUS	090	977	1003	26	3%	52.05	55.48	3.43	7%	-2						1	2	3	2	1	2
43112	ESPHG TOT W/THRCM	090	1097	1128	31	3%	62.00	65.67	3.67	6%	-2					1	2	1	3	3	2	1
43117	PARTIAL REMOVAL OF ESOPHAGU	090	1067	1098	31	3%	57.50	61.17	3.67	6%	-2					1	2	1	3	3	2	1
43286	ESPHG TOT W/LAPS MOBLJ	090	957	983	26	3%	55.00	58.43	3.43	6%	-2					1	2	1	2	3	2	1
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ	090	1097	1123	26	2%	63.00	66.43	3.43	5%	-2					1	2	1	2	3	2	1
43288	ESPHG THRC MOBLJ	090	1157	1183	26	2%	66.42	69.85	3.43	5%	-2					1	2	1	2	3	2	1
58575	LAPS TOT HYST RESJ MAL	090	510	529	19	4%	32.60	34.10	1.50	5%	-2						2	1		1	1	
15730	MDFC FLAP W/PRSRV VASC PEDC	090	255.5	268.5	13	5%	13.50	14.60	1.10	8%	0					3	1				0.5	
15733	MUSC MYOQ/FSCQ FLP H&N PED	090	305	323	18	6%	15.68	16.89	1.21	8%	0					2	2				0.5	
31241	NSL/SNS NDSC LIG SPHNPTN ART	000	142	142	0	0%	8.00	8.11	0.11	1%	0										0.5	
34701	EVASC RPR A-AO NDGFT	090	482	484	2	0%	23.71	25.08	1.37	6%	0					1	1			1	1	1
34702	EVASC RPR A-AO NDGFT RPT	090	677	686	9	1%	36.00	38.63	2.63	7%	-2					1	1	1	1	2	2	1
34703	EVASC RPR A-UNILAC NDGFT	090	507	509	2	0%	26.52	27.89	1.37	5%	0					1	1			1	1	1
34704	EVASC RPR A-UNILAC NDGFT RPT	090	737	746	9	1%	45.00	47.63	2.63	6%	-2					1	1	1	1	2	2	1
34705	EVASC RPR A-BIILAC NDGFT	090	512	514	2	0%	29.58	30.95	1.37	5%	0					1	1			1	1	1
34706	EVASC RPR A-BIILAC RPT	090	735	744	9	1%	45.00	47.63	2.63	6%	-2					1	1	1	1	2	2	1
57240	ANTERIOR COLPORRHAPHY	090	211	225	14	7%	10.08	10.85	0.77	8%	0						2				0.5	
57250	REPAIR RECTUM & VAGINA	090	211	225	14	7%	10.08	10.85	0.77	8%	0						2				0.5	
57260	CMBN ANT PST COLPRHY	090	241	255	14	6%	13.25	14.02	0.77	6%	0						2				0.5	
57265	CMBN AP COLPRHY W/NTRCL RPT	090	271	285	14	5%	15.00	15.77	0.77	5%	0						2				0.5	
64553	IMPLANT NEUROELECTRODES	010	160	167	7	4%	6.13	6.57	0.44	7%	0						1				0.5	
64555	IMPLANT NEUROELECTRODES	010	145	152	7	5%	5.76	6.20	0.44	8%	0						1				0.5	
64561	IMPLANT NEUROELECTRODES	010	131	140	9	7%	5.44	5.86	0.42	8%	-2							1				
64910	NERVE REPAIR W/ALLOGRAFT	090	257	280	23	9%	10.52	11.84	1.32	13%	0					1	3				0.5	
64911	NEURORRAPHY W/VEIN AUTOGR	090	292	315	23	8%	14.00	15.32	1.32	9%	0					1	3				0.5	
34707	EVASC RPR ILIO-ILIAC NDGFT	090	482	484	2	0%	22.28	23.65	1.37	6%	0								1	1	1	1
34708	EVASC RPR ILIO-ILIAC RPT	090	677	686	9	1%	36.50	39.13	2.63	7%	-2					1	1	1	1	2	2	1
34710	DLYD PLMT XTN PROSTH 1ST VSL	090	397	407	10	3%	15.00	16.21	1.21	8%	0					1	1		1	1	1	
31239	NSL/SINUS ENDOSCOPY SURG DC	010	168	175	7	4%	9.04	9.48	0.44	5%	0						1				0.5	
34712	TCAT DLVR ENHNCD FIXJ DEV	090	307	317	10	3%	12.00	13.21	1.21	10%	0					1	1		1	1	1	
64912	NRV RPR W/NRV ALGRFT 1ST	090	272	295	23	8%	12.00	13.32	1.32	11%	0					1	3				0.5	
33440	RPLCMT A-VALVE TLCJ AUTOL PV	090	998	996	-2	0%	64.00	66.92	2.92	5%	-2						1		2	3	3	2
55821	REMOVAL OF PROSTATE	090	315	325	10	3%	15.18	16.26	1.08	7%	0						2			1	1	
55831	REMOVAL OF PROSTATE	090	322	332	10	3%	15.60	16.68	1.08	7%	0						2			1	1	









35355	RECHANNELING OF ARTERY	090	457	473	16	4%	19.86	21.75	1.89	10%	0			1	1			3	2			1		
35361	RECHANNELING OF ARTERY	090	605	620	15	2%	30.24	32.62	2.38	8%	0			1	2			2	2			1	1	
35363	RECHANNELING OF ARTERY	090	655	675	20	3%	32.35	34.97	2.62	8%	0			1	2			3	2			1	1	
35371	RECHANNELING OF ARTERY	090	325	344	19	6%	15.31	16.56	1.25	8%	0			1	1			2				1		
35372	RECHANNELING OF ARTERY	090	347	366	19	5%	18.58	19.83	1.25	7%	0			1	1			2				1		
35501	ART BYP GRFT IPSILAT CAROTID	090	449	464	15	3%	29.09	30.41	1.32	5%	0				2			1	1			1		
35506	ART BYP GRFT SUBCLAV-CAROTID	090	452	464	12	3%	25.33	27.05	1.72	7%	0				2			1	1			1	1	
35508	ART BYP GRFT CAROTID-VERTBRL	090	404	419	15	4%	26.09	27.41	1.32	5%	0				2			1	1			1		
35509	ART BYP GRFT CONTRAL CAROTID	090	439	454	15	3%	28.09	29.41	1.32	5%	0				2			1	1			1		
35510	ART BYP GRFT CAROTID-BRCHIAL	090	497	508	11	2%	24.39	25.91	1.52	6%	0				2			1	2			1		
35511	ART BYP GRFT SUBCLAV-SUBCLAV	090	407	408	1	0%	22.20	23.37	1.17	5%	0			1	1				2			1		
35512	ART BYP GRFT SUBCLAV-BRCHIAL	090	462	473	11	2%	23.89	25.41	1.52	6%	0				2			1	2			1		
35515	ART BYP GRFT SUBCLAV-VERTBRL	090	414	429	15	4%	26.09	27.41	1.32	5%	0				2			1	1			1		
35516	ART BYP GRFT SUBCLAV-AXILARY	090	424	444	20	5%	24.21	25.77	1.56	6%	0				2			2	1			1		
33471	VLVT PV CLSD HRT VIA P-ART	090	572	608	36	6%	22.96	24.89	1.93	8%	-2				1	1		4				1		1
33474	REVISION OF PULMONARY VALVE	090	738	745	7	1%	39.40	41.81	2.41	6%	-2				1	1		1	2			2	1	1
33475	REPLACEMENT PULMONARY VAL	090	750	757	7	1%	42.40	44.81	2.41	6%	-2				1	1		1	2			2	1	1
33476	REVISION OF HEART CHAMBER	090	859	877	18	2%	26.57	27.63	1.06	4%	-4					2						1		5
33478	REVISION OF HEART CHAMBER	090	882	900	18	2%	27.54	28.60	1.06	4%	-4					2						1		5
33496	REPAIR PROSTH VALVE CLOT	090	881	887	6	1%	29.84	32.29	2.45	8%	-2				1	1		2	5			1		
33500	REPAIR HEART VESSEL FISTULA	090	690	736	46	7%	27.94	30.35	2.41	9%	-3					1.5		6.5				1		2
33501	REPAIR HEART VESSEL FISTULA	090	411	419	8	2%	19.51	21.56	2.05	11%	0			1	1			2	2			1		
33502	CORONARY ARTERY CORRECTION	090	688	718.5	30.5	4%	21.85	23.51	1.66	8%	-4					2		2.5				1		2.5
33503	CORONARY ARTERY GRAFT	090	838	895.5	57.5	7%	22.51	25.43	2.92	13%	-2						2	5.5				1		2.5
33504	CORONARY ARTERY GRAFT	090	789	829.5	40.5	5%	25.46	27.60	2.14	8%	-4					2		4.5				1		2.5
33505	REPAIR ARTERY W/TUNNEL	090	678	727	49	7%	38.40	41.51	3.11	8%	0				1			9				1		1
33506	REPAIR ARTERY TRANSLOCATION	090	678	727	49	7%	37.85	40.96	3.11	8%	0				1			9				1		1
33507	REPAIR ART INTRAMURAL	090	563.5	576.5	13	2%	31.40	32.63	1.23	4%	0					1		2	1			1		1
33510	CABG VEIN SINGLE	090	718	717	-1	0%	34.98	37.68	2.70	8%	-2			1		1		1	2			3	1	1
33511	CABG VEIN TWO	090	750	749	-1	0%	38.45	41.15	2.70	7%	-2			1		1		1	2			3	1	1
33512	CABG VEIN THREE	090	832	828	-4	0%	43.98	47.08	3.10	7%	-2			1		1		1	2			4	1	1
33513	CABG VEIN FOUR	090	850	846	-4	0%	45.37	48.47	3.10	7%	-2			1		1		1	2			4	1	1
33514	CABG VEIN FIVE	090	867	863	-4	0%	48.08	51.18	3.10	6%	-2			1		1		1	2			4	1	1
33516	CABG VEIN SIX OR MORE	090	883	879	-4	0%	49.76	52.86	3.10	6%	-2			1		1		1	2			4	1	1
33517	CABG ARTERY-VEIN SINGLE	ZZZ	53.5	52.6	-0.9	-2%	3.61	3.73	0.12	3%	0											0.3		0.2
33518	CABG ARTERY-VEIN TWO	ZZZ	112.6	110.56	-2.04	-2%	7.93	8.20	0.27	3%	0											0.68		0.36
33519	CABG ARTERY-VEIN THREE	ZZZ	139.8	137.52	-2.28	-2%	10.49	10.79	0.30	3%	0											0.76		0.4
33521	CABG ARTERY-VEIN FOUR	ZZZ	158.05	155.68	-2.37	-1%	12.59	12.91	0.32	3%	0											0.79		0.38
33522	CABG ARTERY-VEIN FIVE	ZZZ	174.45	171.72	-2.73	-2%	14.14	14.50	0.36	3%	0											0.91		0.32
33523	CABG ART-VEIN SIX OR MORE	ZZZ	193	190	-3	-2%	16.08	16.48	0.40	2%	0											1		0.4
33530	CORONARY ARTERY BYPASS/REOP	ZZZ	112.4	111.08	-1.32	-1%	10.13	10.31	0.18	2%	0											0.44		0.26
33533	CABG ARTERIAL SINGLE	090	682	685	3	0%	33.75	36.25	2.50	7%	-2			1		1		1	1			3	1	1
33534	CABG ARTERIAL TWO	090	717	720	3	0%	39.88	42.38	2.50	6%	-2			1		1		1	1			3	1	1
33535	CABG ARTERIAL THREE	090	755	758	3	0%	44.75	47.25	2.50	6%	-2			1		1		1	1			3	1	1
33536	CABG ARTERIAL FOUR OR MORE	090	783	786	3	0%	48.43	50.93	2.50	5%	-2			1		1		1	1			3	1	1
33542	REMOVAL OF HEART LESION	090	848	852	4	0%	48.21	51.02	2.81	6%	-2				1	1		1	2			3	1	2
33274	TCAT INSI/RPL PERM LDLS PM	090	173	180	7	4%	7.80	8.24	0.44	6%	0				1								0.5	
33275	TCAT RMVL PERM LDLS PM W/IM	090	188	195	7	4%	8.59	9.03	0.44	5%	0				1								0.5	
38531	OPEN BX/EXC INGUINOFEM NOD	090	223	237	14	6%	6.74	7.51	0.77	11%	0				2								0.5	
46500	INJECTION INTO HEMORRHOID(S)	010	61	68	7	11%	1.74	2.07	0.33	19%	0				1									
53850	PROSTATIC MICROWAVE THERMO	090	151	172	21	14%	5.42	6.41	0.99	18%	0				3									
53852	PROSTATIC RF THERMOTX	090	142	163	21	15%	5.93	6.92	0.99	17%	0				3									
53854	TRURL DSTRJ PRST8 TISS RF WV	090	137	158	21	15%	5.93	6.92	0.99	17%	0				3									
33545	REPAIR OF HEART DAMAGE	090	939	953	14	1%	57.06	60.10	3.04	5%	-2				1	1		1	1			4	1	2
33548	RESTORE/REMODEL VENTRICLE	090	928	948	20	2%	54.14	57.31	3.17	6%	-2				2	1		1	2			3	1	2
33600	CLOSURE OF VALVE	090	628	676	48	8%	30.31	32.81	2.50	8%	-4					2		6				1		
33602	CLOSURE OF VALVE	090	628	676	48	8%	29.34	31.84	2.50	9%	-4					2		6				1		
33606	ANASTOMOSIS/ARTERY-AORTA	090	728	786	58	8%	31.53	34.51	2.98	9%	-4					2		8				1		
33608	REPAIR ANOMALY W/CONDUIT	090	668	711	43	6%	31.88	34.14	2.26	7%	-4					2		5				1		
33610	REPAIR BY ENLARGEMENT	090	648	701	53	8%	31.40	34.14	2.74	9%	-4					2		7				1		
33611	REPAIR DOUBLE VENTRICLE	090	673	732	59	9%	35.57	38.61	3.04	9%	-2					1		10				1		
33612	REPAIR DOUBLE VENTRICLE	090	673	732	59	9%	36.57	39.61	3.04	8%	-2					1		10				1		
33615	REPAIR MODIFIED FONTAN	090	696	762	66	9%	35.89	39.26	3.37	9%	-2				1	1		10				1		
33617	REPAIR SINGLE VENTRICLE	090	811	868	57	7%	39.09	42.42	3.33	9%	-2					1	1	9				1		
33619	REPAIR SINGLE VENTRICLE	090	1039	1058	19	2%	48.76	52.90	4.14	8%	-12					1	1	7				6	1	1
33620	APPLY R&L PULM ART BANDS	090	609	630	21	3%	30.00	32.55	2.55	9%	0			5	1			5	2			1	1	1
33621	TRANSTHOR CATH FOR STENT	090	363.5	385.5	22	6%	16.18	17.23	1.05	6%	0				1			3						1
33622	REDO COMPL CARDIAC ANOMALY	090	986	1017	31	3%	64.00	67.72	3.72	6%	-2					1		7				3	1	2
33641	REPAIR HEART SEPTUM DEFECT	090	562	569	7	1%	29.58	31.06	1.48	5%	-2					1		1				1	1	1
33645	REVISION OF HEART VEINS	090	546	553	7	1%	31.30	32.78	1.48	5%	-2					1		1				1	1	1
33647	REPAIR HEART SEPTUM DEFECTS	090	614	618	4	1%	33.00	34.88	1.88	6%	-2					1		1				2	1	1
33660	REPAIR OF HEART DEFECTS	090	613	620	7	1%	31.83	33.31	1.48	5%	-2					1		1				1	1	1
33665	REPAIR OF HEART DEFECTS	090	613	620	7	1%	34.85	36.33	1.48	4%	-2					1		1				1	1	1

33670	REPAIR OF HEART CHAMBERS	090	626	645	19	3%	36.63	38.30	1.67	5%	0				1			3		1	1	1	
33675	CLOSE MULT VSD	090	628	644	16	3%	35.95	37.71	1.76	5%	-2					1		3	2		1	1	
33676	CLOSE MULT VSD W/RESECTION	090	658	674	16	2%	36.95	38.71	1.76	5%	-2					1		3	2		1	1	
33677	CL MULT VSD W/REM PUL BAND	090	688	704	16	2%	38.45	40.21	1.76	5%	-2					1		3	2		1	1	
33813	REPAIR SEPTAL DEFECT	090	664	685	21	3%	21.36	22.57	1.21	6%	-2					1	1	1			1	3	
33814	REPAIR SEPTAL DEFECT	090	838	856	18	2%	26.57	27.63	1.06	4%	-4					2					1	5	
33820	REVISE MAJOR VESSEL	090	414	428	14	3%	16.69	17.57	0.88	5%	-2						1	1			1	1	
33822	REVISE MAJOR VESSEL	090	463	472	9	2%	17.71	18.35	0.64	4%	-2						1				1	2	
33824	REVISE MAJOR VESSEL	090	615	633.5	18.5	3%	20.23	21.32	1.09	5%	-2					1	1	0.5			1	2.5	
33840	REMOVE AORTA CONSTRICTION	090	639	662.5	23.5	4%	21.34	22.67	1.33	6%	-2					1	1	1.5			1	2.5	
33845	REMOVE AORTA CONSTRICTION	090	726	749	23	3%	22.93	24.23	1.30	6%	-4						2	1			1	3	
33851	REMOVE AORTA CONSTRICTION	090	700	726	26	4%	21.98	23.43	1.45	7%	-2					1	1	2			1	3	
33852	REPAIR SEPTAL DEFECT	090	719	745	26	4%	24.41	25.86	1.45	6%	-2					1	1	2			1	3	
33853	REPAIR SEPTAL DEFECT	090	668	726	58	9%	32.51	35.49	2.98	9%	-4						2	8			1		
33875	THORACIC AORTIC GRAFT	090	993	1006	13	1%	50.72	53.56	2.84	6%	-2					1	1	1	2	3		1	3
33877	THORACOABDOMINAL GRAFT	090	1110	1130	20	2%	69.03	72.20	3.17	5%	-2					2	1	1	2	3		1	3
33880	ENDOVASC TAA REPR INCL SUBCL	090	599	611	12	2%	34.58	36.30	1.72	5%	0					2		1	1	1	1		
27087	REMOVE HIP FOREIGN BODY	090	249	261	12	5%	8.83	10.06	1.23	14%	0						3.5				1		
27090	REMOVAL OF HIP PROSTHESIS	090	317	340	23	7%	11.69	13.51	1.82	16%	0						4				3		
27091	REMOVAL OF HIP PROSTHESIS	090	577	645	68	12%	24.35	27.81	3.46	14%	0							4			8		
27097	REVISION OF HIP TENDON	090	271	290.5	19.5	7%	9.27	10.86	1.59	17%	0							3.5			2.5		
27098	TRANSFER TENDON TO PELVIS	090	303	323.5	20.5	7%	9.32	11.02	1.70	18%	0							4			2.5		
27100	TRANSFER OF ABDOMINAL MUSC	090	311	322.5	11.5	4%	11.35	12.68	1.33	12%	0									4.5	0.5		
27105	TRANSFER OF SPINAL MUSCLE	090	332	343.5	11.5	3%	12.04	13.37	1.33	11%	0									4.5	0.5		
27110	TRANSFER OF ILIOPSOAS MUSCLE	090	365	386.5	21.5	6%	13.77	15.58	1.81	13%	0									4.5	2.5		
27111	TRANSFER OF ILIOPSOAS MUSCLE	090	339	358	19	6%	12.60	14.29	1.69	13%	0									4.5	2		
27120	RECONSTRUCTION OF HIP SOCKET	090	515	567.5	52.5	10%	19.25	22.61	3.36	17%	0									5	8.5		
27122	RECONSTRUCTION OF HIP SOCKET	090	436	482.5	46.5	11%	16.09	19.10	3.01	19%	0									4.5	7.5		
27125	PARTIAL HIP REPLACEMENT	090	430.5	490	59.5	14%	16.64	19.70	3.06	18%	0									3.5	7		
27132	TOTAL HIP ARTHROPLASTY	090	611	686.5	75.5	12%	25.69	29.51	3.82	15%	0									4	9.5		
27134	REVISE HIP JOINT REPLACEMENT	090	617	673	56	9%	30.28	33.17	2.89	10%	0										3	7	
27137	REVISE HIP JOINT REPLACEMENT	090	492	538	46	9%	22.70	25.11	2.41	11%	0										3	5	
27138	REVISE HIP JOINT REPLACEMENT	090	492	538	46	9%	23.70	26.11	2.41	10%	0										3	5	
27140	TRANSPLANT FEMUR RIDGE	090	335	358	23	7%	12.78	14.60	1.82	14%	0									4	3		
27146	INCISION OF HIP BONE	090	443	481	38	9%	18.92	20.94	2.02	11%	0										4	2	
27147	REVISION OF HIP BONE	090	473	511	38	8%	22.07	24.09	2.02	9%	0										4	2	
27151	INCISION OF HIP BONES	090	523	566	43	8%	24.12	26.38	2.26	9%	0										4	3	
27156	REVISION OF HIP BONES	090	538	581	43	8%	26.23	28.49	2.26	9%	0										4	3	
27158	REVISION OF PELVIS	090	562	617	55	10%	21.04	24.52	3.48	17%	0									5	9		
27161	INCISION OF NECK OF FEMUR	090	489	539	50	10%	17.89	21.13	3.24	18%	0									5	8		
27165	INCISION/FIXATION OF FEMUR	090	531.5	603	71.5	13%	20.29	23.92	3.63	18%	0										4.5	8	
27170	REPAIR/GRAFT FEMUR HEAD/NEC	090	444	490	46	10%	17.61	20.02	2.41	14%	0										3	5	
27175	TREAT SLIPPED EPIPHYSIS	090	308	346.5	38.5	13%	9.38	11.82	2.44	26%	0									3	6.5		
27176	TREAT SLIPPED EPIPHYSIS	090	385	421.5	36.5	9%	12.92	15.45	2.53	20%	0									4.5	5.5		
27177	TREAT SLIPPED EPIPHYSIS	090	477	519.5	42.5	9%	16.09	18.97	2.88	18%	0									5	6.5		
27178	TREAT SLIPPED EPIPHYSIS	090	408	447	39	10%	12.92	15.57	2.65	21%	0									4.5	6		
27179	REVISE HEAD/NECK OF FEMUR	090	442	483.5	41.5	9%	13.97	16.74	2.77	20%	0									4.5	6.5		
27181	TREAT SLIPPED EPIPHYSIS	090	445	483	38	9%	16.18	18.20	2.02	12%	0										4	2	
27185	REVISION OF FEMUR EPIPHYSIS	090	320	345.5	25.5	8%	9.79	11.73	1.94	20%	0									4	3.5		
27187	REINFORCE HIP BONES	090	396	425	29	7%	14.23	16.40	2.17	15%	0									4.5	4		
27200	TREAT TAIL BONE FRACTURE	090	63	66	3	5%	1.92	2.25	0.33	17%	0									1.5			
27202	TREAT TAIL BONE FRACTURE	090	216	227.5	11.5	5%	7.31	8.33	1.02	14%	0									2	1.5		
27215	TREAT PELVIC FRACTURE(S)	090	388	405	17	4%	10.45	12.12	1.67	16%	0									2	2	1	
27216	TREAT PELVIC RING FRACTURE	090	393	427	34	9%	15.73	18.08	2.35	15%	0									1	3	1	
27217	TREAT PELVIC RING FRACTURE	090	443	477	34	8%	14.65	17.00	2.35	16%	0									1	3	1	
27218	TREAT PELVIC RING FRACTURE	090	543	587	44	8%	20.93	23.76	2.83	14%	0									1	3	1	
27222	TREAT HIP SOCKET FRACTURE	090	472	531	59	13%	14.11	17.72	3.61	26%	0									4.5	10		
27226	TREAT HIP WALL FRACTURE	090	412	440	28	7%	15.57	17.63	2.06	13%	0									4	4		
27227	TREAT HIP FRACTURE(S)	090	550	608	58	11%	25.41	28.39	2.98	12%	0										4	6	
27228	TREAT HIP FRACTURE(S)	090	680	729	49	7%	29.33	32.27	2.94	10%	0										4	5	1
27230	TREAT THIGH FRACTURE	090	205	218	13	6%	5.81	7.15	1.34	23%	0									4	1		
27232	TREAT THIGH FRACTURE	090	353	397	44	12%	11.72	14.30	2.58	22%	0									2	8		
27235	TREAT THIGH FRACTURE	090	360	395.5	35.5	10%	13.00	15.42	2.42	19%	0									4	5.5		
27236	TREAT THIGH FRACTURE	090	418	438	20	5%	17.61	19.68	2.07	12%	0									1	3	1	
27238	TREAT THIGH FRACTURE	090	207	216.5	9.5	5%	5.75	6.86	1.11	19%	0									3.5	0.5		
27240	TREAT THIGH FRACTURE	090	454	509	55	12%	13.81	17.29	3.48	25%	0									5	9		
27244	TREAT THIGH FRACTURE	090	438	463	25	6%	18.18	20.49	2.31	13%	0									1	3	2	
27245	TREAT THIGH FRACTURE	090	443	468	25	6%	18.18	20.49	2.31	13%	0									1	3	2	
27246	TREAT THIGH FRACTURE	090	141	146	5	4%	4.83	5.60	0.77	16%	0										2.5	1	
27248	TREAT THIGH FRACTURE	090	384	394	10	3%	10.78	12.63	1.85	17%	0									3	1	2	
27252	TREAT HIP DISLOCATION	090	284	311	27	10%	11.03	12.98	1.95	18%	0									3.5	4		
27253	TREAT HIP DISLOCATION	090	344	372	28	8%	13.58	15.64	2.06	15%	0									4	4		
27254	TREAT HIP DISLOCATION	090	413	442	29	7%	18.94	21.11	2.17	11%	0									4.5	4		



27256	TREAT HIP DISLOCATION	010	154	161	7	5%	4.28	4.96	0.68	16%	0			1				1			1
27257	TREAT HIP DISLOCATION	010	173	180	7	4%	5.38	6.06	0.68	13%	0			1				1			1
27258	TREAT HIP DISLOCATION	090	395	426.5	31.5	8%	16.18	18.47	2.29	14%	0			4.5				4.5			1
27259	TREAT HIP DISLOCATION	090	537	582	45	8%	23.26	25.61	2.35	10%	-2				3	1		3			1
27265	TREAT HIP DISLOCATION	090	150	158	8	5%	5.24	6.23	0.99	19%	0			4							0.5
27266	TREAT HIP DISLOCATION	090	202	214	12	6%	7.78	9.01	1.23	16%	0			3.5				1			1
27267	CLTX THIGH FX	090	171	189	18	11%	5.50	7.08	1.58	29%	0			4				2			1
27268	CLTX THIGH FX W/MNPJ	090	196	214	18	9%	7.12	8.70	1.58	22%	0			4				2			1
27269	OPTX THIGH FX	090	404	423	19	5%	18.89	20.78	1.89	10%	0			3	1			2	1		1
27275	MANIPULATION OF HIP JOINT	010	110	112	2	2%	2.32	2.76	0.44	19%	0			1							1
27282	ARTHRODESIS SYMPHYSIS PUBIS	090	342	363.5	21.5	6%	11.85	13.66	1.81	15%	0			4.5				2.5			1
27284	ARTHRODESIS HIP JOINT	090	497	529	32	6%	25.06	27.19	2.13	8%	0				3			3	1		1
27286	ARTHROD HIP JT SBTRCHC OSTEOT	090	540	588	48	9%	25.17	27.67	2.50	10%	0				4			4			1
27290	AMPUTATION OF LEG AT HIP	090	615	668.5	53.5	9%	24.55	28.02	3.47	14%	0			5.5				8.5			1
27295	AMPUTATION OF LEG AT HIP	090	499	542	43	9%	19.66	22.44	2.78	14%	0			4				7			1
27301	DRAIN THIGH/KNEE LESION	090	220	232	12	5%	6.78	8.01	1.23	18%	0			3.5				1			1
27303	DRAINAGE OF BONE LESION	090	249	263.5	14.5	6%	8.63	9.98	1.35	16%	0			3.5				1.5			1
27305	INCISE THIGH TENDON & FASCIA	090	207	218	11	5%	6.18	7.30	1.12	18%	0			3				1			1
27350	REMOVAL OF KNEECAP	090	289	309.5	20.5	7%	8.66	10.36	1.70	20%	0			4				2.5			1
27355	REMOVE FEMUR LESION	090	258	272.5	14.5	6%	8.00	9.35	1.35	17%	0			3.5				1.5			1
27356	REMOVE FEMUR LESION/GRAFT	090	331	356.5	25.5	8%	10.09	12.03	1.94	19%	0			4				3.5			1
27357	REMOVE FEMUR LESION/GRAFT	090	361	387.5	26.5	7%	11.16	13.21	2.05	18%	0			4.5				3.5			1
27360	PARTIAL REMOVAL LEG BONE(S)	090	386	426.5	40.5	10%	11.46	14.12	2.66	23%	0			4				6.5			1
27364	RESECT THIGH/KNEE TUM 5 CM/3	090	550	577	27	5%	24.49	26.89	2.40	10%	-2			1	2	1		2	2		1
27365	RESECT FEMUR/KNEE TUMOR	090	633	656	23	4%	32.21	34.81	2.60	8%	-2			1	2	1		2	3		1
27372	REMOVAL OF FOREIGN BODY	090	168	174	6	4%	5.21	5.98	0.77	15%	0			3							0.5
27380	REPAIR OF KNEECAP TENDON	090	235	247	12	5%	7.45	8.68	1.23	17%	0			3.5				1			1
27381	REPAIR/GRAFT KNEECAP TENDON	090	320	338	18	6%	10.76	12.34	1.58	15%	0			4				2			1
27385	REPAIR OF THIGH MUSCLE	090	237	250	13	5%	6.93	8.03	1.10	16%	0			3	1						0.5
27386	REPAIR/GRAFT OF THIGH MUSCLE	090	350	374	24	7%	11.13	13.06	1.93	17%	0			4.5				3			1
27390	INCISION OF THIGH TENDON	090	184	192.5	8.5	5%	5.53	6.53	1.00	18%	0			3				0.5			1
27391	INCISION OF THIGH TENDONS	090	233	245	12	5%	7.49	8.72	1.23	16%	0			3.5				1			1
27392	INCISION OF THIGH TENDONS	090	292	310	18	6%	9.63	11.21	1.58	16%	0			4				2			1
27393	LENGTHENING OF THIGH TENDON	090	197	205.5	8.5	4%	6.59	7.59	1.00	15%	0			3				0.5			1
27394	LENGTHENING OF THIGH TENDON	090	248	260	12	5%	8.79	10.02	1.23	14%	0			3.5				1			1
27395	LENGTHENING OF THIGH TENDON	090	348	369.5	21.5	6%	12.24	14.05	1.81	15%	0			4.5				2.5			1
27396	TRANSPLANT OF THIGH TENDON	090	254	266	12	5%	8.15	9.38	1.23	15%	0			3.5				1			1
27397	TRANSPLANTS OF THIGH TENDON	090	360	393	33	9%	12.66	14.44	1.78	14%	0				4			1			1
27400	REVISE THIGH MUSCLES/TENDON	090	274	287	13	5%	9.33	10.67	1.34	14%	0			4				1			1
27403	REPAIR OF KNEE CARTILAGE	090	257	269	12	5%	8.62	9.85	1.23	14%	0			3.5				1			1
27405	REPAIR OF KNEE LIGAMENT	090	282	300	18	6%	9.08	10.66	1.58	17%	0			4				2			1
27407	REPAIR OF KNEE LIGAMENT	090	349	373	24	7%	10.85	12.78	1.93	18%	0			4.5				3			1
27409	REPAIR OF KNEE LIGAMENTS	090	410	444	34	8%	13.71	16.12	2.41	18%	0			4.5				5			1
27412	AUTOCHONDROCYTE IMPLANT KNEE	090	484	510	26	5%	24.74	26.83	2.09	8%	0			2				1	1		1
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	090	424	450	26	6%	20.00	22.09	2.09	10%	0			2				1	1		1
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	090	287	305	18	6%	14.16	15.37	1.21	9%	0			2	2						0.5
27418	REPAIR DEGENERATED KNEECAP	090	358	389.5	31.5	9%	11.60	13.89	2.29	20%	0			4.5				4.5			1
27420	REVISION OF UNSTABLE KNEECAP	090	295	313	18	6%	10.26	11.84	1.58	15%	0			4				2			1
27422	REVISION OF UNSTABLE KNEECAP	090	297	315	18	6%	10.21	11.79	1.58	15%	0			4				2			1
27424	REVISION/REMOVAL OF KNEECAP	090	298	316	18	6%	10.24	11.82	1.58	15%	0			4				2			1
27425	LAT RETINACULAR RELEASE OPEN	090	159	166	7	4%	5.39	6.16	0.77	14%	0			3.5							
27427	RECONSTRUCTION KNEE	090	302	320	18	6%	9.79	11.37	1.58	16%	0			4				2			1
27428	RECONSTRUCTION KNEE	090	363	398	35	10%	15.58	17.45	1.87	12%	0					5					1
27429	RECONSTRUCTION KNEE	090	466	513	47	10%	17.54	19.98	2.44	14%	0					6		1			1
27430	REVISION OF THIGH MUSCLES	090	303	323.5	20.5	7%	10.16	11.86	1.70	17%	0			4				2.5			1
27435	INCISION OF KNEE JOINT	090	340	373	33	10%	10.88	12.66	1.78	16%	0					4		1			1
27437	REVISE KNEECAP	090	273	292.5	19.5	7%	8.93	10.52	1.59	18%	0			3.5				2.5			1
27438	REVISE KNEECAP WITH IMPLANT	090	332	360	28	8%	11.89	13.95	2.06	17%	0			4				4			1
27440	REVISION OF KNEE JOINT	090	334	362	28	8%	11.09	13.15	2.06	19%	0			4				4			1
27441	REVISION OF KNEE JOINT	090	360	390.5	30.5	8%	11.54	13.72	2.18	19%	0			4				4.5			1
27442	REVISION OF KNEE JOINT	090	307	327.5	20.5	7%	12.37	14.07	1.70	14%	0			4				2.5			1
27443	REVISION OF KNEE JOINT	090	323	343.5	20.5	6%	11.41	13.11	1.70	15%	0			4				2.5			1
27445	REVISION OF KNEE JOINT	090	447	488.5	41.5	9%	18.66	21.43	2.77	15%	0			4.5				6.5			1
11960	INSERT TISSUE EXPANDER(S)	090	357	408	51	14%	11.49	14.13	2.64	23%	0			1	7						0.5
11970	RPLCMT TISS XPNDR PERM IMPLT	090	216	227	11	5%	7.49	8.37	0.88	12%	0			2	1						0.5
19325	BREAST AUGMENTATION W/IMPLT	090	225	233	8	4%	8.12	9.11	0.99	12%	0			4							0.5
19340	INSJ BREAST IMPLT SM D MAST	090	261	279	18	7%	10.48	11.69	1.21	12%	0			2	2						0.5
19342	INSJ/RPLCMT BRST IMPLT SEP D	090	252	265	13	5%	10.48	11.58	1.10	10%	0			3	1						0.5
19357	TISS XPNDR PLMT BRST RCNSTJ	090	344	383	39	11%	14.84	17.04	2.20	15%	0			2	5						0.5
11971	RMVL TIS XPNDR WO INSJ IMPLT	090	215	228	13	6%	7.02	8.12	1.10	16%	0			3	1						0.5
19328	RMVL INTACT BREAST IMPLANT	090	199	210	11	6%	7.44	8.32	0.88	12%	0			2	1						0.5
19330	RMVL RUPTURED BREAST IMPLANT	090	229	240	11	5%	9.00	9.88	0.88	10%	0			2	1						0.5
19370	REVJ PERI-IMPLT CAPSULE BRST	090	255	276	21	8%	9.17	10.27	1.10	12%	0				3						0.5











25431	REPAIR NONUNION CARPAL BONE	090	278	291	13	5%	10.89	11.99	1.10	10%	0	3	1						0.5
25440	REPAIR/GRAFT WRIST BONE	090	278	288.5	10.5	4%	10.68	11.90	1.22	11%	0	4						0.5	1
25441	RECONSTRUCT WRIST JOINT	090	358	374.5	16.5	5%	13.29	14.86	1.57	12%	0	4.5						1.5	1
25442	RECONSTRUCT WRIST JOINT	090	331	342.5	11.5	3%	11.12	12.45	1.33	12%	0	4.5						0.5	1
25443	RECONSTRUCT WRIST JOINT	090	307	318.5	11.5	4%	10.66	11.99	1.33	12%	0	4.5						0.5	1
25444	RECONSTRUCT WRIST JOINT	090	304	315.5	11.5	4%	11.42	12.75	1.33	12%	0	4.5						0.5	1
25445	RECONSTRUCT WRIST JOINT	090	283	291	8	3%	9.88	10.98	1.10	11%	0	4							1
25446	WRIST REPLACEMENT	090	425	456.5	31.5	7%	17.30	19.59	2.29	13%	0	4.5						4.5	1
25447	REPAIR WRIST JOINTS	090	278	298	20	7%	11.14	12.57	1.43	13%	0	3	2						0.5
25449	REMOVE WRIST JOINT IMPLANT	090	369	388	19	5%	14.94	16.63	1.69	11%	0	4.5						2	1
25450	REVISION OF WRIST JOINT	090	203	211	8	4%	8.06	8.94	0.88	11%	0	4							
25455	REVISION OF WRIST JOINT	090	260	269	9	3%	9.71	10.81	1.10	11%	0	4.5							0.5
25490	REINFORCE RADIUS	090	280	288	8	3%	9.73	10.83	1.10	11%	0	4							1
25491	REINFORCE ULNA	090	271	279	8	3%	10.15	11.25	1.10	11%	0	4							1
25492	REINFORCE RADIUS AND ULNA	090	343	357	14	4%	12.66	14.11	1.45	11%	0	4.5						1	1
25500	TREAT FRACTURE OF RADIUS	090	84	90	6	7%	2.60	3.26	0.66	25%	0	3							
25505	TREAT FRACTURE OF RADIUS	090	171	181	10	6%	5.45	6.55	1.10	20%	0	5							
25515	TREAT FRACTURE OF RADIUS	090	247	265	18	7%	8.80	10.01	1.21	14%	0	2	2						0.5
25520	TREAT FRACTURE OF RADIUS	090	219	229	10	5%	6.50	7.71	1.21	19%	0	5							0.5
25525	TREAT FRACTURE OF RADIUS	090	303	331	28	9%	10.55	12.22	1.67	16%	0	1	3					1	1
25526	TREAT FRACTURE OF RADIUS	090	367	392	25	7%	13.15	14.93	1.78	14%	0	3	2					1	1
25530	TREAT FRACTURE OF ULNA	090	88	94	6	7%	2.24	2.90	0.66	29%	0	3							
25535	TREAT FRACTURE OF ULNA	090	163	172	9	6%	5.36	6.35	0.99	18%	0	4.5							
25545	TREAT FRACTURE OF ULNA	090	286	309	23	8%	7.94	9.50	1.56	20%	0	2	2					1	1
25560	TREAT FRACTURE RADIUS & ULNA	090	101	107	6	6%	2.59	3.25	0.66	25%	0	3							
25565	TREAT FRACTURE RADIUS & ULNA	090	182	191	9	5%	5.85	6.95	1.10	19%	0	4.5							0.5
25574	TREAT FRACTURE RADIUS & ULNA	090	296	319	23	8%	8.80	10.36	1.56	18%	0	2	2					1	1
25575	TREAT FRACTURE RADIUS/ULNA	090	342	367	25	7%	12.29	14.07	1.78	14%	0	3	2					1	1
25600	TREAT FRACTURE RADIUS/ULNA	090	108	118	10	9%	2.78	3.88	1.10	40%	0	5							
25605	TREAT FRACTURE RADIUS/ULNA	090	169	184	15	9%	6.25	7.57	1.32	21%	0	4	1						0.5
25606	TREAT FX DISTAL RADIAL	090	260	285	25	10%	8.31	9.85	1.54	19%	0	2	3						0.5
25607	TREAT FX RAD EXTRA-ARTICUL	090	275	300	25	9%	9.56	11.10	1.54	16%	0	2	3						0.5
25608	TREAT FX RAD INTRA-ARTICUL	090	305	330	25	8%	11.07	12.61	1.54	14%	0	2	3						0.5
25609	TREAT FX RADIAL 3+ FRAG	090	358	390	32	9%	14.38	16.25	1.87	13%	0	2	4						0.5
25622	TREAT WRIST BONE FRACTURE	090	101	108	7	7%	2.79	3.56	0.77	28%	0	3.5							
25624	TREAT WRIST BONE FRACTURE	090	155	165	10	6%	4.77	5.87	1.10	23%	0	5							
25628	TREAT WRIST BONE FRACTURE	090	277	295	18	6%	9.67	10.88	1.21	13%	0	2	2						0.5
25630	TREAT WRIST BONE FRACTURE	090	91	97	6	7%	3.03	3.69	0.66	22%	0	3							
25635	TREAT WRIST BONE FRACTURE	090	143	152	9	6%	4.61	5.60	0.99	21%	0	4.5							
25645	TREAT WRIST BONE FRACTURE	090	222	229	7	3%	7.42	8.41	0.99	13%	0	3.5							1
25650	TREAT WRIST BONE FRACTURE	090	111	118	7	6%	3.23	4.00	0.77	24%	0	3.5							
25651	PIN ULNAR STYLOID FRACTURE	090	190	203	13	7%	5.82	6.92	1.10	19%	0	3	1						0.5
25652	TREAT FRACTURE ULNAR STYLOID	090	225	238	13	6%	8.06	9.16	1.10	14%	0	3	1						0.5
25660	TREAT WRIST DISLOCATION	090	145	154	9	6%	4.98	5.97	0.99	20%	0	4.5							
25670	TREAT WRIST DISLOCATION	090	224	231	7	3%	8.09	9.08	0.99	12%	0	3.5							1
25671	PIN RADIOULNAR DISLOCATION	090	210	223	13	6%	6.46	7.56	1.10	17%	0	3	1						0.5
25675	TREAT WRIST DISLOCATION	090	152	161	9	6%	4.89	5.88	0.99	20%	0	4.5							
25676	TREAT WRIST DISLOCATION	090	242	252.5	10.5	4%	8.29	9.51	1.22	15%	0	4						0.5	1
25680	TREAT WRIST FRACTURE	090	203	213	10	5%	6.23	7.44	1.21	19%	0	5							0.5
25685	TREAT WRIST FRACTURE	090	279	292	13	5%	10.09	11.43	1.34	13%	0	4						1	1
25690	TREAT WRIST DISLOCATION	090	187	196	9	5%	5.72	6.82	1.10	19%	0	4.5							0.5
25695	TREAT WRIST DISLOCATION	090	244	251	7	3%	8.51	9.50	0.99	12%	0	3.5							1
25800	FUSION OF WRIST JOINT	090	298	311	13	4%	10.07	11.41	1.34	13%	0	4						1	1
25805	FUSION/GRAFT OF WRIST JOINT	090	351	370	19	5%	11.73	13.42	1.69	14%	0	4.5						2	1
25810	FUSION/GRAFT OF WRIST JOINT	090	370	403	33	9%	11.95	13.73	1.78	15%	0		4					1	1
25820	FUSION OF HAND BONES	090	222	230	8	4%	7.64	8.63	0.99	13%	0	4							0.5
25825	FUSE HAND BONES WITH GRAFT	090	321	338.5	17.5	5%	9.69	11.37	1.68	17%	0	5						1.5	1
25830	FUSION RADIOULNAR JNT/ULNA	090	310	330	20	6%	10.88	12.07	1.19	11%	-2	2	1					1	
25900	AMPUTATION OF FOREARM	090	345	370	25	7%	9.61	11.65	2.04	21%	0	5						3	1
25905	AMPUTATION OF FOREARM	090	264	283.5	19.5	7%	9.59	11.18	1.59	17%	0	3.5						2.5	1
25907	AMPUTATION FOLLOW-UP SURG	090	235	247	12	5%	8.09	9.32	1.23	15%	0	3.5						1	1
25909	AMPUTATION FOLLOW-UP SURG	090	257	271.5	14.5	6%	9.31	10.66	1.35	15%	0	3.5						1.5	1
25915	AMPUTATION OF FOREARM	090	431	444	13	3%	17.52	18.51	0.99	6%	0	3	1						
25920	AMPUTATE HAND AT WRIST	090	249	263.5	14.5	6%	9.03	10.38	1.35	15%	0	3.5						1.5	1
25922	AMPUTATE HAND AT WRIST	090	224	233.5	9.5	4%	7.65	8.76	1.11	15%	0	3.5						0.5	1
25924	AMPUTATION FOLLOW-UP SURG	090	242	256.5	14.5	6%	8.81	10.16	1.35	15%	0	3.5						1.5	1
25927	AMPUTATION OF HAND	090	242	254	12	5%	9.09	10.32	1.23	14%	0	3.5						1	1
25929	AMPUTATION FOLLOW-UP SURG	090	226	235.5	9.5	4%	7.82	8.93	1.11	14%	0	3.5						0.5	1
25931	AMPUTATION FOLLOW-UP SURG	090	233	242.5	9.5	4%	8.04	9.15	1.11	14%	0	3.5						0.5	1
26010	DRAINAGE OF FINGER ABSCESS	010	51	53	2	4%	1.59	1.81	0.22	14%	0	1							
26011	DRAINAGE OF FINGER ABSCESS	010	69	71	2	3%	2.24	2.46	0.22	10%	0	1							
26025	DRAINAGE OF PALM BURSA	090	200	211	11	5%	5.08	6.20	1.12	22%	0	3						1	1
26030	DRAINAGE OF PALM BURSAS	090	226	239.5	13.5	6%	6.25	7.49	1.24	20%	0	3						1.5	1

26034	TREAT HAND BONE LESION	090	250	266.5	16.5	7%	6.63	8.20	1.57	24%	0			4.5				1.5			1
26035	DECOMPRESS FINGERS/HAND	090	351.5	400.5	49	14%	11.37	13.92	2.55	22%	0				4.5			3.5			1
26037	DECOMPRESS FINGERS/HAND	090	228	241.5	13.5	6%	7.57	8.81	1.24	16%	0			3				1.5			1
26040	RELEASE PALM CONTRACTURE	090	135	140	5	4%	3.46	4.12	0.66	19%	0			2.5							0.5
26045	RELEASE PALM CONTRACTURE	090	207	214	7	3%	5.73	6.61	0.88	15%	0			3.5							0.5
26060	INCISION OF FINGER TENDON	090	91	95	4	4%	2.91	3.35	0.44	15%	0			2							
26070	EXPLORE/TREAT HAND JOINT	090	168	173	5	3%	3.81	4.58	0.77	20%	0			2.5							1
26075	EXPLORE/TREAT FINGER JOINT	090	164	169	5	3%	3.91	4.68	0.77	20%	0			2.5							1
26080	EXPLORE/TREAT FINGER JOINT	090	157	164	7	4%	4.47	5.35	0.88	20%	0			3.5							0.5
26100	BIOPSY HAND JOINT LINING	090	119	124	5	4%	3.79	4.34	0.55	15%	0			2.5							
26105	BIOPSY FINGER JOINT LINING	090	119	124	5	4%	3.83	4.38	0.55	14%	0			2.5							
26110	BIOPSY FINGER JOINT LINING	090	114	119	5	4%	3.65	4.20	0.55	15%	0			2.5							
26111	EXC HAND LES SC 1.5 CM/>	090	173	182	9	5%	5.42	6.08	0.66	12%	0			1	1						0.5
26113	EXC HAND TUM DEEP 1.5 CM/>	090	214	230	16	7%	7.13	8.12	0.99	14%	0			1	2						0.5
26115	EXC HAND LES SC < 1.5 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1	1						0.5
26116	EXC HAND TUM DEEP < 1.5 CM	090	201	217	16	8%	6.74	7.73	0.99	15%	0			1	2						0.5
26117	RAD RESECT HAND TUMOR < 3 CM	090	271	294	23	8%	10.13	11.45	1.32	13%	0			1	3						0.5
26118	RAD RESECT HAND TUMOR 3 CM	090	368	400	32	9%	14.81	16.79	1.98	13%	-2			2	2	1		1			1
26121	RELEASE PALM CONTRACTURE	090	200	208	8	4%	7.73	8.61	0.88	11%	0			4							
26123	RELEASE PALM CONTRACTURE	090	308	343	35	11%	10.88	12.53	1.65	15%	0				5						
26130	REMOVE WRIST JOINT LINING	090	180	187	7	4%	5.59	6.47	0.88	16%	0			3.5							0.5
26135	REVISE FINGER JOINT EACH	090	181	188	7	4%	7.13	8.01	0.88	12%	0			3.5							0.5
26140	REVISE FINGER JOINT EACH	090	174	181	7	4%	6.34	7.22	0.88	14%	0			3.5							0.5
26145	TENDON EXCISION PALM/FINGER	090	178	185	7	4%	6.49	7.37	0.88	14%	0			3.5							0.5
26170	REMOVAL OF PALM TENDON EACH	090	135	141	6	4%	4.91	5.57	0.66	13%	0			3							
26180	REMOVAL OF FINGER TENDON	090	153	160	7	5%	5.35	6.12	0.77	14%	0			3.5							
26185	REMOVE FINGER BONE	090	202	230	28	14%	6.52	7.84	1.32	20%	0				4						
26200	REMOVE HAND BONE LESION	090	164	170	6	4%	5.65	6.42	0.77	14%	0			3							0.5
26205	REMOVE/GRAFT BONE LESION	090	229	238.5	9.5	4%	7.93	9.04	1.11	14%	0			3.5				0.5			1
26210	REMOVAL OF FINGER LESION	090	155	162	7	5%	5.32	6.09	0.77	14%	0			3.5							
26215	REMOVE/GRAFT FINGER LESION	090	199	206	7	4%	7.27	8.15	0.88	12%	0			3.5							0.5
26230	PARTIAL REMOVAL OF HAND BONE	090	186	192	6	3%	6.47	7.35	0.88	14%	0			3							1
28420	TREAT/GRAFT HEEL FRACTURE	090	481	512	31	6%	17.52	19.72	2.20	13%	0			1	4			1	1		1
28430	TREATMENT OF ANKLE FRACTURE	090	89	94	5	6%	2.22	2.77	0.55	25%	0			2.5							
28435	TREATMENT OF ANKLE FRACTURE	090	116	122	6	5%	3.54	4.20	0.66	19%	0			3							
28436	TREATMENT OF ANKLE FRACTURE	090	190	198	8	4%	4.90	5.89	0.99	20%	0			4							0.5
28445	TREAT ANKLE FRACTURE	090	444	475	31	7%	15.76	17.96	2.20	14%	0			1	4			1	1		1
28446	OSTEOCHONDRAL TALUS AUTOGRAFT	090	339	364	25	7%	17.71	19.36	1.65	9%	0			2	3						1
28450	TREAT MIDFOOT FRACTURE EACH	090	87	92	5	6%	2.03	2.58	0.55	27%	0			2.5							
28455	TREAT MIDFOOT FRACTURE EACH	090	113	119	6	5%	3.24	3.90	0.66	20%	0			3							
28456	TREAT MIDFOOT FRACTURE	090	182	189	7	4%	2.86	3.74	0.88	31%	0			3.5							0.5
28465	TREAT MIDFOOT FRACTURE EACH	090	257	275	18	7%	8.80	10.01	1.21	14%	0			2	2						0.5
28470	TREAT METATARSAL FRACTURE	090	77	83	6	8%	2.03	2.69	0.66	33%	0			3							
28475	TREAT METATARSAL FRACTURE	090	80.5	80.5	0	0%	3.01	3.01	-	0%	-7			3.5							
28476	TREAT METATARSAL FRACTURE	090	168	177	9	5%	3.60	4.59	0.99	28%	0			4.5							
28485	TREAT METATARSAL FRACTURE	090	242	260	18	7%	7.44	8.65	1.21	16%	0			2	2						0.5
28490	TREAT BIG TOE FRACTURE	090	64	67	3	5%	1.17	1.50	0.33	28%	0			1.5							
28495	TREAT BIG TOE FRACTURE	090	89	93	4	4%	1.68	2.12	0.44	26%	0			2							
64635	DESTROY LUMB/SAC FACET JNT	010	100	107	7	7%	3.32	3.76	0.44	13%	0				1						0.5
67141	PROPH RTA DTCHMNT CRTX DTH	010	77	91	14	18%	2.53	3.19	0.66	26%	0				2						
67145	PROPH RTA DTCHMNT PC	010	76	90	14	18%	2.53	3.19	0.66	26%	0				2						
67311	REVISE EYE MUSCLE	090	144	155	11	8%	5.93	6.81	0.88	15%	0			2	1						0.5
67312	REVISE TWO EYE MUSCLES	090	159	170	11	7%	9.50	10.38	0.88	9%	0			2	1						0.5
67314	REVISE EYE MUSCLE	090	145	156	11	8%	5.93	6.81	0.88	15%	0			2	1						0.5
67316	REVISE TWO EYE MUSCLES	090	164	175	11	7%	10.31	11.19	0.88	9%	0			2	1						0.5
67318	REVISE EYE MUSCLE(S)	090	166	182	16	10%	9.80	10.79	0.99	10%	0			1	2						0.5
69728	RMV NTR OI IMP SK TC>=100	090	178	187	9	5%	8.50	9.16	0.66	8%	0			1	1						0.5
15050	PINCH GRAFT UP TO 2 CM DIAM	090	190	218	28	15%	5.57	6.89	1.32	24%	0				4						
15100	SKIN SPLT GRFT TRNK/ARM/LEG	090	281	304	23	8%	9.90	11.46	1.56	16%	0			2	2			1			1
15110	EPIDRM AUTOGRFT TRNK/ARM/L	090	306	296	-10	-3%	10.97	12.43	1.46	13%	0			3					4		
15115	EPIDRM A-GRFT FACE/NCK/HF/G	090	356	346	-10	-3%	11.28	12.96	1.68	15%	0			3					4		1
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	090	258	274	16	6%	10.15	11.14	0.99	10%	0			1	2						0.5
15130	DERM AUTOGRAFT TRNK/ARM/L	090	215	219	4	2%	7.53	8.83	1.30	17%	0			4					1		1
15135	DERM AUTOGRAFT FACE/NCK/HF	090	223	227	4	2%	11.03	12.33	1.30	12%	0			4					1		1
15150	CULT SKIN GRFT T/ARM/LEG	090	326	320	-6	-2%	9.39	10.87	1.48	16%	0			3					3		1
15155	CULT SKIN GRAFT F/N/HF/G	090	336	330	-6	-2%	10.14	11.62	1.48	15%	0			3					3		1
15200	FTH GRF FR TRNK 20 SQ CM/<	090	287.5	312	24.5	9%	9.15	10.53	1.38	15%	0				3.5						1
15220	FTH GRF FR S/A/L 20 SQ CM/<	090	250	259	9	4%	8.09	9.19	1.10	14%	0			4.5							0.5
15240	FTH GR FR F/C/C/M/N/AX/G/H/F	090	288	320	32	11%	10.41	12.28	1.87	18%	0			2	4						0.5
15260	FTH GRF FR N/E/E/L 20 SQCM/<	090	273	308	35	13%	11.64	13.29	1.65	14%	0				5						
15570	SKIN PEDICLE FLAP TRUNK	090	363	393	30	8%	10.21	11.97	1.76	17%	-2			1	2	1		1			1
15572	SKIN PEDICLE FLAP ARMS/LEGS	090	297	320	23	8%	10.12	11.44	1.32	13%	0			1	3						0.5
15574	PEDCLE FH/CH/CH/M/N/AX/G/H	090	314	337	23	7%	10.70	12.02	1.32	12%	0			1	3						0.5



15576	PEDICLE E/N/E/L/NTRORAL	090	271	287	16	6%	9.37	10.36	0.99	11%	0	1	2	0.5
15600	DELAY FLAP TRUNK	090	179	183	4	2%	2.01	2.56	0.55	27%	0	2		0.5
15610	DELAY FLAP ARMS/LEGS	090	179	183	4	2%	2.52	3.07	0.55	22%	0	2		0.5
29800	JAW ARTHROSCOPY/SURGERY	090	161	172	11	7%	6.84	7.72	0.88	13%	0	2	1	0.5
29804	JAW ARTHROSCOPY/SURGERY	090	206	224	18	9%	8.87	10.08	1.21	14%	0	2	2	0.5
29805	SHO ARTHRS DX +- SYNOVIAL BX	090	154	160	6	4%	6.03	6.69	0.66	11%	0	3		
29806	SHO ARTHRS SRG CAPSULORRAPHY	090	298	318	20	7%	15.14	16.57	1.43	9%	0	3	2	0.5
29807	SHO ARTHRS SRG RPR SLAP LES	090	288	308	20	7%	14.67	16.10	1.43	10%	0	3	2	0.5
29819	SHO ARTHRS SRG RMVL LOOSE/F	090	196	203	7	4%	7.79	8.67	0.88	11%	0	3.5		0.5
29820	SHO ARTHRS SRG PRTL SYNVT	090	189	195	6	3%	7.21	7.98	0.77	11%	0	3		0.5
29821	SHO ARTHRS SRG COMPL SYNVT	090	223	230	7	3%	7.89	8.77	0.88	11%	0	3.5		0.5
29824	SHO ARTHRS SRG DSTL CLAVICLC	090	225	243	18	8%	8.98	10.19	1.21	13%	0	2	2	0.5
29825	SHO ARTHRS SRG LSS&RESCJ ADS	090	212	219	7	3%	7.79	8.67	0.88	11%	0	3.5		0.5
29827	SHO ARTHRS SRG RT8TR CUF RPR	090	334	344	10	3%	15.59	16.80	1.21	8%	0	5		0.5
29828	SHO ARTHRS SRG BICP TENODSIS	090	252	270	18	7%	13.16	14.37	1.21	9%	0	2	2	0.5
29830	ELBOW ARTHROSCOPY	090	132	137	5	4%	5.88	6.43	0.55	9%	0	2.5		
29834	ELBOW ARTHROSCOPY/SURGERY	090	153	159	6	4%	6.42	7.08	0.66	10%	0	3		
29835	ELBOW ARTHROSCOPY/SURGERY	090	160	166	6	4%	6.62	7.28	0.66	10%	0	3		
29836	ELBOW ARTHROSCOPY/SURGERY	090	196	203	7	4%	7.72	8.49	0.77	10%	0	3.5		
29837	ELBOW ARTHROSCOPY/SURGERY	090	165	171	6	4%	7.01	7.67	0.66	9%	0	3		
29838	ELBOW ARTHROSCOPY/SURGERY	090	220	227	7	3%	7.88	8.76	0.88	11%	0	3.5		0.5
29840	WRIST ARTHROSCOPY	090	146	152	6	4%	5.68	6.34	0.66	12%	0	3		
29843	WRIST ARTHROSCOPY/SURGERY	090	157	163	6	4%	6.15	6.81	0.66	11%	0	3		
29844	WRIST ARTHROSCOPY/SURGERY	090	160	166	6	4%	6.51	7.17	0.66	10%	0	3		
29845	WRIST ARTHROSCOPY/SURGERY	090	199	206	7	4%	7.69	8.46	0.77	10%	0	3.5		
29846	WRIST ARTHROSCOPY/SURGERY	090	179	185	6	3%	6.89	7.55	0.66	10%	0	3		
29847	WRIST ARTHROSCOPY/SURGERY	090	190	196	6	3%	7.22	7.88	0.66	9%	0	3		
29848	WRIST ENDOSCOPY/SURGERY	090	179	200	21	12%	6.39	7.38	0.99	15%	0		3	
29850	KNEE ARTHROSCOPY/SURGERY	090	192	198	6	3%	8.27	9.04	0.77	9%	0	3		0.5
29851	KNEE ARTHROSCOPY/SURGERY	090	274	297	23	8%	13.26	14.58	1.32	10%	0	1	3	0.5
29855	TIBIAL ARTHROSCOPY/SURGERY	090	255	273	18	7%	10.76	11.97	1.21	11%	0	2	2	0.5
29856	TIBIAL ARTHROSCOPY/SURGERY	090	314	332	18	6%	14.28	15.60	1.32	9%	0	2	2	1
29860	HIP ARTHROSCOPY DX	090	244	265	21	9%	9.00	9.99	0.99	11%	0		3	
29861	HIP ARTHRO W/FB REMOVAL	090	254	275	21	8%	10.10	11.09	0.99	10%	0		3	
29862	HIP ARTHRO W/DEBRIDEMENT	090	297	325	28	9%	11.17	12.49	1.32	12%	0		4	
29863	HIP ARTHRO W/SYNOVECTOMY	090	297	325	28	9%	11.17	12.49	1.32	12%	0		4	
29866	AUTGRFT IMPLNT KNEE W/SCOPE	090	308	328	20	6%	14.67	16.10	1.43	10%	0	3	2	0.5
29867	ALLGRFT IMPLNT KNEE W/SCOPE	090	404	425	21	5%	18.39	20.24	1.85	10%	0	2	3	1
29868	MENISCAL TRNSPL KNEE W/SCPE	090	484	510	26	5%	25.10	27.19	2.09	8%	0	2	3	1
29870	KNEE ARTHROSCOPY DX	090	129	134	5	4%	5.19	5.74	0.55	11%	0	2.5		
29871	KNEE ARTHROSCOPY/DRAINAGE	090	184	190	6	3%	6.69	7.46	0.77	12%	0	3		0.5
29873	KNEE ARTHROSCOPY/SURGERY	090	249	259	10	4%	6.24	7.45	1.21	19%	0	5		0.5
29874	KNEE ARTHROSCOPY/SURGERY	090	181	187	6	3%	7.19	7.96	0.77	11%	0	3		0.5
29875	KNEE ARTHROSCOPY/SURGERY	090	168	174	6	4%	6.45	7.11	0.66	10%	0	3		
29876	KNEE ARTHROSCOPY/SURGERY	090	233	254	21	9%	8.87	9.97	1.10	12%	0		3	0.5
29877	KNEE ARTHROSCOPY/SURGERY	090	197	218	21	11%	8.30	9.29	0.99	12%	0		3	
29879	KNEE ARTHROSCOPY/SURGERY	090	217	238	21	10%	8.99	10.09	1.10	12%	0		3	0.5
29880	KNEE ARTHROSCOPY/SURGERY	090	199	215	16	8%	7.39	8.38	0.99	13%	0	1	2	0.5
29881	KNEE ARTHROSCOPY/SURGERY	090	194	210	16	8%	7.03	8.02	0.99	14%	0	1	2	0.5
29882	KNEE ARTHROSCOPY/SURGERY	090	244	265	21	9%	9.60	10.70	1.10	11%	0		3	0.5
29883	KNEE ARTHROSCOPY/SURGERY	090	311	329	18	6%	11.77	13.09	1.32	11%	0	2	2	1
29884	KNEE ARTHROSCOPY/SURGERY	090	208	229	21	10%	8.28	9.38	1.10	13%	0		3	0.5
29885	KNEE ARTHROSCOPY/SURGERY	090	250.5	275	24.5	10%	10.21	11.48	1.27	12%	0		3.5	0.5
29886	KNEE ARTHROSCOPY/SURGERY	090	221	242	21	10%	8.49	9.59	1.10	13%	0		3	0.5
29887	KNEE ARTHROSCOPY/SURGERY	090	261.5	286	24.5	9%	10.16	11.43	1.27	12%	0		3.5	0.5
29888	KNEE ARTHROSCOPY/SURGERY	090	295	313	18	6%	14.30	15.51	1.21	8%	0	2	2	0.5
29889	KNEE ARTHROSCOPY/SURGERY	090	433	465	32	7%	17.41	19.26	1.85	11%	-2	1	3	1
29891	ANKLE ARTHROSCOPY/SURGERY	090	227	255	28	12%	9.67	10.99	1.32	14%	0		4	
29892	ANKLE ARTHROSCOPY/SURGERY	090	272	300	28	10%	10.27	11.59	1.32	13%	0		4	
29893	SCOPE PLANTAR FASCIOTOMY	090	247	274	27	11%	6.32	7.97	1.65	26%	0	3	3	
29894	ANKLE ARTHROSCOPY/SURGERY	090	179	185	6	3%	7.35	8.12	0.77	10%	0	3		0.5
29895	ANKLE ARTHROSCOPY/SURGERY	090	178	184	6	3%	7.13	7.90	0.77	11%	0	3		0.5
29897	ANKLE ARTHROSCOPY/SURGERY	090	186	192	6	3%	7.32	8.09	0.77	11%	0	3		0.5
29898	ANKLE ARTHROSCOPY/SURGERY	090	222	229	7	3%	8.49	9.37	0.88	10%	0	3.5		0.5
29899	ANKLE ARTHROSCOPY/SURGERY	090	395	433	38	10%	15.41	17.43	2.02	13%	0		4	
29900	MCP JOINT ARTHROSCOPY DX	090	220	233	13	6%	5.88	6.98	1.10	19%	0	3	1	0.5
29901	MCP JOINT ARTHROSCOPY SURG	090	235	248	13	6%	6.59	7.69	1.10	17%	0	3	1	0.5
29902	MCP JOINT ARTHROSCOPY SURG	090	250	263	13	5%	7.16	8.26	1.10	15%	0	3	1	0.5
29904	SUBTALAR ARTHRO W/FB RMVL	090	228	249	21	9%	8.65	9.75	1.10	13%	0		3	0.5
29905	SUBTALAR ARTHRO W/EXC	090	244	267	23	9%	9.18	10.50	1.32	14%	0	1	3	0.5
29906	SUBTALAR ARTHRO W/DEB	090	244	267	23	9%	9.65	10.97	1.32	14%	0	1	3	0.5
29907	SUBTALAR ARTHRO W/FUSION	090	293	316	23	8%	12.18	13.61	1.43	12%	0	1	3	1
29914	HIP ARTHRO W/FEMOROPLASTY	090	280	298	18	6%	14.67	15.88	1.21	8%	0	2	2	0.5





31380	PARTIAL REMOVAL OF LARYNX	090	708	744	36	5%	25.57	29.32	3.75	15%	-4			1	3	2		2	3	1	1		
31382	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	28.57	32.32	3.75	13%	-4			1	3	2		2	3	1	1		
31390	REMOVAL OF LARYNX & PHARYNX	090	988	1026	38	4%	42.51	46.90	4.39	10%	-4			1	3	2		3	3	2	1		
31395	RECONSTRUCT LARYNX & PHARYNX	090	1048	1091	43	4%	43.80	48.43	4.63	11%	-4			1	3	2		4	3	2	1		
31400	REVISION OF LARYNX	090	481	514	33	7%	11.60	13.90	2.30	20%	0			4				5			1		1
31420	REMOVAL OF EPIGLOTTIS	090	436	465.5	29.5	7%	11.43	13.50	2.07	18%	0			3.5				4.5			1		1
31545	REMOVE VC LESION W/SCOPE	000	154	154	0	0%	6.30	6.41	0.11	2%	0											0.5	
31546	REMOVE VC LESION SCOPE/GRAF	000	189	189	0	0%	9.73	9.84	0.11	1%	0											0.5	
31561	LARYNSCOP REMVE CART + SCOP	000	218	218	0	0%	5.99	6.21	0.22	4%	0											1	
31571	LARYNGOSCOP W/VC INJ + SCOP	000	129	129	0	0%	4.26	4.37	0.11	3%	0											0.5	
31590	REINNERVATE LARYNX	090	291	313	22	8%	7.85	9.26	1.41	18%	-2			3	1	1							
31611	SURGERY/SPEECH PROSTHESIS	090	164	169	5	3%	6.00	6.66	0.66	11%	0			2.5								0.5	
31613	REPAIR WINDPIPE OPENING	090	155	160	5	3%	4.71	5.48	0.77	16%	0			2.5								1	
31614	REPAIR WINDPIPE OPENING	090	346	361	15	4%	8.63	10.59	1.96	23%	0			2	2			1	2			1	
31750	REPAIR OF WINDPIPE	090	540	561	21	4%	15.39	17.77	2.38	15%	0							1	3			1	
31755	REPAIR OF WINDPIPE	090	414	452	38	9%	17.54	19.70	2.16	12%	-4			3	2	2							
31760	REPAIR OF WINDPIPE	090	623	671	48	8%	23.48	26.50	3.02	13%	0			4				8				1	
31766	RECONSTRUCTION OF WINDPIPE	090	788	841.5	53.5	7%	31.67	34.83	3.16	10%	0			3				9.5				1	
31770	REPAIR/GRAFT OF BRONCHUS	090	544	588	44	8%	23.54	26.12	2.58	11%	0			2				8				1	
31775	RECONSTRUCT BRONCHUS	090	557	602	45	8%	24.59	27.28	2.69	11%	0			2.5				8				1	
31780	RECONSTRUCT WINDPIPE	090	619	631	12	2%	19.84	22.57	2.73	14%	0			3	1			3	4			1	
31781	RECONSTRUCT WINDPIPE	090	602	637	35	6%	24.85	27.06	2.21	9%	0			2.5				6				1	1
31785	REMOVE WINDPIPE LESION	090	524	550.5	26.5	5%	18.35	20.09	1.74	9%	0			2				4.5				1	1
31786	REMOVE WINDPIPE LESION	090	722	762	40	6%	25.42	27.87	2.45	10%	0			2.5				7				1	1
31800	REPAIR OF WINDPIPE INJURY	090	301	311	10	3%	8.18	9.19	1.01	12%	0			2.5				1				1	1
31805	REPAIR OF WINDPIPE INJURY	090	382	394.5	12.5	3%	13.42	14.55	1.13	8%	0			2.5				1.5				1	
31820	CLOSURE OF WINDPIPE LESION	090	168	174.5	6.5	4%	4.64	5.42	0.78	17%	0			2				0.5				1	
31825	REPAIR OF WINDPIPE DEFECT	090	230	241	11	5%	7.07	8.19	1.12	16%	0			3				1				1	
31830	REVISE WINDPIPE SCAR	090	153	158	5	3%	4.62	5.28	0.66	14%	0			2.5								0.5	
32035	THORACOSTOMY W/RIB RESECTIO	090	667	723	56	8%	11.29	14.57	3.28	29%	0			3				10				1	2.5
32036	THORACOSTOMY W/FLAP DRAIN	090	674	730	56	8%	12.30	15.58	3.28	27%	0			3				10				1	2.5
32096	OPEN WEDGE/BX LUNG INFILTR	090	436	434	-2	0%	13.75	15.74	1.99	14%	0				1			1	2	2		1	
32097	OPEN WEDGE/BX LUNG NODULE	090	401	402	1	0%	13.75	15.34	1.59	12%	0				1			1	2	1		1	
32098	OPEN BIOPSY OF LUNG PLEURA	090	341	346	5	1%	12.91	14.30	1.39	11%	0				1			1	1	1		1	
32100	EXPLORATION OF CHEST	090	411	412	1	0%	13.75	15.34	1.59	12%	0				1			1	2	1		1	
32110	EXPLORE/REPAIR CHEST	090	561	580	19	3%	25.28	27.33	2.05	8%	-2				1	1		2	1	1		1	1
32120	RE-EXPLORATION OF CHEST	090	647	700.5	53.5	8%	14.39	17.16	2.77	19%	-3						1.5	8				1	2.5
32124	EXPLORE CHEST FREE ADHESIONS	090	696	744.5	48.5	7%	15.45	17.98	2.53	16%	-3						1.5	7				1	2.5
32140	REMOVAL OF LUNG LESION(S)	090	664	712.5	48.5	7%	16.66	19.19	2.53	15%	-3						1.5	7				1	2.5
32141	REMOVE/TREAT LUNG LESIONS	090	673	662	-11	-2%	27.18	30.19	3.01	11%	0			1	1			1	4	3		1	
32150	REMOVAL OF LUNG LESION(S)	090	626	672	46	7%	16.82	19.23	2.41	14%	-3						1.5	6.5				1	2.5
32151	REMOVE LUNG FOREIGN BODY	090	656	704.5	48.5	7%	16.94	19.47	2.53	15%	-3						1.5	7				1	2.5
32160	OPEN CHEST HEART MASSAGE	090	788	832	44	6%	13.10	15.42	2.32	18%	-2						1	7				1	5
32200	DRAIN OPEN LUNG LESION	090	691	758.5	67.5	10%	18.68	22.11	3.43	18%	-5						2.5	9				1	2.5
32215	TREAT CHEST LINING	090	471	509.5	38.5	8%	13.05	15.10	2.05	16%	-3						1.5	5				1	1
32220	RELEASE OF LUNG	090	722	756	34	5%	26.65	29.51	2.86	11%	-2			2	2	1		3	2			1	1
32225	PARTIAL RELEASE OF LUNG	090	716	767	51	7%	16.75	19.40	2.65	16%	-3						1.5	7.5				1	2.5
32310	REMOVAL OF CHEST LINING	090	516	559.5	43.5	8%	15.28	17.57	2.29	15%	-3						1.5	6				1	1
32320	FREE/REMOVE CHEST LINING	090	735	765	30	4%	27.25	30.49	3.24	12%	-2			1	2	1		3	1	2		1	1
32440	REMOVE LUNG PNEUMONECTOM	090	628	638	10	2%	27.28	29.55	2.27	8%	0			2	1			2	2	1		1	1
32442	SLEEVE PNEUMONECTOMY	090	1035	1020	-15	-1%	56.47	60.79	4.32	8%	0							1	4	6		1	
32445	REMOVAL OF LUNG EXTRAPLEUR	090	1182	1180	-2	0%	63.84	68.89	5.05	8%	-4			1	1	2		1	4	6		1	1
32480	PARTIAL REMOVAL OF LUNG	090	593	612	19	3%	25.82	28.13	2.31	9%	0			2	1			3	1	1		1	1
32482	BILOBECTOMY	090	680	706	26	4%	27.44	29.95	2.51	9%	-2			1	1	1		3	1	1		1	1
32484	SEGMENTECTOMY	090	561	561	0	0%	25.38	27.59	2.21	9%	0			1	1			1	2	2		1	
32486	SLEEVE LOBECTOMY	090	812	802	-10	-1%	42.88	46.09	3.21	7%	0			1	1			1	3	4		1	
32488	COMPLETION PNEUMONECTOMY	090	836	839	3	0%	42.99	46.42	3.43	8%	-2			1	1	1		1	2	4		1	1
32491	LUNG VOLUME REDUCTION	090	887	1000	113	13%	25.24	31.65	6.41	25%	0					3		20	2			1	
32503	RESECT APICAL LUNG TUMOR	090	645	687	42	7%	31.74	34.48	2.74	9%	0			1	2			6	1			1	
32504	RESECT APICAL LUNG TUM/CHES	090	705	747	42	6%	36.54	39.28	2.74	7%	0			1	2			6	1			1	
32505	WEDGE RESECT OF LUNG INITIAL	090	427	430	3	1%	15.75	17.56	1.81	11%	0			1	1			1	2	1		1	
32540	REMOVAL OF LUNG LESION	090	740	732	-8	-1%	30.35	33.89	3.54	12%	0			1	2			1	5	3		1	
32552	REMOVE LUNG CATHETER	010	82	84	2	2%	2.53	2.86	0.33	13%	0			1								0.5	
32601	THORACOSCOPY DIAGNOSTIC	000	193	189	-4	-2%	5.50	5.70	0.20	4%	0											1	
32607	THORACOSCOPY W/BX INFILTRAT	000	178	174	-4	-2%	5.50	5.70	0.20	4%	0											1	
32608	THORACOSCOPY W/BX NODULE	000	195	191	-4	-2%	6.84	7.04	0.20	3%	0											1	
32609	THORACOSCOPY W/BX PLEURA	000	178	174	-4	-2%	4.58	4.78	0.20	4%	0											1	
32650	THORACOSCOPY W/PLEURODESIS	090	290	304	14	5%	10.83	11.97	1.14	11%	0			2				2				1	
32651	THORACOSCOPY REMOVE CORTE	090	502	496	-6	-1%	18.78	20.79	2.01	11%	0			1	1			1	5			1	
32652	THORACOSCOPY REM TOTL CORT	090	645	648	3	0%	29.13	31.87	2.74	9%	0			1	2			1	3	2		1	
32653	THORACOSCOPY REMOV FB/FIBR	090	509	503	-6	-1%	18.17	20.18	2.01	11%	0			1	1			1	5			1	
32654	THORACOSCOPY CONTRL BLEEDIN	090	515	507	-8	-2%	20.52	23.13	2.61	13%	0			1	1			1	4	2		1	
32655	THORACOSCOPY RESECT BULLAE	090	425	427	2	0%	16.17	17.78	1.61	10%	0			1	1			1	3			1	

32656	THORACOSCOPY W/PLEURECTOM	090	377	401	24	6%	13.26	14.75	1.49	11%	0			1	1			3			1	
32658	THORACOSCOPY W/SAC FB REMO	090	330	339	9	3%	11.71	12.61	0.90	8%	0			2				1			1	
32659	THORACOSCOPY W/SAC DRAINAC	090	357	376	19	5%	11.94	13.19	1.25	10%	0			1	1			2			1	
32661	THORACOSCOPY W/PERICARD EX	090	300	309	9	3%	13.33	14.23	0.90	7%	0			2				1			1	
32662	THORACOSCOPY W/MEDIAST EXC	090	350	355	5	1%	14.99	15.96	0.97	6%	0			1	1				1		1	
32663	THORACOSCOPY W/LOBECTOMY	090	507	511	4	1%	24.64	26.65	2.01	8%	0			1	1			1	1	2	1	
32664	THORACOSCOPY W/ TH NRV EXC	090	330	339	9	3%	14.28	15.18	0.90	6%	0			2				1			1	
61737	LITT ICR MLT TRJ MLT/CPLX LS	000	474	471	-3	-1%	22.67	23.07	0.40	2%	0									1		
64582	OPN MPLTJ HPGLSL NSTM ARY PG	090	294	308	14	5%	14.00	14.77	0.77	5%	0				2							0.5
64583	REV/RPLCT HPGLSL NSTM ARY PG	090	309	323	14	5%	14.50	15.27	0.77	5%	0				2							0.5
64584	RMVL HPGLSL NSTIM ARY PG	090	275	289	14	5%	12.00	12.77	0.77	6%	0				2							0.5
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	010	178	185	7	4%	7.15	7.59	0.44	6%	0				1							0.5
66174	TRLUML DIL AQ O/F CAN W/O ST	090	173	203	30	17%	7.62	9.27	1.65	22%	0			1	4							0.5
66175	TRLUML DIL AQ O/F CAN W/ST	090	184	214	30	16%	9.34	10.99	1.65	18%	0			1	4							0.5
66989	XCPSL CTRC RMVL CPLX INSI 1+	090	176	199	23	13%	12.13	13.45	1.32	11%	0			1	3							0.5
66991	XCAPSL CTRC RMVL INSI 1+	090	172	195	23	13%	9.23	10.55	1.32	14%	0			1	3							0.5
33267	EXCL LAA OPEN ANY METHOD	090	401	400	-1	0%	18.50	19.45	0.95	5%	0				1				2		1	1
28496	TREAT BIG TOE FRACTURE	090	142	148	6	4%	2.48	3.14	0.66	27%	0			3								
28505	TREAT BIG TOE FRACTURE	090	227	245	18	8%	7.44	8.65	1.21	16%	0			2	2							0.5
28510	TREATMENT OF TOE FRACTURE	090	53	56	3	6%	1.17	1.50	0.33	28%	0			1.5								
28515	TREATMENT OF TOE FRACTURE	090	71	75	4	6%	1.56	2.00	0.44	28%	0			2								
28525	TREAT TOE FRACTURE	090	207	225	18	9%	5.62	6.83	1.21	22%	0			2	2							0.5
28530	TREAT SESAMOID BONE FRACTUR	090	56	58	2	4%	1.11	1.33	0.22	20%	0			1								
28531	TREAT SESAMOID BONE FRACTUR	090	225	234	9	4%	2.57	3.47	0.90	35%	0			2				1				1
28540	TREAT FOOT DISLOCATION	090	106	112	6	6%	2.19	2.85	0.66	30%	0			3								
28545	TREAT FOOT DISLOCATION	090	142	148	6	4%	2.60	3.37	0.77	30%	0			3								0.5
28546	TREAT FOOT DISLOCATION	090	184	192	8	4%	3.40	4.39	0.99	29%	0			4								0.5
28555	REPAIR FOOT DISLOCATION	090	281	304	23	8%	9.65	11.21	1.56	16%	0			2	2			1				1
28570	TREAT FOOT DISLOCATION	090	92	96	4	4%	1.76	2.20	0.44	25%	0			2								
28575	TREAT FOOT DISLOCATION	090	178	185	7	4%	3.49	4.48	0.99	28%	0			3.5								1
28576	TREAT FOOT DISLOCATION	090	277	295	18	6%	4.60	6.18	1.58	34%	0			4				2				1
28585	REPAIR FOOT DISLOCATION	090	324	354	30	9%	11.13	13.02	1.89	17%	0			2	3			1				1
28600	TREAT FOOT DISLOCATION	090	105	110	5	5%	2.02	2.57	0.55	27%	0			2.5								
28605	TREAT FOOT DISLOCATION	090	156	163	7	4%	2.89	3.77	0.88	30%	0			3.5								0.5
28606	TREAT FOOT DISLOCATION	090	224	232	8	4%	5.09	6.19	1.10	22%	0			4								1
28615	REPAIR FOOT DISLOCATION	090	323	355	32	10%	10.70	12.81	2.11	20%	0			3	3			1				1
28630	TREAT TOE DISLOCATION	010	55	57	2	4%	1.75	1.97	0.22	13%	0			1								
28635	TREAT TOE DISLOCATION	010	61	63	2	3%	1.96	2.18	0.22	11%	0			1								
28645	REPAIR TOE DISLOCATION	090	217	235	18	8%	7.44	8.65	1.21	16%	0			2	2							0.5
28660	TREAT TOE DISLOCATION	010	49	51	2	4%	1.28	1.50	0.22	17%	0			1								
28665	TREAT TOE DISLOCATION	010	53	55	2	4%	1.97	2.19	0.22	11%	0			1								
28675	REPAIR OF TOE DISLOCATION	090	197	215	18	9%	5.62	6.83	1.21	22%	0			2	2							0.5
28705	FUSION OF FOOT BONES	090	490	516	26	5%	20.33	22.29	1.96	10%	-2			1	2	1		1	1			1
28715	FUSION OF FOOT BONES	090	366	398	32	9%	13.42	15.29	1.87	14%	0			2	4							0.5
28725	FUSION OF FOOT BONES	090	298	323	25	8%	11.22	12.76	1.54	14%	0			2	3							0.5
28730	FUSION OF FOOT BONES	090	308	333	25	8%	10.70	12.24	1.54	14%	0			2	3							0.5
28735	FUSION OF FOOT BONES	090	360	393	33	9%	12.23	14.01	1.78	15%	0				4			1				1
28737	REVISION OF FOOT BONES	090	340	373	33	10%	11.03	12.81	1.78	16%	0				4			1				1
28740	FUSION OF FOOT BONES	090	266	294	28	11%	9.29	10.72	1.43	15%	0				4							0.5
28750	FUSION OF BIG TOE JOINT	090	237	265	28	12%	8.57	9.89	1.32	15%	0				4							
28755	FUSION OF BIG TOE JOINT	090	172	178	6	3%	4.88	5.65	0.77	16%	0			3								0.5
28760	FUSION OF BIG TOE JOINT	090	330	363	33	10%	9.14	10.92	1.78	19%	0				4			1				1
28800	AMPUTATION OF MIDFOOT	090	306	330	24	8%	8.79	10.72	1.93	22%	0			4.5				3				1
28805	AMPUTATION THRU METATARSA	090	376	424	48	13%	12.71	15.47	2.76	22%	0			2	2			6				1
28810	AMPUTATION TOE & METATARSA	090	251	269	18	7%	6.64	8.22	1.58	24%	0			4				2				1
28890	HI ENRGY ESWT PLANTAR FASCIA	090	140	146	6	4%	3.45	4.22	0.77	22%	0			3								0.5
14001	TIS TRNFR TRUNK 10.1-30SQCM	090	291	319	28	10%	8.78	10.21	1.43	16%	0				4							0.5
14020	TIS TRNFR S/A/L 10 SQ CM/<	090	223	251	28	13%	7.22	8.54	1.32	18%	0				4							
14021	TIS TRNFR S/A/L 10.1-30 SQCM	090	288	316	28	10%	9.72	11.04	1.32	14%	0				4							
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	090	223	241	18	8%	8.60	9.70	1.10	13%	0			2	2							
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	090	303	331	28	9%	10.83	12.15	1.32	12%	0				4							
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	090	183	201	18	10%	9.23	10.33	1.10	12%	0			2	2							
14061	TIS TRNFR E/N/E/L10.1-30SQCM	090	341.5	373	31.5	9%	11.48	12.97	1.49	13%	0				4.5							
14301	TIS TRNFR ANY 30.1-60 SQ CM	090	287	310	23	8%	12.65	13.97	1.32	10%	0			1	3							0.5
14350	FILLETED FINGER/TOE FLAP	090	318.5	350	31.5	10%	11.05	12.65	1.60	14%	0				4.5							0.5
12057	INTMD RPR FACE/MM >30.0 CM	010	184	193	9	5%	6.00	6.66	0.66	11%	0			1	1							0.5
13100	CMPLX RPR TRUNK 1.1-2.5 CM	010	69	71	2	3%	3.00	3.22	0.22	7%	0			1								
13101	CMPLX RPR TRUNK 2.6-7.5 CM	010	82	84	2	2%	3.50	3.72	0.22	6%	0			1								
13120	CMPLX RPR S/A/L 1.1-2.5 CM	010	74	76	2	3%	3.23	3.45	0.22	7%	0			1								
13121	CMPLX RPR S/A/L 2.6-7.5 CM	010	85	87	2	2%	4.00	4.22	0.22	5%	0			1								
13131	CMPLX RPR F/C/C/M/N/AX/G/H/	010	92	94	2	2%	3.73	3.95	0.22	6%	0			1								
13132	CMPLX RPR F/C/C/M/N/AX/G/H/	010	97	99	2	2%	4.78	5.00	0.22	5%	0			1								
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	010	95	97	2	2%	4.34	4.56	0.22	5%	0			1								









32854	LUNG TRANSPLANT WITH BYPASS	090	1600	1596	-4	0%	90.00	95.20	5.20	6%	-3					1	1	1	6	6		1	3	1
32900	REMOVAL OF RIB(S)	090	821	872	51	6%	23.81	26.46	2.65	11%	-3					1.5		7.5				1		4
32905	REVISE & REPAIR CHEST WALL	090	721	762	41	6%	23.29	25.46	2.17	9%	-3					1.5		5.5				1		2.5
32906	REVISE & REPAIR CHEST WALL	090	751	792	41	5%	29.30	31.47	2.17	7%	-3					1.5		5.5				1		2.5
32940	REVISION OF LUNG	090	546	582	36	7%	21.34	23.27	1.93	9%	-3					1.5		4.5				1		1.5
32997	TOTAL LUNG LAVAGE	000	424	435	11	3%	7.31	8.83	1.52	21%	0			2				1	2			1		
33030	PARTIAL REMOVAL OF HEART SAC	090	739	746	7	1%	36.00	38.41	2.41	7%	-2			1	1			1	2	2		1		2
33031	PARTIAL REMOVAL OF HEART SAC	090	839	852	13	2%	45.00	47.84	2.84	6%	-2			1	1			1	2	3		1		2
33050	RESECT HEART SAC LESION	090	623	666.5	43.5	7%	16.97	19.26	2.29	13%	-3					1.5		6				1		2.5
33120	REMOVAL OF HEART LESION	090	686	686	0	0%	38.45	40.53	2.08	5%	-2					1		1	2	2		1		1
33130	REMOVAL OF HEART LESION	090	719	770	51	7%	24.17	26.82	2.65	11%	-3					1.5		7.5				1		2.5
33140	HEART REVASCULARIZE (TMR)	090	621	622	1	0%	28.34	30.62	2.28	8%	-2					1		1	1	3		1		1
32665	THORACOSCOP W/ESOPH MUSC	090	512	511	-1	0%	21.53	23.54	2.01	9%	0			1	1			1	3	1		1		
32666	THORACOSCOPY W/WEDGE RESE	090	332	343	11	3%	14.50	15.91	1.41	10%	0			1	1			1		1		1		
32669	THORACOSCOPY REMOVE SEGME	090	502	506	4	1%	23.53	25.54	2.01	9%	0			1	1			1	1	2		1		
32670	THORACOSCOPY BILOBECTOMY	090	532	536	4	1%	28.52	30.53	2.01	7%	0			1	1			1	1	2		1		
32671	THORACOSCOPY PNEUMONECTO	090	602	606	4	1%	31.92	33.93	2.01	6%	0			1	1			1	1	2		1		1
32672	THORACOSCOPY FOR LVRS	090	567	564	-3	-1%	27.00	29.61	2.61	10%	0			1	1			1	2	3		1		
24345	REPR ELBW MED LIGMNT W/TISS	090	284	299	15	5%	9.16	10.48	1.32	14%	0			4	1									0.5
24346	RECONSTRUCT ELBOW MED LIGM	090	385	417	32	8%	15.21	17.32	2.11	14%	0			3	3			1						1
24357	REPAIR ELBOW PERC	090	168	176	8	5%	5.44	6.43	0.99	18%	0			4										0.5
24358	REPAIR ELBOW W/DEB OPEN	090	193	201	8	4%	6.66	7.65	0.99	15%	0			4										0.5
24359	REPAIR ELBOW DEB/ATTC OPEN	090	213	221	8	4%	8.98	9.97	0.99	11%	0			4										0.5
24360	RECONSTRUCT ELBOW JOINT	090	320	334	14	4%	12.67	14.12	1.45	11%	0			4.5				1						1
24361	RECONSTRUCT ELBOW JOINT	090	322	336	14	4%	14.41	15.86	1.45	10%	0			4.5				1						1
24362	RECONSTRUCT ELBOW JOINT	090	350	364	14	4%	15.32	16.77	1.45	9%	0			4.5				1						1
24363	REPLACE ELBOW JOINT	090	435	464	29	7%	22.00	24.11	2.11	10%	0			1	3			2	1					1
24365	RECONSTRUCT HEAD OF RADIUS	090	229	238.5	9.5	4%	8.62	9.73	1.11	13%	0							0.5						1
24366	RECONSTRUCT HEAD OF RADIUS	090	243	252.5	9.5	4%	9.36	10.47	1.11	12%	0							0.5						1
24370	REVISE RECONST ELBOW JOINT	090	470	499	29	6%	23.55	25.66	2.11	9%	0			1	3			2	1					1
24371	REVISE RECONST ELBOW JOINT	090	505	534	29	6%	27.50	29.61	2.11	8%	0			1	3			2	1					1
24400	REVISION OF HUMERUS	090	288	299.5	11.5	4%	11.33	12.66	1.33	12%	0			4.5				0.5						1
24410	REVISION OF HUMERUS	090	344	356.5	12.5	4%	15.11	16.55	1.44	10%	0			5				0.5						1
24420	REVISION OF HUMERUS	090	329	341.5	12.5	4%	13.73	15.17	1.44	10%	0			5				0.5						1
24430	REPAIR OF HUMERUS	090	343	376	33	10%	15.25	17.16	1.91	13%	0			1	3			2						1
24435	REPAIR HUMERUS WITH GRAFT	090	433	478	45	10%	14.99	17.34	2.35	16%	0							2						1
24470	REVISION OF ELBOW JOINT	090	236	244	8	3%	8.93	10.03	1.10	12%	0			4										1
24495	DECOMPRESSION OF FOREARM	090	255	267	12	5%	8.41	9.64	1.23	15%	0			3.5				1						1
24498	REINFORCE HUMERUS	090	308	323.5	15.5	5%	12.28	13.74	1.46	12%	0			4				1.5						1
24500	TREAT HUMERUS FRACTURE	090	121	129	8	7%	3.41	4.29	0.88	26%	0			4										
24505	TREAT HUMERUS FRACTURE	090	188	197	9	5%	5.39	6.49	1.10	20%	0			4.5										0.5
24515	TREAT HUMERUS FRACTURE	090	340	360	20	6%	12.12	13.92	1.80	15%	0			5				2						1
24516	TREAT HUMERUS FRACTURE	090	352	375	23	7%	12.19	14.01	1.82	15%	0			4				3						1
24530	TREAT HUMERUS FRACTURE	090	136	144	8	6%	3.69	4.57	0.88	24%	0			4										
24535	TREAT HUMERUS FRACTURE	090	206	216	10	5%	7.11	8.32	1.21	17%	0			5										0.5
24538	TREAT HUMERUS FRACTURE	090	284	298	14	5%	9.77	11.22	1.45	15%	0			4.5				1						1
24545	TREAT HUMERUS FRACTURE	090	361	384	23	6%	13.15	14.71	1.56	12%	0			2	2			1						1
24546	TREAT HUMERUS FRACTURE	090	448	472	24	5%	14.91	16.78	1.87	13%	0			1	3			1	1					1
24560	TREAT HUMERUS FRACTURE	090	118	125	7	6%	2.98	3.75	0.77	26%	0			3.5										
24565	TREAT HUMERUS FRACTURE	090	190	199	9	5%	5.78	6.88	1.10	19%	0			4.5										0.5
24566	TREAT HUMERUS FRACTURE	090	257	285	28	11%	9.06	10.38	1.32	15%	0							4						
24575	TREAT HUMERUS FRACTURE	090	308	336	28	9%	9.71	11.38	1.67	17%	0			1	3			1						1
24576	TREAT HUMERUS FRACTURE	090	129	137	8	6%	3.06	3.94	0.88	29%	0			4										
24577	TREAT HUMERUS FRACTURE	090	192	201	9	5%	6.01	7.11	1.10	18%	0			4.5										0.5
24579	TREAT HUMERUS FRACTURE	090	338	366	28	8%	11.44	13.11	1.67	15%	0			1	3			1						1
24582	TREAT HUMERUS FRACTURE	090	295	330	35	12%	10.14	11.79	1.65	16%	0							5						
24586	TREAT ELBOW FRACTURE	090	375	399	24	6%	15.78	17.71	1.93	12%	0			4.5				3						1
24587	TREAT ELBOW FRACTURE	090	415	441.5	26.5	6%	15.79	17.84	2.05	13%	0			4.5				3.5						1
24600	TREAT ELBOW DISLOCATION	090	121	127	6	5%	4.37	5.03	0.66	15%	0			3										
24605	TREAT ELBOW DISLOCATION	090	179	188	9	5%	5.64	6.74	1.10	20%	0			4.5										0.5
24615	TREAT ELBOW DISLOCATION	090	277	294	17	6%	9.83	11.30	1.47	15%	0			3.5				2						1
24620	TREAT ELBOW FRACTURE	090	211	221	10	5%	7.22	8.43	1.21	17%	0			5										0.5
24635	TREAT ELBOW FRACTURE	090	291	314	23	8%	8.80	10.36	1.56	18%	0			2	2			1						1
24640	TREAT ELBOW DISLOCATION	010	39	41	2	5%	1.25	1.47	0.22	18%	0			1										
24650	TREAT RADIUS FRACTURE	090	87	93	6	7%	2.31	2.97	0.66	29%	0			3										
24655	TREAT RADIUS FRACTURE	090	142	151	9	6%	4.62	5.61	0.99	21%	0			4.5										
24665	TREAT RADIUS FRACTURE	090	256	265	9	4%	8.36	9.57	1.21	14%	0			4.5										1
24666	TREAT RADIUS FRACTURE	090	286	301.5	15.5	5%	9.86	11.32	1.46	15%	0			4				1.5						1
24670	TREAT ULNAR FRACTURE	090	102	108	6	6%	2.69	3.35	0.66	25%	0			3										
24675	TREAT ULNAR FRACTURE	090	153	161	8	5%	4.91	5.79	0.88	18%	0			4										
24685	TREAT ULNAR FRACTURE	090	252	270	18	7%	8.37	9.58	1.21	14%	0			2	2									0.5
24800	FUSION OF ELBOW JOINT	090	290	299	9	3%	11.41	12.62	1.21	11%	0			4.5										1
35518	ART BYP GRFT AXILLARY-AXILRY	090	457	459	2	0%	22.65	24.26	1.61	7%	0			1	1			1	3					1

35521	ART BYP GRFT AXILL-FEMORAL	090	530	540	10	2%	24.13	26.27	2.14	9%	0			1	2			1	2	1	1		
35522	ART BYP GRFT AXILL-BRACHIAL	090	497	508	11	2%	23.15	24.67	1.52	7%	0				2			1	2		1		
35523	ART BYP GRFT BRCHL-ULNR-RDL	090	485	498	13	3%	24.13	25.87	1.74	7%	0			1	2			1	2		1		
35525	ART BYP GRFT BRACHIAL-BRCHL	090	415	430	15	4%	21.69	23.01	1.32	6%	0				2			1	1		1		
35526	ART BYP GRFT AOR/CAROT/INNO	090	562	565	3	1%	31.55	33.36	1.81	6%	0			1	1			1	2	1	1		
35531	ART BYP GRFT AORCEL/AORMESE	090	740	747	7	1%	39.11	41.65	2.54	6%	0			1	2			1	2	2	1		1
35533	ART BYP GRFT AXILL/FEM/FEM	090	615	625	10	2%	29.92	32.06	2.14	7%	0			1	2			1	2	1	1		
35535	ART BYP GRFT HEPATORENAL	090	690	705	15	2%	38.13	40.51	2.38	6%	0			1	2			2	2	1	1		1
35536	ART BYP GRFT SPLENORENAL	090	550	565	15	3%	33.73	36.11	2.38	7%	0			1	2			2	2	1	1		
35537	ART BYP GRFT AORTOILIAC	090	683	696	13	2%	41.88	43.62	1.74	4%	0			1	2			1	2		1		1
35538	ART BYP GRFT AORTOBI-ILIAC	090	798	820	22	3%	47.03	49.19	2.16	5%	-2			1	2	1		1	2		1		1
35539	ART BYP GRFT AORTOFEMORAL	090	720	738	18	2%	44.11	46.09	1.98	4%	0			1	2			2	2		1		1
35540	ART BYP GRFT AORTBIFEMORAL	090	780	798	18	2%	49.33	51.31	1.98	4%	0			1	2			2	2		1		1
35556	ART BYP GRFT FEM-POPLITEAL	090	586	605	19	3%	26.75	28.93	2.18	8%	0			1	2			2	1	1	1		
35558	ART BYP GRFT FEM-FEMORAL	090	530	540	10	2%	23.13	25.27	2.14	9%	0			1	2			1	2	1	1		
35560	ART BYP GRFT AORTORENAL	090	590	605	15	3%	34.03	36.41	2.38	7%	0			1	2			2	2	1	1		
35563	ART BYP GRFT ILIOILIAC	090	535	545	10	2%	26.12	28.26	2.14	8%	0			1	2			1	2	1	1		
35565	ART BYP GRFT ILIOFEMORAL	090	535	545	10	2%	25.13	27.27	2.14	9%	0			1	2			1	2	1	1		
35566	ART BYP FEM-ANT-POST TIB/PRL	090	718	747	29	4%	32.35	35.00	2.65	8%	0			1	2			3	2	1			1
35570	ART BYP TIBIAL-TIB/PERONEAL	090	667	683	16	2%	29.15	31.84	2.69	9%	0				3			2	3	1	1		
35571	ART BYP POP-TIBL-PRL-OTHER	090	510	542	32	6%	25.52	27.78	2.26	9%	0			1	2			4	1		1		
35583	VEIN BYP GRFT FEM-POPLITEAL	090	588	607	19	3%	27.75	29.93	2.18	8%	0			1	2			2	1	1	1		
35585	VEIN BYP FEM-TIBIAL PERONEAL	090	717	746	29	4%	32.35	35.00	2.65	8%	0			1	2			3	2	1			1
35587	VEIN BYP POP-TIBL PERONEAL	090	523	555	32	6%	26.21	28.47	2.26	9%	0			1	2			4	1		1		
35601	ART BYP COMMON IPSI CAROTID	090	484	496	12	2%	27.09	28.81	1.72	6%	0				2			1	1	1	1		
35606	ART BYP CAROTID-SUBCLAVIAN	090	414	421	7	2%	22.46	23.94	1.48	7%	0				2				1	1	1		
35612	ART BYP SUBCLAV-SUBCLAVIAN	090	485	498	13	3%	20.35	22.09	1.74	9%	0			1	2			1	2		1		
35616	ART BYP SUBCLAV-AXILLARY	090	367	377	10	3%	21.82	23.03	1.21	6%	0			1	1			1	1		1		
35621	ART BYP AXILLARY-FEMORAL	090	412	432	20	5%	21.03	22.72	1.69	8%	0			1	1			3	1		1		
35623	ART BYP AXILLARY-POP-TIBIAL	090	475	485	10	2%	25.92	28.06	2.14	8%	0			1	2			1	2	1	1		
35626	ART BYP AORSUBCL/CAROT/INNO	090	520	532	12	2%	29.14	30.99	1.85	6%	0			1	1			2	1	1	1		
35631	ART BYP AOR-CELIAC-MSN-RENAL	090	648	663	15	2%	36.03	38.41	2.38	7%	0			1	2			2	2	1	1		
35632	ART BYP ILIO-CELIAC	090	690	705	15	2%	36.13	38.51	2.38	7%	0			1	2			2	2	1	1		1
35633	ART BYP ILIO-MESENERIC	090	705	723	18	3%	39.11	41.09	1.98	5%	0			1	2			2	2		1		2
35634	ART BYP ILIORENAL	090	680	695	15	2%	35.33	37.71	2.38	7%	0			1	2			2	2	1	1		1
52601	PROSTATECTOMY (TURP)	090	236	250	14	6%	13.16	13.93	0.77	6%	0				2						0.5		
35221	REPAIR BLOOD VESSEL LESION	090	545	553	8	1%	26.62	28.67	2.05	8%	0			1	1			2	2	1	1		1
35226	REPAIR BLOOD VESSEL LESION	090	327	337	10	3%	15.30	16.51	1.21	8%	0			1	1			1	1		1		
35231	REPAIR BLOOD VESSEL LESION	090	382	384	2	1%	21.16	22.53	1.37	6%	0			1	1				1	1	1		
35236	REPAIR BLOOD VESSEL LESION	090	367	382	15	4%	18.02	19.47	1.45	8%	0			1	1			2	1		1		
35241	REPAIR BLOOD VESSEL LESION	090	797	847	50	6%	25.58	28.51	2.93	11%	0			2.5				9			1		2.5
35246	REPAIR BLOOD VESSEL LESION	090	577	584	7	1%	28.23	29.84	1.61	6%	0			1	1			1	1	1	1		1
35251	REPAIR BLOOD VESSEL LESION	090	532	540	8	2%	31.91	33.96	2.05	6%	0			1	1			2	2	1	1		
35256	REPAIR BLOOD VESSEL LESION	090	347	371	24	7%	19.06	20.55	1.49	8%	0			1	1			3			1		
35261	REPAIR BLOOD VESSEL LESION	090	382	384	2	1%	18.96	20.33	1.37	7%	0			1	1				1	1	1		
35266	REPAIR BLOOD VESSEL LESION	090	337	352	15	4%	15.83	17.28	1.45	9%	0			1	1			2	1		1		
35271	REPAIR BLOOD VESSEL LESION	090	778	828	50	6%	24.58	27.51	2.93	12%	0			2.5				9			1		2.5
35276	REPAIR BLOOD VESSEL LESION	090	553.5	572	18.5	3%	25.83	27.45	1.62	6%	0			1	1.5			2	1		1		1
35281	REPAIR BLOOD VESSEL LESION	090	595	613	18	3%	30.06	32.04	1.98	7%	0			1	2			2	2	1	1		1
35286	REPAIR BLOOD VESSEL LESION	090	350	381	31	9%	17.19	19.01	1.82	11%	0			1	2			3			1		
35301	RECHANNELING OF ARTERY	090	404	411	7	2%	21.16	22.64	1.48	7%	0				2				1	1	1		
35302	RECHANNELING OF ARTERY	090	392	402	10	3%	21.35	22.56	1.21	6%	0			1	1			1	1		1		
35303	RECHANNELING OF ARTERY	090	392	402	10	3%	23.60	24.81	1.21	5%	0			1	1			1	1		1		
35304	RECHANNELING OF ARTERY	090	422	432	10	2%	24.60	25.81	1.21	5%	0			1	1			1	1		1		
35305	RECHANNELING OF ARTERY	090	402	412	10	2%	23.60	24.81	1.21	5%	0			1	1			1	1		1		
35311	RECHANNELING OF ARTERY	090	532	535	3	1%	28.60	30.41	1.81	6%	0			1	1			1	2	1	1		
43334	TRANSTHOR DIAPHRAG HERN RPA	090	549	562	13	2%	22.12	24.28	2.16	10%	0				2			2	2	1	1		
43335	TRANSTHOR DIAPHRAG HERN RPA	090	569	582	13	2%	23.97	26.13	2.16	9%	0				2			2	2	1	1		
43336	THORABD DIAPHR HERN REPAIR	090	695	710	15	2%	25.81	28.19	2.38	9%	0			1	2			2	2	1	1		1
43337	THORABD DIAPHR HERN REPAIR	090	715	730	15	2%	27.65	30.03	2.38	9%	0			1	2			2	2	1	1		1
43340	FUSE ESOPHAGUS & INTESTINE	090	770	778	8	1%	22.99	25.97	2.98	13%	0			1	2			2	3	2	1		1
43341	FUSE ESOPHAGUS & INTESTINE	090	770	778	8	1%	24.23	27.21	2.98	12%	0			1	2			2	3	2	1		1
43351	SURGICAL OPENING ESOPHAGUS	090	778	793	15	2%	22.05	25.36	3.31	15%	0			1	3			2	3	2	1		1
43352	SURGICAL OPENING ESOPHAGUS	090	570	582	12	2%	17.81	20.59	2.78	16%	0			1	2			2	2	2	1		
43360	GASTROINTESTINAL REPAIR	090	830	852	22	3%	40.11	43.75	3.64	9%	-2			1	2	1		3	3	2	1		
43361	GASTROINTESTINAL REPAIR	090	1108	1120	12	1%	45.68	49.39	3.71	8%	0			1	3			2	3	3	1		3
43400	LIGATE ESOPHAGUS VEINS	090	835	843	8	1%	25.60	28.58	2.98	12%	0			1	2			2	3	2	1		3
43405	LIGATE/STAPLE ESOPHAGUS	090	873	888	15	2%	24.73	28.04	3.31	13%	0			1	3			2	3	2	1		3
43410	REPAIR ESOPHAGUS WOUND	090	590	597	7	1%	16.41	18.95	2.54	15%	0			1	2			1	2	2	1		1
43415	REPAIR ESOPHAGUS WOUND	090	842	863	21	2%	44.88	47.53	2.65	6%	-4			1	1	2		1	2	1	1		3
43420	REPAIR ESOPHAGUS OPENING	090	520	527	7	1%	16.78	19.32	2.54	15%	0			1	2			1	2	2	1		
43425	REPAIR ESOPHAGUS OPENING	090	845	858	13	2%	25.04	28.26	3.22	13%	0			1	2			3	3	2	1		2
43500	SURGICAL OPENING OF STOMACH	090	402	410	8	2%	12.79	14.84	2.05	16%	0			1	1			2	2	1	1		



43501	SURGICAL REPAIR OF STOMACH	090	555	570	15	3%	22.60	24.98	2.38	11%	0	1	2	2	2	1	1	1
43502	SURGICAL REPAIR OF STOMACH	090	555	570	15	3%	25.69	28.07	2.38	9%	0	1	2	2	2	1	1	1
43510	SURGICAL OPENING OF STOMACH	090	485	500	15	3%	15.14	17.52	2.38	16%	0	1	2	2	2	1	1	1
43520	INCISION OF PYLORIC MUSCLE	090	342	349	7	2%	11.29	12.90	1.61	14%	0	1	1	1	1	1	1	1
43605	BIOPSY OF STOMACH	090	402	410	8	2%	13.72	15.77	2.05	15%	0	1	1	2	2	1	1	1
43610	EXCISION OF STOMACH LESION	090	432	440	8	2%	16.34	18.39	2.05	13%	0	1	1	2	2	1	1	1
43611	EXCISION OF STOMACH LESION	090	520	532	12	2%	20.38	23.16	2.78	14%	0	1	2	2	2	2	1	1
43620	REMOVAL OF STOMACH	090	695	711	16	2%	34.04	36.86	2.82	8%	0	1	2	3	3	1	1	1
43621	REMOVAL OF STOMACH	090	790	803	13	2%	39.53	42.75	3.22	8%	0	1	2	3	3	2	1	1
43622	REMOVAL OF STOMACH	090	790	803	13	2%	40.03	43.25	3.22	8%	0	1	2	3	3	2	1	1
43631	REMOVAL OF STOMACH PARTIAL	090	535	568	33	6%	24.51	27.21	2.70	11%	0	1	2	5	2	1	1	1
43632	REMOVAL OF STOMACH PARTIAL	090	725	743	18	2%	35.14	38.60	3.46	10%	0	1	2	4	3	2	1	1
43633	REMOVAL OF STOMACH PARTIAL	090	740	758	18	2%	33.14	36.60	3.46	10%	0	1	2	4	3	2	1	1
43634	REMOVAL OF STOMACH PARTIAL	090	740	758	18	2%	36.64	40.10	3.46	9%	0	1	2	4	3	2	1	1
43640	VAGOTOMY & PYLORUS REPAIR	090	540	552	12	2%	19.56	22.34	2.78	14%	0	1	2	2	2	2	1	1
43641	VAGOTOMY & PYLORUS REPAIR	090	570	582	12	2%	19.81	22.59	2.78	14%	0	1	2	2	2	2	1	1
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	090	502	517	15	3%	29.40	31.23	1.83	6%	-2	1	1	1	1	2	1	1
43645	LAP GASTR BYPASS INCL SMLL I	090	537	552	15	3%	31.53	33.36	1.83	6%	-2	1	1	1	1	2	1	1
43653	LAPAROSCOPY GASTROSTOMY	090	264	283	19	7%	8.48	9.60	1.12	13%	0		2	1		1	1	1
43770	LAP PLACE GASTR ADJ DEVICE	090	367	384	17	5%	18.00	19.41	1.41	8%	0		3		1	1	1	1
43771	LAP REVISE GASTR ADJ DEVICE	090	377	394	17	5%	20.79	22.20	1.41	7%	0		3		1	1	1	1
43772	LAP RMVL GASTR ADJ DEVICE	090	317	322	5	2%	15.70	16.67	0.97	6%	0	1	1		1	1	1	1
43773	LAP REPLACE GASTR ADJ DEVICE	090	377	394	17	5%	20.79	22.20	1.41	7%	0		3		1	1	1	1
43774	LAP RMVL GASTR ADJ ALL PARTS	090	304	323	19	6%	15.76	16.88	1.12	7%	0		2	1		1	1	1
43775	LAP SLEEVE GASTRECTOMY	090	412	431	19	5%	20.38	22.01	1.63	8%	-2	1	1	1	1	1	1	1
43800	RECONSTRUCTION OF PYLORUS	090	432	440	8	2%	15.43	17.48	2.05	13%	0	1	1	2	2	1	1	1
43810	FUSION OF STOMACH AND BOWEL	090	502	507	5	1%	16.88	19.33	2.45	15%	0	1	1	2	2	2	1	1
43820	FUSION OF STOMACH AND BOWEL	090	545	561	16	3%	22.53	25.35	2.82	13%	0	1	2	3	3	1	1	1
43825	FUSION OF STOMACH AND BOWEL	090	540	552	12	2%	21.76	24.54	2.78	13%	0	1	2	2	2	2	1	1
43830	PLACE GASTROSTOMY TUBE	090	319	344	25	8%	10.85	12.65	1.80	17%	0		2	3	1	1	1	1
43831	PLACE GASTROSTOMY TUBE	090	293	320	27	9%	8.49	10.44	1.95	23%	0	3.5		4		1	1	1
43832	PLACE GASTROSTOMY TUBE	090	417	425	8	2%	17.34	19.39	2.05	12%	0	1	1	2	2	1	1	1
43840	REPAIR OF STOMACH LESION	090	565	590	25	4%	22.83	25.69	2.86	13%	0	1	2	4	2	1	1	1
43842	V-BAND GASTROPLASTY	090	585	600	15	3%	21.03	23.41	2.38	11%	0	1	2	2	2	1	1	1
43843	GASTROPLASTY W/O V-BAND	090	585	600	15	3%	21.21	23.59	2.38	11%	0	1	2	2	2	1	1	1
43845	GASTROPLASTY DUODENAL SWIT	090	628	648	20	3%	33.30	35.37	2.07	6%	0	1	3	1	2	1	1	1
43846	GASTRIC BYPASS FOR OBESITY	090	693	712	19	3%	27.41	30.52	3.11	11%	0	1	3	2	2	2	1	1
43847	GASTRIC BYPASS INCL SMALL I	090	733	752	19	3%	30.28	33.39	3.11	10%	0	1	3	2	2	2	1	1
43848	REVISION GASTROPLASTY	090	708	727	19	3%	32.75	35.86	3.11	9%	0	1	3	2	2	2	1	1
43860	REVISE STOMACH-BOWEL FUSION	090	675	702	27	4%	27.89	31.39	3.50	13%	0	1	2	5	2	2	1	1
43865	REVISE STOMACH-BOWEL FUSION	090	615	627	12	2%	29.05	31.83	2.78	10%	0	1	2	2	2	2	1	1
43870	REPAIR STOMACH OPENING	090	402	410	8	2%	11.44	13.49	2.05	18%	0	1	1	2	2	1	1	1
43880	REPAIR STOMACH-BOWEL FISTUL	090	540	552	12	2%	27.18	29.96	2.78	10%	0	1	2	2	2	2	1	1
43886	REVISE GASTRIC PORT OPEN	090	155	169	14	9%	4.64	5.41	0.77	17%	0		2			0.5		
43887	REMOVE GASTRIC PORT OPEN	090	148	157	9	6%	4.32	4.98	0.66	15%	0	1	1			0.5		
43888	CHANGE GASTRIC PORT OPEN	090	180	194	14	8%	6.44	7.21	0.77	12%	0		2			0.5		
44005	FREEING OF BOWEL ADHESION	090	517	522	5	1%	18.46	20.91	2.45	13%	0	1	1	2	2	2	1	1
44010	INCISION OF SMALL BOWEL	090	432	440	8	2%	14.26	16.31	2.05	14%	0	1	1	2	2	1	1	1
44020	EXPLORE SMALL INTESTINE	090	487	492	5	1%	16.22	18.67	2.45	15%	0	1	1	2	2	2	1	1
44021	DECOMPRESS SMALL BOWEL	090	487	492	5	1%	16.31	18.76	2.45	15%	0	1	1	2	2	2	1	1
44025	INCISION OF LARGE BOWEL	090	487	492	5	1%	16.51	18.96	2.45	15%	0	1	1	2	2	2	1	1
44050	REDUCE BOWEL OBSTRUCTION	090	409.5	430.5	21	5%	15.52	17.65	2.13	14%	0	1	1	4	2	1	1	1
44055	CORRECT MALROTATION OF BOWEL	090	663	659	-4	-1%	25.63	28.15	2.52	10%	0	1	2	1	5	1	1	1
44110	EXCISE INTESTINE LESION(S)	090	487	492	5	1%	14.04	16.49	2.45	17%	0	1	1	2	2	2	1	1
44111	EXCISION OF BOWEL LESION(S)	090	517	522	5	1%	16.52	18.97	2.45	15%	0	1	1	2	2	2	1	1
44120	REMOVAL OF SMALL INTESTINE	090	611	622	11	2%	20.82	23.95	3.13	15%	0	1	1	4	3	2	1	1
44125	REMOVAL OF SMALL INTESTINE	090	524	534	10	2%	20.03	22.59	2.56	13%	0	1	2	2	2	2	1	1
44126	ENTERECTOMY W/O TAPER CONG	090	1125	1167	42	4%	42.23	48.55	6.32	15%	-2	1	2	10	6	3	1	2
44127	ENTERECTOMY W/TAPER CONG	090	1357	1416	59	4%	49.30	56.97	7.67	16%	-2	1	2	13	7	4	1	2
44130	BOWEL TO BOWEL FUSION	090	516	550	34	7%	22.11	25.01	2.90	13%	0	1	2	5	1	1	1	1
44140	PARTIAL REMOVAL OF COLON	090	480	517	37	8%	22.59	25.09	2.50	11%	0	1	2	5	1	1	1	1
44141	PARTIAL REMOVAL OF COLON	090	672	696	24	4%	29.91	33.26	3.35	11%	-2	1	1	4	2	2	1	1
44143	PARTIAL REMOVAL OF COLON	090	607	626	19	3%	27.79	30.90	3.11	11%	-2	1	1	3	2	2	1	1
44144	PARTIAL REMOVAL OF COLON	090	677	701	24	4%	29.91	33.26	3.35	11%	-2	1	1	4	2	2	1	1
44145	PARTIAL REMOVAL OF COLON	090	615	635	20	3%	28.58	31.20	2.62	9%	0	1	2	3	2	1	1	1
44146	PARTIAL REMOVAL OF COLON	090	692	714	22	3%	35.30	38.01	2.71	8%	-2	1	1	3	2	1	1	1
44147	PARTIAL REMOVAL OF COLON	090	710	727	17	2%	33.69	36.71	3.02	9%	0	1	2	3	2	2	1	1
44150	REMOVAL OF COLON	090	638	658	20	3%	30.18	33.31	3.13	10%	-2	2	1	3	3	1	1	1
44151	REMOVAL OF COLON/ILEOSTOMY	090	738	768	30	4%	34.92	38.53	3.61	10%	-2	2	1	5	3	1	1	1
44155	REMOVAL OF COLON/ILEOSTOMY	090	738	768	30	4%	34.42	38.03	3.61	10%	-2	2	1	5	3	1	1	1
44156	REMOVAL OF COLON/ILEOSTOMY	090	798	828	30	4%	37.42	41.03	3.61	10%	-2	2	1	5	3	1	1	1
44157	COLECTOMY W/ILEOANAL ANAST	090	705	743	38	5%	35.70	39.02	3.32	9%	-2	1	2	5	3	1	1	1
44158	COLECTOMY W/NEO-RECTUM PC	090	725	763	38	5%	36.70	40.02	3.32	9%	-2	1	2	5	3	1	1	1

44160	REMOVAL OF COLON	090	551	558	7	1%	20.89	23.56	2.67	13%	0			2	1			2	2	2	1		
44180	LAP ENTEROLYSIS	090	407	436	29	7%	15.27	17.00	1.73	11%	0			1	1			4			1		
44186	LAP JEJUNOSTOMY	090	267	286	19	7%	10.38	11.63	1.25	12%	0			1	1			2			1		
44187	LAP ILEO/JEJUNO-STOMY	090	385	398	13	3%	17.40	19.14	1.74	10%	0			1	2			1	2		1		
44188	LAP COLOSTOMY	090	407	425	18	4%	19.35	21.20	1.85	10%	0				3			1	2		1		
44202	LAP ENTERECTOMY	090	505	532	27	5%	23.39	25.41	2.02	9%	0			1	2			3	1		1		
44204	LAPARO PARTIAL COLECTOMY	090	455	482	27	6%	26.42	28.44	2.02	8%	0			1	2			3	1		1		
44205	LAP COLECTOMY PART W/ILEUM	090	428.5	459.5	31	7%	22.95	25.03	2.08	9%	0			3				5			1		
44206	LAP PART COLECTOMY W/STOMA	090	647	662	15	2%	29.79	32.86	3.07	10%	-2			1	1	1		2	1	3	1		
44207	L COLECTOMY/COLOPROCTOSTO	090	560	570	10	2%	31.92	34.06	2.14	7%	0			1	2			1	2	1	1		
44208	L COLECTOMY/COLOPROCTOSTO	090	595	614	19	3%	33.99	36.41	2.42	7%	0			1	2			3	3		1		
44210	LAPARO TOTAL PROCTOCOLECTO	090	630	662	32	5%	30.09	32.73	2.64	9%	-2			1	2	1		3	2		1		
44211	LAP COLECTOMY W/PROCTECTOM	090	695	727	32	5%	37.08	39.72	2.64	7%	-2			1	2	1		3	2		1		
44212	LAPARO TOTAL PROCTOCOLECTO	090	660	692	32	5%	34.58	37.22	2.64	8%	-2			1	2	1		3	2		1		
23490	REINFORCE CLAVICLE	090	291	304	13	4%	12.16	13.50	1.34	11%	0			4				1			1		
23491	REINFORCE SHOULDER BONES	090	315	329	14	4%	14.54	15.99	1.45	10%	0			4.5				1			1		
23500	CLTX CLAVICULAR FX W/O MNPJ	090	79	84	5	6%	2.21	2.76	0.55	25%	0			2.5									
23505	CLTX CLAVICULAR FX W/MNPJ	090	121	127	6	5%	3.83	4.49	0.66	17%	0			3									
23515	OPTX CLAVICULAR FX W/INT FIX	090	287	305	18	6%	9.69	10.90	1.21	12%	0			2	2						0.5		
23520	CLTX STRNCLAV DISLC W/O MNPJ	090	82	87	5	6%	2.29	2.84	0.55	24%	0			2.5									
23525	CLTX STRNCLAV DISLC W/MNPJ	090	130	138	8	6%	3.79	4.67	0.88	23%	0			4									
23530	OPTX STRNCLAV DISLC AQT/CHRN	090	210	217	7	3%	7.48	8.36	0.88	12%	0			3.5							0.5		
23532	OPTX STRCLV DSCL AQ/CHRN GR	090	280	288	8	3%	8.20	9.30	1.10	13%	0			4							1		
23540	CLTX ACROMCLAV DISLC WO MNP	090	82	87	5	6%	2.36	2.91	0.55	23%	0			2.5									
23545	CLTX ACROMCLAV DISLC W/MNPJ	090	115	122	7	6%	3.43	4.20	0.77	22%	0			3.5									
23550	OPTX ACROMCLV DISLC AQT/CHRN	090	267	281.5	14.5	5%	7.59	8.94	1.35	18%	0			3.5				1.5			1		
23552	OPTX ACRLV DSCL AQ/CHRN GR	090	299	314.5	15.5	5%	8.82	10.28	1.46	17%	0			4				1.5			1		
23570	CLTX SCAPULAR FX W/O MNPJ	090	82	87	5	6%	2.36	2.91	0.55	23%	0			2.5									
23575	CLTX SCAP FX W/MNPJ +-TRACTJ	090	138	145	7	5%	4.23	5.00	0.77	18%	0			3.5									
23585	OPTX SCAPULAR FX W/INT FIXJ	090	407	435	28	7%	14.23	16.03	1.80	13%	0			2	2			2			1		
23600	CLTX PROX HUMRL FX W/O MNPJ	090	100	113	13	13%	3.00	3.99	0.99	33%	0			3	1								
23605	CLTX PRX HMRL FX MNPJ+-TRACT	090	172	180	8	5%	5.06	6.05	0.99	20%	0			4							0.5		
23615	OPTX PROX HUMRL FX W/INT FIX	090	338	366	28	8%	12.30	13.97	1.67	14%	0			1	3			1			1		
23616	OPTX PRX HMRL FX FIX RPR RPL	090	413	437	24	6%	18.37	20.24	1.87	10%	0			1	3			1	1		1		
23620	CLTX GR HMRL TBRX FX WO MNPJ	090	92	98	6	7%	2.55	3.21	0.66	26%	0			3									
23625	CLTX GR HMRL TBRX FX W/MNPJ	090	151	158	7	5%	4.10	4.98	0.88	21%	0			3.5							0.5		
35636	ART BYP SPENORENAL	090	603	609	6	1%	31.75	34.09	2.34	7%	0			1	2			1	3	1	1		
35637	ART BYP AORTOILIAC	090	605	623	18	3%	33.05	35.03	1.98	6%	0			1	2			2	2		1		1
35638	ART BYP AORTOBI-ILIAC	090	635	653	18	3%	33.60	35.58	1.98	6%	0			1	2			2	2		1		1
35642	ART BYP CAROTID-VERTEBRAL	090	463	504	41	9%	18.94	21.50	2.56	14%	0			3				7			1		
35645	ART BYP SUBCLAV-VERTEBRAL	090	463	504	41	9%	18.43	20.99	2.56	14%	0			3				7			1		
35646	ART BYP AORTOBIFEMORAL	090	645	662	17	3%	32.98	35.58	2.60	8%	-2			2		1		3	2	1	1		
35647	ART BYP AORTOFEMORAL	090	573	587	14	2%	29.73	32.04	2.31	8%	0			2	1			3	3		1		
35650	ART BYP AXILLARY-AXILLARY	090	382	384	2	1%	20.16	21.53	1.37	7%	0			1	1				1	1	1		
35654	ART BYP AXILL-FEM-FEMORAL	090	513	526	13	3%	26.28	28.15	1.87	7%	0			2	1			2	2		1		
35656	ART BYP FEMORAL-POPLITEAL	090	447	481	34	8%	20.47	22.44	1.97	10%	0			1	1			5			1		
35661	ART BYP FEMORAL-FEMORAL	090	440	467	27	6%	20.35	22.37	2.02	10%	0			1	2			3	1		1		
35663	ART BYP ILIOILIAC	090	503	513	10	2%	23.93	26.07	2.14	9%	0			1	2			1	2	1	1		
35665	ART BYP ILIOFEMORAL	090	480	507	27	6%	22.35	24.37	2.02	9%	0			1	2			3	1		1		
35666	ART BYP FEM-ANT-POST TIB/PRL	090	490	522	32	7%	23.66	25.92	2.26	10%	0			1	2			4	1		1		
35671	ART BYP POP-TIBL-PRL-OTHER	090	435	448	13	3%	20.77	22.51	1.74	8%	0			1	2			1	2		1		
27742	REPAIR OF LEG EPIPHYSES	090	340	354	14	4%	10.63	12.08	1.45	14%	0			4.5				1			1		
27745	REINFORCE TIBIA	090	312	330	18	6%	10.49	12.07	1.58	15%	0			4				2			1		
27750	TREATMENT OF TIBIA FRACTURE	090	143	150	7	5%	3.37	4.25	0.88	26%	0			3.5							0.5		
27752	TREATMENT OF TIBIA FRACTURE	090	250	268	18	7%	6.27	7.85	1.58	25%	0			4				2			1		
27756	TREATMENT OF TIBIA FRACTURE	090	344	372	28	8%	7.45	9.51	2.06	28%	0			4				4			1		
27758	TREATMENT OF TIBIA FRACTURE	090	435	471.5	36.5	8%	12.54	15.07	2.53	20%	0			4.5				5.5			1		
27759	TREATMENT OF TIBIA FRACTURE	090	324	347	23	7%	14.45	16.14	1.69	12%	0			3	1			2			1		
27760	CLTX MEDIAL ANKLE FX	090	124	132	8	6%	3.21	4.09	0.88	27%	0			4									
27762	CLTX MED ANKLE FX W/MNPJ	090	212	221	9	4%	5.47	6.68	1.21	22%	0			4.5							1		
27766	OPTX MEDIAL ANKLE FX	090	266	289	23	9%	7.89	9.45	1.56	20%	0			2	2			1			1		
27767	CLTX POST ANKLE FX	090	96	109	13	14%	2.64	3.63	0.99	38%	0			3	1								
27768	CLTX POST ANKLE FX W/MNPJ	090	170	183	13	8%	5.14	6.24	1.10	21%	0			3	1						0.5		
27769	OPTX POST ANKLE FX	090	279	297	18	6%	10.14	11.59	1.45	14%	0			3	1			1			1		
27780	TREATMENT OF FIBULA FRACTUR	090	110	117	7	6%	2.83	3.60	0.77	27%	0			3.5									
27781	TREATMENT OF FIBULA FRACTUR	090	146	154	8	5%	4.59	5.47	0.88	19%	0			4									
27784	TREATMENT OF FIBULA FRACTUR	090	281	304	23	8%	9.67	11.23	1.56	16%	0			2	2			1			1		
27786	TREATMENT OF ANKLE FRACTURE	090	114	121	7	6%	3.02	3.79	0.77	25%	0			3.5									
27788	TREATMENT OF ANKLE FRACTURE	090	148	156	8	5%	4.64	5.52	0.88	19%	0			4									
27792	TREATMENT OF ANKLE FRACTURE	090	245	263	18	7%	8.75	9.96	1.21	14%	0			2	2						0.5		
27808	TREATMENT OF ANKLE FRACTURE	090	127	135	8	6%	3.03	3.91	0.88	29%	0			4									
27810	TREATMENT OF ANKLE FRACTURE	090	180	188	8	4%	5.32	6.31	0.99	19%	0			4							0.5		
27814	TREATMENT OF ANKLE FRACTURE	090	346	360	14	4%	10.62	12.14	1.52	14%	0			2	2				1		1		



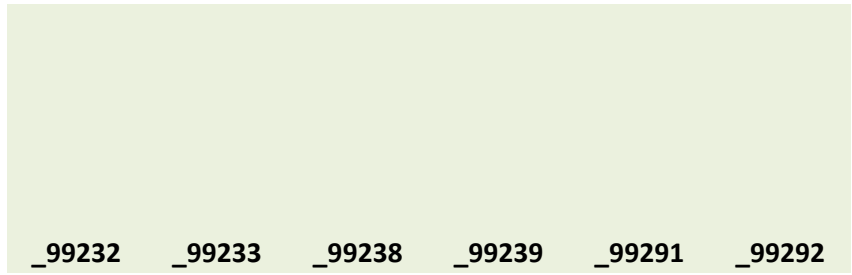


CPT Code	Global	Current Office Visit Time	RUC Recommended		Current Hospital and Discharge Visit Time (99231-3; 99238-9)	RUC Recommended Hospital and Discharge Visit Time (99231-3; 99238-9)		Change in Hospital and Discharge Visit Time (99231-3; 99238-9)	Total CY2025 Physician Time - before applying post-op
			nded Office Visit Time	Change in Office Visit Time		Hospital and Discharge Visit Time	Hospital and Discharge Visit Time		
25310	090	109	139	30	19	19	0	263	
25447	090	109	139	30	19	19	0	281	
26480	090	109	139	30	19	19	0	263	
2X005	090	109	139	30	19	19	0	296	
4X015	090	86	109	23	118	124	6	442	
4X016	090	86	109	23	173	176	3	542	
4X017	090	109	139	30	265	265	0	717	
4X018	090	109	139	30	285	290	5	814	
4X019	090	126	158	32	430	421	-9	1046	



Total CY2025 Physician Time with RUC Recommended	Change in Total Physician Time	Percent Change - Total Time	Current Bundled Post-Op Office Visits RVU	Bundled Post-Op Office with RUC Proposal	Change in Work RVU due to Bundled Post-op Office Visits	Current Bundled Post-Op Hospital and Discharge Visits RVU	Bundled Post-Op Hospital and Discharge Visits RVU with RUC	Change in Work RVU due to Bundled Post-op Hospital and	CY2025 Work RVU before applying post-op visit increase	Surgical Global Work RVU After Incorporat ing RUC Recommended	Change in Work RVU	Percent Change - Work RVU
293	30	11%	4.41	5.82	1.41	0.64	0.75	0.11	9.5	11.02	1.52	16%
311	30	11%	4.41	5.82	1.41	0.64	0.75	0.11	11.14	12.66	1.52	14%
293	30	11%	4.41	5.82	1.41	0.64	0.75	0.11	9.5	11.02	1.52	16%
326	30	10%	4.41	5.82	1.41	0.64	0.75	0.11	13.9	15.42	1.52	11%
471	29	7%	3.44	4.52	1.08	4.19	5.09	0.9	22	23.98	1.98	9%
568	26	5%	3.44	4.52	1.08	6.19	7.49	1.3	28.65	31.03	2.38	8%
747	30	4%	4.41	5.82	1.41	9.44	11.13	1.69	34	37.1	3.1	9%
849	35	4%	4.41	5.82	1.41	10.2	12.13	1.93	45	48.34	3.34	7%
1069	23	2%	4.94	6.44	1.5	15.44	18.33	2.89	55	59.39	4.39	8%

Pre_Servic												
Change in	Pre_Evalu	Pre_Positi	e_Scrub_D	Median_I	Immediat							
Clinical	ation_Tim	oning_tim	ress_Wait	ntra_Servi	e_post_Se	_99204	_99211	_99212	_99213	_99214	_99215	_99231
Staff Time	e	e	_tim	ce_Time	rvice_time							
-2	30	10	10	60	25				3	1		
-2	33	10	10	75	25				3	1		
-2	30	10	10	60	25				3	1		
-2	33	10	10	90	25				3	1		
-2	40	3	15	150	30				2	1		2
-2	40	3	15	195	30				2	1		2
-2	50	8	15	240	30				3	1		1
-2	50	15	15	310	30				3	1		2
-4	60	15	15	360	40				2	2		1



**\_99232    \_99233    \_99238    \_99239    \_99291    \_99292**

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## AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2024

### **Skin Cell Suspension Autograft – Tab 4**

In September 2023, the CPT Editorial Panel approved the creation of eight new CPT codes to describe skin cell suspension autograft (SCSA) procedures. The CPT Editorial Panel also revised the introductory guidelines for Skin Replacement Surgery to account for these new services.

The code set includes a 000-day global (15XX1) and an add-on code (15XX2) describing the harvesting component of the procedure, an XXX global (15XX3) and an add-on code (15XX4) describing the preparation component of the procedure, and two 090-day global and add-on codes for the application component to distinguish between body areas (trunk, arms, and legs-15XX5 and 15XX7; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits-15XX6 and 15XX8).

SCSA procedures enable surgeons to treat a much larger area of burn wound with a significantly smaller amount of harvested skin and involve performing complex calculations to determine the harvest size needed. The surgeon harvests the appropriately sized epidermal layer and a very thin dermal layer of skin. The harvested graft is then processed into a suspension using enzymatic digestion and manual disaggregation of the cells. Following processing, the expansion ratio of the SCSA graft which describes the area harvested and treated can be up to 1:80 harvest to expansion, unlike existing epidermal autograft and split-thickness skin graft procedures where the expansion ratio of the graft is typically 1:2. Per the CPT Introductory Guidelines, “The expansion ratio of harvested skin to prepare a skin cell suspension autograft is typically 1:80 and, for example, 25 sq cm of harvested skin will produce a quantity of skin cells sufficient to cover a defect measuring up to 2000 sq cm.” Next, a primary dressing is partially affixed to the wound bed. The SCSA graft is then applied to the prepared burn wound, and the primary dressing is fully affixed to the wound. Secondary and tertiary dressings are then applied. The autograft requires diligent post-operative care due to its fragile, thin nature while it undergoes maturation.

The RUC evaluated the new SCSA codes and recommended applying the median intra-service survey times and physician work values across the family of codes, as supported by the survey; removing duplicative pre-service time; and supporting the number and intensity of inpatient and outpatient post-operative visits.

#### ***15XX1 Harvest of skin for skin cell suspension autograft; first 25 sq cm or less***

The RUC reviewed the survey results from 33 burn surgeons and determined that the survey median work RVU of 3.00 appropriately accounts for the work typically required to perform this service. The RUC recommends 55 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 40 minutes intra-service time, and 20 minutes immediate post-service time, totaling 140 minutes of total time. The pre-service time includes time that was moved from CPT codes 15XX5 and 15XX7 to address any duplication. This move is appropriate as the harvest base code will always be paired with one of the two base application codes, and therefore CPT code 15XX1 now includes all the pre-service time for this episode of care and 15XX5 and 15XX7 have no pre-service time. The RUC agreed this change

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supports the flow of work and noted that it includes distinct pre-operative education for patients specific to the graft preparation and application components of the procedure.

To support the median value for CPT code 15XX1, the RUC compared the surveyed code to the top key reference service 15040 *Harvest of skin for tissue cultured skin autograft, 100 sq cm or less* (work RVU = 2.00, 15 minutes intra-service time and 60 minutes total time) and noted that the reference service involves much less intra-service and total time and is therefore appropriately valued lower than the surveyed code. The new CPT codes 15XX1-15XX2 for the harvest procedures are necessary as the reference code does not accurately describe the harvest procedure performed for SCSA, as this new technology requires more physician time and is more intense than 15040.

For additional support, the RUC compared the surveyed code to MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU = 3.55, 40 minutes intra-service time and 78 minutes total time) and noted that the comparator code requires more physician work in less total time than the surveyed code and therefore is appropriately valued higher. The RUC also referenced CPT code 32408 *Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed* (work RVU = 3.18, 40 minutes intra-service time and 101 minutes total time) and noted the identical intra-service time and similar amount of physician work as the surveyed code. **The RUC recommends a work RVU of 3.00 for CPT code 15XX1.**

***15XX2 Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 33 burn surgeons and determined that the survey median work RVU of 2.00 appropriately accounts for the work involved in this add-on service to capture additional harvesting beyond the initial 25 sq cm. The RUC recommends 40 minutes intra-service time as supported by the survey.

To support the median value for CPT code 15XX2, the RUC compared the surveyed code to the top key reference service 15101 *Split-thickness autograft, 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)* (work RVU = 1.72, 29 minutes intra-service time and total time) and noted that the reference service involves much less intra-service time and is therefore appropriately valued lower than the surveyed code. For 15XX2, depending on the patient's condition, the size of the burn wound and the harvest needed, the surgeon will harvest the first 25 sq cm (15XX1). Next, the surgeon will harvest the remaining 25 sq cm and prepare that harvest (X3). This technique is typical, in that, it is how a surgeon will conserve donor skin and only harvest what is truly needed. Additionally, in the typical patient, the work can become more complex due to several factors such as device failure, contamination, mis-spray where cells are disposed of accidentally, or miscalculation which all can require re-harvest.

For additional support, the RUC compared the surveyed code to CPT code 20937 *Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)* (work RVU = 2.79, 40 minutes intra-service time and total time) and CPT code 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)* (work RVU = 2.19, 35 minutes intra-service time and total time) which require similar physician work and time. **The RUC recommends a work RVU of 2.00 for CPT code 15XX2.**

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**15XX3 Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin**

The RUC reviewed the survey results from 30 burn surgeons and determined that the survey median work RVU of 2.51 appropriately accounts for the work typically required to perform this service. The RUC recommends 33 minutes intra-service and total time. The Committee removed the pre-service evaluation time from code 15XX3 since all pre-service time is already accounted for in the harvest code 15XX1, which is always reported together for this episode of care.

To support the median value for CPT code 15XX3, the RUC compared the surveyed code to the top key reference service 99204 *Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.* (work RVU = 2.60, 60 minutes total time) and noted that the reference code requires more time and is therefore valued slightly higher than the surveyed code. The RUC further noted that the surveyed code is appropriately bracketed by the two key reference service MPC codes, 99204 and 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* (work RVU = 1.92, 47 minutes total time), although the survey respondents indicated that 15XX3 is more complex than both 99204 and 99214.

For additional support, the RUC compared the surveyed code to MPC code 72158 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar* (work RVU = 2.29, 25 minutes intra-service time and 35 minutes total time) and CPT codes 74174 *Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 2.20, 30 minutes intra-service time and 40 minutes total time) and 74183 *Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences* (work RVU = 2.20, 30 minutes intra-service time and 40 minutes total time) all of which have slightly lower intra-service times, therefore justifying a slightly higher value for the surveyed code. **The RUC recommends a work RVU of 2.51 for CPT code 15XX3.**

**15XX4 Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 30 burn surgeons and determined that the survey median work RVU of 2.00 appropriately accounts for the work involved in this add-on service to capture additional preparation beyond the initial 25 sq cm. The RUC recommends 28 minutes intra-service time as supported by the survey.

To support the median value for CPT code 15XX4, the RUC compared the surveyed code to both of the key reference services 15152 *Tissue cultured skin autograft, 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)* (work RVU = 2.50, 20 minutes intra-service time and total time) and 15156 *Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)* (work RVU = 2.75, 20 minutes intra-service time and total time) and noted that the

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reference services are complex grafting procedures rather than preparation of the harvested skin, thus the reference services are more intense and appropriately valued higher than the surveyed code.

For additional support, the RUC compared the surveyed code to CPT code 44139 *Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)* (work RVU = 2.23, 30 minutes intra-service time and total time) and CPT code 49435 *Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)* (work RVU = 2.25, 30 minutes intra-service time and total time) which require slightly higher intra-service times that correspond with slightly higher work values. **The RUC recommends a work RVU of 2.00 for CPT code 15XX4.**

***15XX5 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less***

The RUC reviewed the survey results from 30 burn surgeons and determined that the survey median work RVU of 10.97 appropriately accounts for the work typically required to perform this service. The RUC recommends 0 minutes pre-service time, 83 minutes intra-service time, 30 minutes immediate post-service time, 4-99232 subsequent hospital inpatient visits, 1-99238 discharge visit, and 4-99213 post-operative office visits, totaling 403 minutes of total time. The RUC reallocated all pre-service time from the surveyed code to 15XX1 as the harvest base code will always be paired with one of the two base application codes during an episode of care.

In addition to monitoring the patient's stability in the recovery room, writing orders, communicating with the family and other health care professionals (including written and oral reports and orders) as in 15XX1, the 30 minutes of immediate post-operative work includes additional time to account for all hospital visits and services performed by the surgeon in the intensive care unit or on a suitable nursing floor.

Following SCSA procedures, several post-op office visits are required for burn wound patients which include the following:

- Monitoring healing
- Multiple dressing changes
- Managing pain
- Return to work and activity counseling
- Assessing for possible infection
- Concomitant medication management
- Assessing compliance with therapy (PT/OT)
- Monitoring nutritional status and dietary intake

Additionally, all post-discharge office visits for this procedure, including removing sutures, changing dressings, and providing antibiotic and pain medication adjustments, for 90 days after the day of the operation are considered part of the postoperative work for this procedure. Of note, SCSA procedures require more frequent post-operative secondary dressing changes. Following SCSA procedures, secondary dressings are changed 3 times per week (compared to epidermal autograft procedures which are changed 1 time per week) to monitor wound healing status and prevent/treat any infections.

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The RUC expressed concern regarding the negative IWPUR for code 15XX5 (-0.005) and considered adjusting the post-operative visits to resolve this issue. However, the Committee was convinced by the cogent arguments from the specialty that the number and intensity of post-operative visits should be maintained for this critically ill patient population. Both the inpatient and outpatient visits were determined to be appropriate.

To support the median value for CPT code 15XX5, the RUC compared the surveyed code to the top key reference service 15110 *Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children* (work RVU = 10.97, 28 minutes intra-service time and 306 minutes total time) and noted that the intra-service times are vastly different and that graft application codes typically use 100 square centimeters for their size which is different than the surveyed code treatment of up to the first 480 square centimeters.

For additional support, the RUC compared the surveyed code to CPT code 34490 *Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision* (work RVU = 10.91, 80 minutes intra-service time and 367 minutes total time) and CPT code 32097 *Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral* (work RVU = 13.75, 80 minutes intra-service time and 401 minutes total time) which require similar physician work and time. **The RUC recommends a work RVU of 10.97 for CPT code 15XX5.**

**15XX6 *Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 30 burn surgeons and determined that the survey median work RVU of 2.50 appropriately accounts for the work involved in this add-on service to capture the additional graft application component of the procedure for the trunk, arms and legs area of the body. The RUC recommends 25 minutes intra-service time as supported by the survey.

To support the median value for CPT code 15XX6, the RUC compared the surveyed code to the top key reference service 15116 *Epidermal 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 = 2.50, 35 minutes intra-service time and total time) and noted there is a similar amount of physician work for the additional grafting procedure despite the differences in size.

For additional support, the RUC compared the surveyed code to CPT code 20702 *Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* (work RVU = 2.50, 25 minutes intra-service time and 32 minutes total time) noting a strong comparison as the services have the same amount of physician work and intra-service time. The RUC further referenced CPT codes 32506 *Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)* (work RVU = 3.00, 25 minutes intra-service time and total time) and 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)* (work RVU = 3.00, 25 minutes intra-service time and total time) which also require the same intra-service time as the surveyed code. **The RUC recommends a work RVU of 2.50 for CPT code 15XX6.**

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**15XX7 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less**

The RUC reviewed the survey results from 30 burn surgeons and determined that the survey median work RVU of 12.50 appropriately accounts for the work required to perform this service. The RUC recommends 0 minutes pre-service time, 75 minutes intra-service time, 30 minutes immediate post-service time, 4-99232 subsequent hospital inpatient visits, 1-99238 discharge visit, and 4-99213 post-operative office visits, totaling 395 minutes of total time. The RUC reallocated all pre-service time from the surveyed code to 15XX1 as the harvest base code will always be paired with one of the two base application codes during an episode of care.

In addition to monitoring the patient's stability in the recovery room, writing orders, communicating with the family and other health care professionals (including written and oral reports and orders) as in 15XX1, the 30 minutes of immediate post-operative work includes additional time to account for all hospital visits and services performed by the surgeon in the intensive care unit or on a suitable nursing floor.

Following SCSA procedures, several post-op office visits are required for burn wound patients which include the following:

- Monitoring healing
- Multiple dressing changes
- Managing pain
- Return to work and activity counseling
- Assessing for possible infection
- Concomitant medication management
- Assessing compliance with therapy (PT/OT)
- Monitoring nutritional status and dietary intake

Additionally, all post-discharge office visits for this procedure, including removing sutures, changing dressings, and providing antibiotic and pain medication adjustments, for 90 days after the day of the operation are considered part of the postoperative work for this procedure. Of note, SCSA procedures require more frequent post-operative secondary dressing changes. Following SCSA procedures, secondary dressings are changed 3 times per week (compared to epidermal autograft procedures which are changed 1 time per week) to monitor wound healing status and prevent/treat any infections.

To support the median value for CPT code 15XX7, the RUC compared the surveyed code to the top key reference service 15115 *Epidermal 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* (work RVU = 11.28, 35 minutes intra-service time and 356 minutes total time) and noted that the intra-service times are vastly different and that graft application codes typically use 100 square centimeters for their size which is different than the surveyed code treatment of up to the first 480 square centimeters.

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For additional support, the RUC compared the surveyed code to CPT code 27540 *Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed* (work RVU = 11.30, 75 minutes intra-service time and 334 minutes total time) and CPT code 50205 *Renal biopsy; by surgical exposure of kidney* (work RVU = 12.29, 75 minutes intra-service time and 324 minutes total time) which require identical intra-service time and similar physician work and total time. **The RUC Committee recommends a work RVU of 12.50 for CPT code 15XX7.**

**15XX8 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 30 burn surgeons and determined that the survey median work RVU of 3.00 appropriately accounts for the work involved in this add-on service to capture the additional graft application component of the procedure for the body areas other than the trunk, arms, and legs. The RUC recommends 30 minutes intra-service time as supported by the survey.

To support the median value for CPT code 15XX8, the RUC compared the surveyed code to the top key reference service 15116 *Epidermal 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 = 2.50, 35 minutes intra-service time and total time) and noted there are stronger comparisons to several ZZZ codes with identical intra-service time and physician work: 64913 *Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)* (work RVU = 3.00, 30 minutes intra-service time and total time) and 32668 *Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)* (work RVU = 3.00, 30 minutes intra-service time and total time) and 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)* (work RVU = 3.00, 30 minutes intra-service time and total time). **The RUC recommends a work RVU of 3.00 for CPT code 15XX8.**

### **Practice Expense**

The RUC considered the recommendations of the Practice Expense (PE) Subcommittee. However, the specialty modified its recommendation to only recommend direct practice inputs for the facility setting and withdrew its non-facility recommendations since the procedure will only be performed in the facility setting at present. Only CPT codes 15XX5 and 15XX7 include facility inputs. For these two codes, the 090-day global standards for the use of clinical staff in the facility are recommended for the pre-service times. Several supplies are recommended for 15XX5 and 15XX7 including one SA031 *kit, suture removal* as sutures are removed at the first post-operative office visit after discharge. Also, SG020 *bandage, Kling, sterile 4in* was added for these two codes that include follow up visits at 40 units each. This is the total amount of sterile Kling bandage used for the first two post-operative visits, or 20 units per visit, for the first two visits. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee for the facility setting only.**

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**Do Not Use to Validate for Physician Work**

The RUC recommends that CPT codes 15XX1-15XX8 be flagged in the RUC database to not be used to validate physician work.

**New Technology**

The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><b>Surgery</b>  <b>Integumentary System</b>  <b>Repair (Closure)</b>  <b>Skin Replacement Surgery</b></p> <p>Skin replacement surgery consists of <i>surgical preparation</i> and topical placement of an <i>autograft</i> (including tissue cultured autograft and <u>skin cell suspension autograft [SCSA]</u>) or <i>skin substitute graft</i> (ie, homograft, allograft, xenograft). The graft is anchored using the individual's choice of fixation. When services are performed in the office, routine dressing supplies are not reported separately.</p> <p><i>The following definition should be applied to those codes that reference “100 sq cm or 1% of body area of infants and children” when determining the involvement of body size: The measurement of 100 sq cm is applicable to adults and children 10 years of age and older; and percentages of body surface area apply to infants and children younger than 10 years of age. The measurements apply to the size of the recipient area.</i></p> <p><i>Procedures involving wrist and/or ankle are reported with codes that include arm or leg in the descriptor.</i></p> <p><i>When a primary procedure requires a skin substitute or skin autograft for definitive skin closure (eg, orbitectomy, radical mastectomy, deep tumor removal), use 15100- 15278 in conjunction with primary procedure.</i></p> <p><i>For biological implant for soft tissue reinforcement, use 15777 in conjunction with primary procedure.</i></p> <p><i>The supply of skin substitute graft(s) should be reported separately in conjunction with 15271-15278.</i></p> <p><b>Definitions</b></p> <p><i>Surgical preparation codes 15002-15005 for skin replacement surgery describe the initial services related to preparing a clean and viable wound surface for placement of an autograft, flap, skin substitute graft or for negative pressure wound therapy. In some cases, closure may be</i></p>				

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possible using adjacent tissue transfer (14000-14061) or complex repair (13100-13153). In all cases, appreciable nonviable tissue is removed to treat a burn, traumatic wound or a necrotizing infection. The clean wound bed may also be created by incisional release of a scar contracture resulting in a surface defect from separation of tissues. The intent is to heal the wound by primary intention, or by the use of negative pressure wound therapy. Patient conditions may require the closure or application of graft, flap, or skin substitute to be delayed, but in all cases the intent is to include these treatments or negative pressure wound therapy to heal the wound. Do not report 15002-15005 for removal of nonviable tissue/debris in a chronic wound (eg, venous or diabetic) when the wound is left to heal by secondary intention. See active wound management codes (97597, 97598) and debridement codes (11042-11047) for this service. For necrotizing soft tissue infections in specific anatomic locations, see 11004-11008.

Select the appropriate code from 15002-15005 based upon location and size of the resultant defect. For multiple wounds, sum the surface area of all wounds from all anatomic sites that are grouped together into the same code descriptor. For example, sum the surface area of all wounds on the trunk and arms. Do not sum wounds from different groupings of anatomic sites (eg, face and arms). Use 15002 or 15004, as appropriate, for excisions and incisional releases resulting in wounds up to and including 100 sq cm of surface area. Use 15003 or 15005 for each additional 100 sq cm or part thereof. For example: Surgical preparation of a 20 sq cm wound on the right hand and a 15 sq cm wound on the left hand would be reported with a single code, 15004. Surgical preparation of a 75 sq cm wound on the right thigh and a 75 sq cm wound on the left thigh would be reported with 15002 for the first 100 sq cm and 15003 for the second 50 sq cm. If all four wounds required surgical preparation on the same day, use modifier 59 with 15002, and 15004.

**Skin Cell Suspension Autograft (SCSA)** involves harvesting of skin and preparation of a suspension of autologous skin cells for direct spray-on application for treatment of conditions such as thermal burn wounds, traumatic avulsion (eg, degloving), surgical excision (eg, necrotizing tissue infection), or resection (eg, skin cancer).

Codes 15XX1, 15XX2 are used to report the harvest of epidermal and dermal skin (eg, 0.006-0.008 inch depth). The harvested skin may be divided into smaller portions for processing. The expansion ratio of harvested skin to prepare a skin cell suspension autograft is typically 1:80 and, for example, 25 sq cm of harvested skin will produce a quantity of skin cells sufficient to cover a defect measuring up to 2000 sq cm.

Codes 15XX3, 15XX4 are used to report the preparation of the skin cell suspension autograft, which requires enzymatic processing, manual mechanical disaggregation of skin cells, and filtration of the final suspension.

Codes 15XX3, 15XX4 are not reported if the harvested skin is non-manually processed (ie, using automation).

Codes 15XX5, 15XX6, 15XX7, 15XX8 are used to report the spray-on application of the skin cell suspension autograft to the wound and the donor site when performed. Application of a primary dressing with choice of fixation (eg, surgical glue, sutures, staples) is included in 15XX5, 15XX6, 15XX7, 15XX8.

For surgical preparation of the recipient site prior to application of the skin cell suspension autograft, see 15002, 15003, 15004, 15005.

Placement of a separate additional autograft (eg, split thickness, full thickness autograft) prior to application of skin cell suspension autograft is separately reportable with 15040-15261, as appropriate.

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**Autografts/tissue cultured autografts (other than skin cell suspension autograft [SCSA])** include the harvest and/or application of an autologous skin graft. Repair of donor sites requiring skin graft or local flaps is reported separately. Removal of current graft and/or simple cleansing of the wound is included, when performed. Do not report 97602. Debridement is considered a separate procedure only when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure.

*Select the appropriate code from 15040-15261 based upon type of autograft and location and size of the defect. The measurements apply to the size of the recipient area. For multiple wounds, sum the surface area of all wounds from all anatomic sites that are grouped together into the same code descriptor. For example, sum the surface area of all wounds on the trunk and arms. Do not sum wounds from different groupings of anatomic sites (eg, face and arms).*

**Skin substitute grafts** include non-autologous human skin (dermal or epidermal, cellular and acellular) grafts (eg, homograft, allograft), non-human skin substitute grafts (ie, xenograft), and biological products that form a sheet scaffolding for skin growth. These codes are not to be reported for application of non-graft wound dressings (eg, gel, powder, ointment, foam, liquid) or injected skin substitutes. Application of non-graft wound dressings is not separately reportable. Removal of current graft and/or simple cleansing of the wound is included, when performed. Do not report 97602. Debridement is considered a separate procedure only when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure.

*Select the appropriate code from 15271-15278 based upon location and size of the defect. For multiple wounds, sum the surface area of all wounds from all anatomic sites that are grouped together into the same code descriptor. For example, sum the surface area of all wounds on the trunk and arms. Do not sum wounds from different groupings of anatomic sites (eg, face and arms). The supply of skin substitute graft(s) should be reported separately in conjunction with 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278. For biologic implant for soft tissue reinforcement, use 15777 in conjunction with code for primary procedure.*

### **Surgical Preparation**

- 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*  
*(For linear scar revision, see 13100-13153)*
- ✚15003      *each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)*  
*(Use 15003 in conjunction with 15002)*
- 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*

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<b>+15005</b> <i>each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) (Use 15005 in conjunction with 15004)</i> <i>Skin Cell Suspension Autograft (heading: black italic, unbolded)</i>				
●15XX1	I1	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	000	3.00
+●15XX2	I2	each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure) (Use 15XX2 in conjunction with 15XX1)	ZZZ	2.00
●15XX3	I3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	XXX	2.51
+●15XX4	I4	each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure) (Use 15XX4 in conjunction with 15XX3)	ZZZ	2.00
●15XX5	I5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	090	10.97
+●15XX6	I6	each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure) (Use 15XX6 in conjunction with 15XX5)	ZZZ	2.50
●15XX7	I7	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	090	12.50
+●15XX8	I8	each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure) (Use 15XX8 in conjunction with 15XX7)	ZZZ	3.00

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*Autografts/Tissue Cultured Autograft*

15260 *Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less*

15261 *each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)*

*(Use 15261 in conjunction with 15260)*

*(For eyelids, see also 67961-67975)*

*(Repair of donor site requiring skin graft or local flaps is considered a separate procedure)*

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 15XX1	Tracking Number II	Original Specialty Recommended RVU: <b>3.00</b>
		Presented Recommended RVU: <b>3.00</b>
Global Period: 000	Current Work RVU: N/A	RUC Recommended RVU: <b>3.00</b>

CPT Descriptor: Harvest of skin for skin cell suspension autograft; first 25 sq cm or less

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 1800 sq cm. A very thin (0.006 to 0.008 inches thick) 24 sq cm epidermal/dermal skin graft is harvested.

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: A targeted history and physical examination (H&P) is performed. Orders for preoperative medications and performance standards are written. The surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) are reviewed with the patient (and/or the patient's family) to explain the operative risks and benefits and to obtain informed consent.

Other preoperative services include typing and crossmatching for blood to be administered during the procedure; administering preoperative antibiotics; dressing, scrubbing, and waiting to begin the operation; supervising and assisting with the positioning, prepping, and draping of the patient; and ensuring that the necessary surgical instruments and supplies are present and available in the operative suite.

In addition, the operating room temperature is adjusted upwards (85-105 degrees Fahrenheit) to support patient fluid management and prevent patient hypothermia.

Description of Intra-Service Work: The components of the wound are measured and summed. The surgeon computes the required donor site size needed to prepare a meshed split thickness autograft (reported separately) and, using a complex series of calculations, the surgeon computes the required donor site size and total volume of SCSA, and the donor site is selected. The donor site is prepared and tumesced with serial infiltration of crystalloid solution to ensure even harvest of the very thin and delicate donor skin graft, and the patient is positioned to ensure that the donor area is taut. The physician uses a dermatome to harvest a split thickness graft (0.010 to 0.015 inches deep) from a healthy portion of skin. For SCSA procedures, the physician uses a dermatome to harvest a separate very thin skin graft (0.006 to 0.008 inches deep) from the donor site, taking the epidermis along with a thin dermal layer.

Description of Post-Service Work: Postoperative work begins after the application of the wound dressing in the operating room and includes monitoring the patient's stability in the recovery room, writing orders, communicating with the family and other health care professionals (including written and oral reports and orders) related to the harvesting component of the procedure

Discharge management includes the surgeon's final examination of the patient, instructions for continuing care of the operative sites from the harvesting (separate from the operative sites of the application), and preparation of discharge records.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2024			
<b>Presenter(s):</b>	Taryn Travis, MD; James Holmes, MD; Jeffrey Carter, MD				
<b>Specialty Society(ies):</b>	American Burn Association (ABA)				
<b>CPT Code:</b>	15XX1				
<b>Sample Size:</b>	510	<b>Resp N:</b>	33		
<b>Description of Sample:</b>	423 random survey of ABA members 87 targeted survey of trained surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	13.00	<b>43.00</b>	50.00	300.00
<b>Survey RVW:</b>	0.80	2.00	<b>3.00</b>	4.00	4.50
<b>Pre-Service Evaluation Time:</b>			<b>60.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>12.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>20.00</b>		
<b>Intra-Service Time:</b>	5.00	30.00	<b>40.00</b>	180.00	480.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	15XX1	<b>Recommended Physician Work RVU: 3.00</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>55.00</b>	<b>40.00</b>	<b>15.00</b>
<b>Pre-Service Positioning Time:</b>		<b>15.00</b>	<b>3.00</b>	<b>12.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>10.00</b>	<b>20.00</b>	<b>-10.00</b>
<b>Intra-Service Time:</b>		<b>40.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>20.00</b>	<b>33.00</b>	<b>-13.00</b>

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15040	000	2.00	RUC Time

CPT Descriptor Harvest of skin for tissue cultured skin autograft, 100 sq cm or lessl

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15002	000	3.65	RUC Time

CPT Descriptor 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

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52332	000	2.82	RUC Time	142,221

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
31628	000	3.55	RUC Time	27,375

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 22      % of respondents: 66.6 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 2      % of respondents: 6.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>15XX1</u>	Top Key Reference CPT Code: <u>15040</u>	2nd Key Reference CPT Code: <u>15002</u>
Median Pre-Service Time	15.00	40.00	75.00
Median Intra-Service Time	40.00	15.00	20.00
Median Immediate Post-service Time	20.00	20.00	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
<b>Median Total Time</b>	<b>75.00</b>	<b>65.00</b>	<b>115.00</b>
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.

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	5%	36%	41%	18%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
27%	45%	27%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	18%	50%	32%
Physical effort required	9%	55%	36%

**Psychological Stress**

- 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

**Less****Identical****More**

9%

41%

50%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

75%

25%

0%

**Mental Effort and Judgment**

- 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

**Less****Identical****More**

0%

100%

0%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

0%

100%

0%

Physical effort required

25%

75%

25%

**Psychological Stress**

- 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

**Less****Identical****More**

25%

50%

25%

**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.*

**15XX1-15XX8 General Summary**

CPT codes 15XX1-15XX8 were approved at the September 2023 CPT Editorial Panel meeting for inclusion in CPT 2025. The American Burn Association (ABA) conducted a random survey of ABA members along with a targeted survey of vendor trained burn surgeons. A total of 510 surveys were sent between the member list and the trained surgeon list.

The code set includes a 000-day global (15XX1) and an add-on code (15XX2) for the harvesting component of the procedure, an XXX global (15XX3) and an add-on code (15XX4) for the preparation component of the procedure, and two 90-day global and add-on codes for the application component to distinguish between body areas (trunk, arms, and legs-15XX5 and 15XX7; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits-15XX6 and 15XX8).

All the procedures will be performed in the same operative session and will be billed together. The codes are constructed so the intra-service times for each step (harvesting, preparation, and application) are distinct; however, the pre-operative time for X1 for positioning and scrub, dress and wait, is overlapping with the positioning and scrub, dress and wait times for the 090-day global codes-X5 and X7. We removed the positioning and SDW times for X1. We also reduced the pre-operative evaluation times for both X1 and X3 to account for overlap with X5 and X7. However, there is distinct pre-operative education from the application codes (X5 and X7) for patients and families for both X1 and X3 as well as distinct consent from X5 and X7 for each of these. Similarly, the post-operative discharge summaries and instructions are distinct from the post-operative discharge summaries for X5 and X7 as related to X1 and X3 and X7 and so we retained time in the immediate post-service for both X1 and X3.

### **15XX1 Rationale**

CPT code 15XX1, Harvest of skin for skin cell suspension autograft, first 25 sq cm or less is a 000-day global for the harvesting component of the procedure. We surveyed members of the ABA and trained surgeons. We received 33 non-conflicted completed surveys for 15XX1. The median number of procedures performed by survey respondents in the past twelve months for 15XX1 was 43.

The survey respondents indicated median pre-times as follows: 30 minutes evaluation prior to the day of surgery, 15 minutes evaluation on the day of surgery, 12 minutes positioning, 20 minutes SDW. The median survey intra-service time was 40 minutes, with 20 minutes immediate post-service time.

The median survey work RVU was 3.00, the 25<sup>th</sup> percentile work RVU was 2.00 and the 75<sup>th</sup> percentile work RVU was 4.00.

The key reference code was 15040, Harvest of skin for tissue cultured skin autograft, 100 sq cm or less which was selected by 22 of the 33 respondents as their key reference code.

We are recommending the median work RVU of 3.00 and the median intra-service time of 40 minutes, with 15 minutes pre-service evaluation, and 20 minutes of immediate post-service time for a total time of 75 minutes. As noted above, we reduced the survey pre-service positioning and SDW to 0 minutes because of overlap with survey codes 15XX5 or 15XX7. This produces an IWPUT of .055 and a WPUT of .040.

CPT code 15040, the key reference service has a work RVU of 2.00 with 15 minutes of intra-service time and a total time of 65 minutes, an IWPUT of .073 and a WPUT of .031. We feel a work RVU of 3.00 with 40 minutes of intra-service time compares well to the key reference service, which has 25 minutes less intra-service time and 10 minutes less total time, and the difference in work RVU of 1.00 between 15040 and 15XX1 is reasonable and appropriate.

### **Additional Information**

- The typical SCSA procedure can be performed with either SCSA alone or SCSA with STSG. It was recommended by the CPT Advisors and Panel Reviewers that we include the typical patient to include the layered technique (STSG (separately reported) and SCSA) in our CCA.
- A partial-thickness wound can be treated with SCSA alone.
- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- Based on the American Burn Association's National Burn Repository, approximately 90% of burn wounds are less than 20% TBSA (approximately 4,000 sq cm based on an average sized adult). Thus, a burn wound of 4,000 sq cm over a patient's trunks, arms and/or legs would be considered typical.
- SCSA procedures have a primary dressing, a secondary dressing and a tertiary dressing, consisting of additional dry gauze padding and a crepe bandage.

- The RECELL IFU notes that the primary dressing should not be disrupted for 5 days.
- The secondary dressing and outside tertiary dressing of gauze padding/crepe bandage may be changed during post-op office visits.

### SCSA Standalone Technique Compared to Layered Technique with SCSA and STSG

Provided below are two tables summarizing and comparing the work in a standalone SCSA technique and a layered technique with SCSA and STSG:

SCSA Standalone Technique
<p>A partial-thickness wound, can be treated with SCSA alone. This scenario may be the case for facial burns and scald burns. It can also be the case for mixed depth wounds, where SCSA can be applied adjacent to a meshed STSG.</p>
<ul style="list-style-type: none"> <li>• SCSA harvest area calculations performed and harvest taken (reported with X1-X2) (requires different depth than STSG)</li> <li>• SCSA prepared (reported with X3-X4)</li> <li>• SCSA Application (reported with X5-X8): <ul style="list-style-type: none"> <li>○ The primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).</li> <li>○ The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.</li> <li>○ Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).</li> <li>○ Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with thick absorbent gauze and elastic bandage for additional protection.</li> </ul> </li> </ul>
SCSA-STSG Layering Technique
<ul style="list-style-type: none"> <li>• A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).</li> <li>• A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.</li> <li>• STSG and SCSA have different intra-service work. The only duplicative work is application of secondary dressings.</li> </ul>

**STSG**

- STSG harvest is taken (inherent in STSG CPT codes) (requires different depth)
- Harvested tissue is placed in a mesher and expanded.
- The meshed STSG is applied to the burn wound using surgical glue, sutures, or staples.
- *In a standalone STSG technique, the primary dressing and secondary dressings are applied in layers after the STSG is applied.*

**SCSA**

- SCSA harvest area calculations performed and separate harvest taken (reported with X1-X2) (requires different depth than STSG)
- The SCSA is prepared (reported with X3-X4)
- The process for applying the dressings with the layered technique is different.
- After the STSG graft is placed, the primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
- Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with tertiary dressing, consisting of thick absorbent gauze and elastic bandage for additional protection.
- There is some pre- and post-service overlap, which is accounted for in multiple procedure payment reduction (MPPR)

**Differences between 15040 and 15XX1 and why 15XX1-X2 were needed**

New CPT codes for the harvest procedures (15XX1-15XX2) were needed, because the CPT code descriptor for CPT 15040 (Harvest of skin for tissue cultured skin autograft, 100 sq cm or less) does not accurately describe the harvest procedure performed for SCSA. In addition, more physician work is performed, and the complexity is greater for X1-X2)

**15XX1 – Harvest of skin for skin cell suspension autograft, first 25 sq cm or less**

**Typical patient: A 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 1800 sq cm. A very thin (0.006 to 0.008 inches thick) 24 sq cm epidermal/dermal skin graft is harvested**

- The work associated with SCSA harvest is much more complex than the work associated with a harvest for STSG (inherent in CPT base code) or CEA (15040)
- Components of the wound are measured and summed.
- Using a complex series of calculations, the surgeon computes the required donor site size and total volume of SCSA needed.
- The physician uses a dermatome to harvest an extremely thin skin graft (0.006 – 0.008 inches thick) from the donor site, taking **the epidermis and a thin dermal layer**.
- This harvest is a much more complicated process and requires additional skill to maintain the thin dermal layer harvest.
- Using our typical patient of 1,800 sq cm burn, the complex calculations are shown below:
  - Determine the **donor harvest area required** to treat burn wound:
    - $1,800 \text{ sq cm burn wound area} / 80:1 \text{ expansion ratio} = 22.5$  (round up to 23) sq cm donor harvest area
    - Then, determine the additional harvest area required to treat the harvest area
    - $23 \text{ sq cm donor harvest area} / 80:1 \text{ expansion ratio} = 0.2875 \text{ sq cm}$  rounded up to 1 sq cm donor harvest area
    - Sum the donor harvest areas to determine the total SCSA donor harvest area needed:
      - 23 sq cm donor harvest area (to treat burn wound area)
      - + 1 sq cm donor harvest area (to treat donor harvest area)
      - = **24 sq cm total SCSA donor harvest area** required to create sufficient skin cell suspension to treat the burn wound and harvest wound site

#### 15040 – Harvest of skin for tissue cultured skin autograft, 100 sq cm or less

- **This code is reported for the harvest of skin used in cultured epidermal autograft procedures.**
- This procedure is part of a staged procedure requiring the transportation of the harvest to an offsite laboratory for culturing the autograft. Following 14-21 days of culturing, the cultured graft is returned to the hospital for application on the patient.
- The physician work is less than X1 and includes:
  - Components of the wound are measured and summed.
  - A straightforward calculation is made to determine the size of the harvest
  - An STSG harvest of 0.010-0.015 inches thick is taken using a dermatome and placed in a medium for transportation to a laboratory to culture the skin graft.
  - A dressing is applied following harvest.





Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 269  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. utilization data shows that 13% of claims are for Medicare patients

Specialty Plastic Surgery	Frequency 130	Percentage 48.32 %
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Specialty General Surgery	Frequency 130	Percentage 48.32 %
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Specialty	Frequency 0	Percentage 0.00 %
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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:

Musculoskeletal

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### **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. 15152

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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.

The table on the following pages includes the coding for the typical patient (35-year-old male) who has a 3600 sq cm burn on his trunk and arms (CPT codes 15002, 15003, 15110, 15101, 15XX1-15XX6):

- Pre-service, intra-service and post-service time and work RVUs for CPT 15002, 15003, 15110 and 15101 are based on the 2024 CMS Final Rule Physician Work file.
- Specialty recommended pre-service, intra-service and post-service time and work RVUs for 15XX1-15XX6.

If needed, an additional table can be created depicting coding for the typical patient (78-year-old female) that has an 1800 sq cm burn on her head.

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
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	1	N/A	3.65	1.83	1.83	75	20	20	000
15003	each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	35	N/A	.80	N/A	28.00	0	15	1	ZZZ
15XX1	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1	3.00	N/A	N/A	3.00	15	40	20	000
15XX2	each additional 25 sq cm (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	40	0	ZZZ
15XX3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1	2.51	N/A	N/A	2.51	10	33	0	XXX
15XX4	each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	28	0	ZZZ
15XX5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1	12.75	N/A	N/A	12.75	65	98	30	090
15XX6	each additional 480 sq cm or part thereof (List separately in addition to code for	7	8.88	N/A	N/A	62.16	0	65	0	ZZZ

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
	primary procedure)									
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1	N/A	9.90	4.95	4.95	65	60	20	090
15101	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)	35	N/A	1.72	N/A	60.20	0	29	0	ZZZ
	<b>TOTALS</b>		31.14	16.07	6.78	179.40	230.00	428.00	91.00	

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 15XX2	Tracking Number I2	Original Specialty Recommended RVU: <b>2.00</b>
		Presented Recommended RVU: <b>2.00</b>
Global Period: ZZZ	Current Work RVU: N/A	RUC Recommended RVU: <b>2.00</b>

CPT Descriptor: Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: At the time of the skin cell suspension autograft procedure a 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 3600 sq cm. An additional very thin (0.006 to 0.008 inches thick) 24 sq cm epidermal/dermal skin graft is harvested. [Note: This is an add-on service. Only consider the additional work related to harvest of skin for skin cell suspension autograft.]

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

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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%

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Description of Pre-Service Work: N/A, Add-on Code

Description of Intra-Service Work: The physician uses a dermatome to harvest a split thickness graft (0.010 to 0.015 inches deep) from a healthy portion of skin. For SCSA procedures, the physician uses a dermatome to harvest a very thin skin graft (0.006 to 0.008 inches deep) from the donor site, taking the epidermis along with a thin dermal layer.

Description of Post-Service Work: N/A, Add-on Code

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2024			
<b>Presenter(s):</b>	Taryn Travis, MD; James Holmes, MD; Jeffrey Carter, MD				
<b>Specialty Society(ies):</b>	American Burn Association (ABA)				
<b>CPT Code:</b>	15XX2				
<b>Sample Size:</b>	510	<b>Resp N:</b>	33		
<b>Description of Sample:</b>	423 random survey of ABA members 87 targeted survey of trained surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	15.00	88.00	400.00
<b>Survey RVW:</b>	0.33	1.00	2.00	2.50	3.75
<b>Pre-Service Evaluation Time:</b>			4.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	3.00	18.00	40.00	60.00	120.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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

<b>CPT Code:</b>	15XX2	<b>Recommended Physician Work RVU: 2.00</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		0.00	0.00	0.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		40.00		
<b>Please, pick the <u>post</u>-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)</b>				
ZZZ Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		0.00	0.00	0.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15101	<i>ZZZ</i>	1.72	<b>RUC Time</b>

CPT Descriptor Split-thickness autograft, 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)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15152	<i>ZZZ</i>	2.50	<b>RUC Time</b>

CPT Descriptor Tissue cultured skin autograft, 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)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37235	<i>ZZZ</i>	1.44	<b>RUC Time</b>	107,202

CPT Descriptor 1 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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36227	<i>ZZZ</i>	2.09	<b>RUC Time</b>	15,752

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 42.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 3      % of respondents: 9.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>15XX2</u>	Top Key Reference CPT Code: <u>15101</u>	2nd Key Reference CPT Code: <u>15152</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	40.00	29.00	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
<b>Median Total Time</b>	<b>40.00</b>	<b>29.00</b>	<b>20.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	35%	57%	8%	0%

**Mental Effort and Judgment**

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
14%	69%	23%

**Technical Skill/Physical Effort**

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	14%	71%	14%
Physical effort required	0%	79%	21%

**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%

36%

72%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

33%

66%

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%

33%

66%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

0%

33%

66%

Physical effort required

0%

33%

66%

**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%

100%

0%

**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.*

**General Summary**

CPT codes 15XX1-15XX8 were approved at the September 2023 CPT Editorial Panel meeting for inclusion in CPT 2025. The American Burn Association (ABA) conducted a random survey of ABA members along with a targeted survey of vendor trained burn surgeons. A total of 510 surveys were sent between the member list and the trained surgeon list.

The code set includes a 000-day global (15XX1) and an add-on code (15XX2) for the harvesting component of the procedure, an XXX global (15XX3) and an add-on code (15XX4) for the preparation component of the procedure, and two 90-day global and add-on codes for the application component to distinguish between body areas (trunk, arms, and legs-15XX5 and 15XX7; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits-15XX6 and 15XX8).

All the procedures will be performed in the same operative session and will be billed together. The codes are constructed so the intra-service times for each step (harvesting, preparation, and application) are distinct; however, the pre-operative time for X1 for positioning and scrub, dress and wait, is overlapping with the positioning and scrub, dress and wait times for the 090-day global codes-X5 and X7. We removed the positioning and SDW times for X1. We also reduced the pre-operative evaluation times for both X1 and X3 to account for overlap with X5 and X7. However, there is distinct pre-operative education from the application codes (X5 and X7) for patients and families for both X1 and X3 as well as distinct consent from X5 and X7 for each of these. Similarly, the post-operative discharge summaries and instructions are distinct from the post-operative discharge summaries for X5 and X7 as related to X1 and X3 and X5 and X7 and so we retained time in the immediate post-service for both X1 and X3.

#### *15XX2 Rationale*

CPT code 15XX2, Harvest of skin for skin cell suspension autograft, each additional 25 sq cm or part thereof is a ZZZ-day global for the harvesting component of the procedure to capture additional harvesting beyond the initial 25 sq cm. We surveyed members of the ABA and trained surgeons. We received 33 non-conflicted completed surveys for 15XX2. The median number of procedures performed by survey respondents in the past twelve months for 15XX2 was 15.

The median survey intra-service time was 40 minutes.

The median survey work RVU was 2.00, the 25<sup>th</sup> percentile work RVU was 1.00 and the 75<sup>th</sup> percentile work RVU was 2.50.

The key reference code was 15101, Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof which was selected by 14 of the 33 respondents as their key reference code. 15101 has an intra-service time of 29 minutes and a work RVU of 1.72, and an IWPUT/WPUT of .059.

We are recommending the median work RVU of 2.00 and the median intra-service time of 40 minutes. This produces an IWPUT/WPUT of .050.

We feel a work RVU of 3.00 with 40 minutes of intra-service time compares well to the key reference service, which has 11 minutes less intra-, and the difference in work RVU of 0.38 between 15101 and 15XX2 is reasonable and appropriate.

#### ***Additional Information***

For 15XX2, depending on the patient's condition, the size of the burn wound and the harvest needed, the surgeon will harvest the first 25 sq cm (X1). Next, the surgeon will harvest the remaining 15 sq cm and prepare that harvest (X3). This technique is typical, in that, it is how a surgeon will conserve donor skin and only harvest what is truly needed. Additionally, in the typical patient when their physiology tolerates additional grafting (normothermia and perfusion), device failure, contamination, mis-spray where cells are disposed of accidentally, or miscalculation all can require re-harvest.

- The typical SCSA procedure can be performed with either SCSA alone or SCSA with STSG. It was recommended by the CPT Advisors and Panel Reviewers that we include the typical patient to include the layered technique (STSG (separately reported) and SCSA) in our CCA.
- A partial-thickness wound can be treated with SCSA alone.
- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.

- Based on the American Burn Association's National Burn Repository, approximately 90% of burn wounds are less than 20% TBSA (approximately 4,000 sq cm based on an average sized adult). Thus, a burn wound of 4,000 sq cm over a patient's trunks, arms and/or legs would be considered typical.
- SCSA procedures have a primary dressing, a secondary dressing and a tertiary dressing, consisting of additional dry gauze padding and a crepe bandage.
- The RECELL IFU notes that the primary dressing should not be disrupted for 5 days.
- The secondary dressing and outside tertiary dressing of gauze padding/crepe bandage may be changed during post-op office visits.

### SCSA Standalone Technique Compared to Layered Technique with SCSA and STSG

Provided below are two tables summarizing and comparing the work in a standalone SCSA technique and a layered technique with SCSA and STSG:

#### SCSA Standalone Technique

A partial-thickness wound, can be treated with SCSA alone. This scenario may be the case for facial burns and scald burns. It can also be the case for mixed depth wounds, where SCSA can be applied adjacent to a meshed STSG.

- SCSA harvest area calculations performed and harvest taken (reported with X1-X2) (requires different depth than STSG)
- SCSA prepared (reported with X3-X4)
- SCSA Application (reported with X5-X8):
  - The primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™ Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
  - The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
  - Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
  - Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with thick absorbent gauze and elastic bandage for additional protection.

### SCSA-STSG Layering Technique

- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- STSG and SCSA have different intra-service work. The only duplicative work is application of secondary dressings.

#### STSG

- STSG harvest is taken (inherent in STSG CPT codes) (requires different depth)
- Harvested tissue is placed in a mesher and expanded.
- The meshed STSG is applied to the burn wound using surgical glue, sutures, or staples.
- *In a standalone STSG technique, the primary dressing and secondary dressings are applied in layers after the STSG is applied.*

#### SCSA

- SCSA harvest area calculations performed and separate harvest taken (reported with X1-X2) (requires different depth than STSG)
- The SCSA is prepared (reported with X3-X4)
- The process for applying the dressings with the layered technique is different.
- After the STSG graft is placed, the primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™ Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
- Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with tertiary dressing, consisting of thick absorbent gauze and elastic bandage for additional protection.
- There is some pre- and post-service overlap, which is accounted for in multiple procedure payment reduction (MPPR)

### Key Reference Services

We note that the code 15101, which is a KRS is listed in the RUC database as RUC reviewed in 1998 as is the parent code 15100. As a result, we included them in our RSL. These codes are also clearly the most similar to the survey codes, so we felt that it was important to include them. We note that the 1998 values were based on Harvard codes that were approved at the same time the new parent code 15100 was approved, however they were not surveyed together. However, they still are the most commonly used by burn surgeons and were deemed relevant as a result.

### Differences between 15040 and 15XX1 and why 15XX1-X2 were needed

New CPT codes for the harvest procedures (15XX1-15XX2) were needed, because the CPT code descriptor for CPT 15040 (Harvest of skin for tissue cultured skin autograft, 100 sq cm or less) does not accurately describe the harvest procedure performed for SCSA. In addition, more physician work is performed, and the complexity is greater for X1-X2)

## 15XX2 – Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)

**Typical patient: A 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 3600 sq cm. A very thin (0.006 to 0.008 inches thick) 24 sq cm epidermal/dermal skin graft is harvested**

- The work associated with SCSA harvest is much more complex than the work associated with a harvest for STSG (inherent in CPT base code) or CEA (15040)
- Components of the wound are measured and summed.
- Using a complex series of calculations, the surgeon computes the required donor site size and total volume of SCSA needed.
- The physician uses a dermatome to harvest an extremely thin skin graft (0.006 – 0.008 inches thick) from the donor site, taking **the epidermis and a thin dermal layer**.
- This harvest is a much more complicated process and requires additional skill to maintain the thin dermal layer harvest.
- Using our typical patient of 3,600 sq cm burn, the complex calculations are shown below:
  - Determine the **donor harvest area required** to treat burn wound:
    - 3,600 sq cm burn wound area / 80:1 expansion ratio = 45 sq cm donor harvest area
    - Then, determine the additional harvest area required to treat the harvest area
    - 45 sq cm donor harvest area / 80:1 expansion ratio = 0.6 sq cm rounded up to 1 sq cm donor harvest area
    - Sum the donor harvest areas to determine the total SCSA donor harvest area needed:
      - 45 sq cm donor harvest area (to treat burn wound area)
      - + 1 sq cm donor harvest area (to treat donor harvest area)
      - = **46 sq cm total SCSA donor harvest area required** to create sufficient skin cell suspension to treat the burn wound and harvest wound site

## 15040 – Harvest of skin for tissue cultured skin autograft, 100 sq cm or less

- **This code is reported for the harvest of skin used in cultured epidermal autograft procedures.**
- This procedure is part of a staged procedure requiring the transportation of the harvest to an offsite laboratory for culturing the autograft. Following 14-21 days of culturing, the cultured graft is returned to the hospital for application on the patient.
- The physician work is less than X1 and includes:
  - Components of the wound are measured and summed.



Specialty Plastic Surgery	Frequency 8650	Percentage 47.01 %
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Specialty General Surgery	Frequency 8650	Percentage 47.01 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,400  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Plastic Surgery	Frequency 1150	Percentage 47.91 %
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Specialty General Surgery	Frequency 1150	Percentage 47.91 %
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Specialty	Frequency 0	Percentage 0.00 %
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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:

Musculoskeletal

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### **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. 15152



**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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.

The table on the following pages includes the coding for the typical patient (35-year-old male) who has a 3600 sq cm burn on his trunk and arms (CPT codes 15002, 15003, 15110, 15101, 15XX1-15XX6):

- Pre-service, intra-service and post-service time and work RVUs for CPT 15002, 15003, 15110 and 15101 are based on the 2024 CMS Final Rule Physician Work file.
- Specialty recommended pre-service, intra-service and post-service time and work RVUs for 15XX1-15XX6.

If needed, an additional table can be created depicting coding for the typical patient (78-year-old female) that has an 1800 sq cm burn on her head.

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
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	1	N/A	3.65	1.83	1.83	75	20	20	000
15003	each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	35	N/A	.80	N/A	28.00	0	15	1	ZZZ
15XX1	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1	3.00	N/A	N/A	3.00	15	40	20	000
15XX2	each additional 25 sq cm (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	40	0	ZZZ
15XX3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1	2.51	N/A	N/A	2.51	10	33	0	XXX
15XX4	each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	28	0	ZZZ
15XX5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1	12.75	N/A	N/A	12.75	65	98	30	090
15XX6	each additional 480 sq cm or part thereof (List separately in addition to code for	7	8.88	N/A	N/A	62.16	0	65	0	ZZZ

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
	primary procedure)									
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1	N/A	9.90	4.95	4.95	65	60	20	090
15101	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)	35	N/A	1.72	N/A	60.20	0	29	0	ZZZ
	<b>TOTALS</b>		31.14	16.07	6.78	179.40	230.00	428.00	91.00	



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2024			
<b>Presenter(s):</b>	Taryn Travis, MD; James Holmes, MD; Jeffrey Carter, MD				
<b>Specialty Society(ies):</b>	American Burn Association (ABA)				
<b>CPT Code:</b>	15XX3				
<b>Sample Size:</b>	510	<b>Resp N:</b>	30		
<b>Description of Sample:</b>	423 random survey of ABA members 87 targeted survey of trained surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	5.00	15.00	50.00	200.00
<b>Survey RVW:</b>	0.50	2.00	2.51	4.00	4.60
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	18.00	33.00	49.00	120.00
<b>Immediate Post Service-Time:</b>	<u>15.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	15XX3	<b>Recommended Physician Work RVU: 2.51</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		0.00	0.00	0.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		33.00		
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		0.00	0.00	0.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99204	XXX	2.60	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99214	ZZZ	1.92	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72158	XXX	2.29	RUC Time	216,388

CPT Descriptor 1 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99204	XXX	2.60	RUC Time	11,933,824

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 5      % of respondents: 16.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 3      % of respondents: 10.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>15XX3</u>	Top Key Reference CPT Code: <u>99204</u>	2nd Key Reference CPT Code: <u>99214</u>
Median Pre-Service Time	10.00	10.00	7.00
Median Intra-Service Time	33.00	40.00	29.00
Median Immediate Post-service Time	0.00	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
<b>Median Total Time</b>	<b>43.00</b>	<b>60.00</b>	<b>46.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	0%	20%	40%	40%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
0%	60%	20%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	0%	0%	100%

Physical effort required	0%	0%	80%
--------------------------	----	----	-----

**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%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More**

<b>Overall intensity/complexity</b>	0%	0%	33%	0%	67%
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**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%	33%	66%
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Physical effort required	0%	33%	66%
--------------------------	----	-----	-----

**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.*

**General Summary**



CPT codes 15XX1-15XX8 were approved at the September 2023 CPT Editorial Panel meeting for inclusion in CPT 2025. The American Burn Association (ABA) conducted a random survey of ABA members along with a targeted survey of vendor trained burn surgeons. A total of 510 surveys were sent between the member list and the trained surgeon list.

The code set includes a 000-day global (15XX1) and an add-on code (15XX2) for the harvesting component of the procedure, an XXX global (15XX3) and an add-on code (15XX4) for the preparation component of the procedure, and two 90-day global and add-on codes for the application component to distinguish between body areas (trunk, arms, and legs-15XX5 and 15XX7; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits-15XX6 and 15XX8).

All the procedures will be performed in the same operative session and will be billed together. The codes are constructed so the intra-service times for each step (harvesting, preparation, and application) are distinct; however, the pre-operative time for X1 for positioning and scrub, dress and wait, is overlapping with the positioning and scrub, dress and wait times for the 090-day global codes-X5 and X7. We removed the positioning and SDW times for X1. We also reduced the pre-operative evaluation times for both X1 to account for overlap with X5 and X7. However, there is distinct pre-operative education from the application codes (X5 and X7) for patients and families for both X1 and X3 as well as distinct consent from X5 and X7 for each of these. Similarly, the post-operative discharge summaries and instructions are distinct from the post-operative discharge summaries for X5 and X7 as related to X1 and X5 and X7 and so we retained time in the immediate post-service for X1.

### *15XX3 Rationale*

CPT code 15XX3, Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration, first 25 sq cm or less of harvested skin is a XXX global for the preparation component of the procedure. We surveyed members of the ABA and trained surgeons. We received 30 non-conflicted completed surveys for 15XX3. The median number of procedures performed by survey respondents in the past twelve months for 15XX3 was 15.

The survey respondents indicated median pre-time for the day of surgery as 10 minutes. The median survey intra-service time was 33 minutes, with 15 minutes immediate post-service time.

The median survey work RVU was 2.51, the 25<sup>th</sup> percentile work RVU was 2.00 and the 75<sup>th</sup> percentile work RVU was 4.00.

The key reference code was 99204, Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. 99204 was selected as the key reference service by 5 respondents. The second key reference service was CPT code 99214, Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter which was chosen by 3 of the respondents.

We are recommending the median work RVU of 2.51 and the median intra-service time of 33 minutes, with 10 minutes pre-service evaluation for a total time of 43 minutes. The survey immediate post-service time was removed because of overlap with 15XX5 or 15XX7 in the immediate post-service period. There is distinct pre-operative education for patients specific to the graft preparation component of the procedure and we kept the 10 minutes of survey time. This total time produces a WPUT of .058.

CPT code 99204, the key reference service has a work RVU of 2.60 with 40 minutes of intra-service time and a total time of 60 minutes, and a WPUT of .043. We feel the work RVU difference between 15XX3 and 99204 appropriately accounts for the small difference in time and work. Furthermore, the second key reference service, 99214, with a work RVU of 1.92 and a total time of 47 minutes brackets 15XX3 on the lower end as well given the lower total time and lower work RVU with similar WPUTs.

The survey respondents indicated that 15XX3 is more complex than both 99204 and 99214 and as such a slightly higher WPUT is appropriate.

### ***Additional Information***

- The typical SCSA procedure can be performed with either SCSA alone or SCSA with STSG. It was recommended by the CPT Advisors and Panel Reviewers that we include the typical patient to include the layered technique (STSG (separately reported) and SCSA) in our CCA.
- A partial-thickness wound can be treated with SCSA alone.
- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- Based on the American Burn Association's National Burn Repository, approximately 90% of burn wounds are less than 20% TBSA (approximately 4,000 sq cm based on an average sized adult). Thus, a burn wound of 4,000 sq cm over a patient's trunks, arms and/or legs would be considered typical.
- SCSA procedures have a primary dressing, a secondary dressing and a tertiary dressing, consisting of additional dry gauze padding and a crepe bandage.
- The RECELL IFU notes that the primary dressing should not be disrupted for 5 days.
- The secondary dressing and outside tertiary dressing of gauze padding/crepe bandage may be changed during post-op office visits.

### SCSA Standalone Technique Compared to Layered Technique with SCSA and STSG

Provided below are two tables summarizing and comparing the work in a standalone SCSA technique and a layered technique with SCSA and STSG:

SCSA Standalone Technique
<p>A partial-thickness wound, can be treated with SCSA alone. This scenario may be the case for facial burns and scald burns. It can also be the case for mixed depth wounds, where SCSA can be applied adjacent to a meshed STSG.</p>
<ul style="list-style-type: none"> <li>• SCSA harvest area calculations performed and harvest taken (reported with X1-X2) (requires different depth than STSG)</li> <li>• SCSA prepared (reported with X3-X4)</li> <li>• SCSA Application (reported with X5-X8): <ul style="list-style-type: none"> <li>○ The primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).</li> <li>○ The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.</li> <li>○ Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).</li> <li>○ Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with thick absorbent gauze and elastic bandage for additional protection.</li> </ul> </li> </ul>

### SCSA-STSG Layering Technique

- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- STSG and SCSA have different intra-service work. The only duplicative work is application of secondary dressings.

#### STSG

- STSG harvest is taken (inherent in STSG CPT codes) (requires different depth)
- Harvested tissue is placed in a mesher and expanded.
- The meshed STSG is applied to the burn wound using surgical glue, sutures, or staples.
- *In a standalone STSG technique, the primary dressing and secondary dressings are applied in layers after the STSG is applied.*

#### SCSA

- SCSA harvest area calculations performed and separate harvest taken (reported with X1-X2) (requires different depth than STSG)
- The SCSA is prepared (reported with X3-X4)
- The process for applying the dressings with the layered technique is different.
- After the STSG graft is placed, the primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™ Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
- Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with tertiary dressing, consisting of thick absorbent gauze and elastic bandage for additional protection.
- There is some pre- and post-service overlap, which is accounted for in multiple procedure payment reduction (MPPR)

#### Work Performed by Surgeon

- The surgeon or a qualified healthcare provider (APP) performs the preparation work described by 15XX3-X4, including:
  - Preparing and placing the harvested skin in the RECELL device.
  - Manually disaggregated the cells
  - Assessing the adequacy of enzymatic digestion
  - Rinsing and filtering
  - Drawing it up into the syringe and applicator

#### Work Performed by Clinical Staff

- The clinical staff may open the packaging of the system and lay it out on the table.
- The clinical staff supports the surgeon by passing various instruments/components to the surgeon.

For X3 and X4, pre- and post-service clinical staff work that overlaps with the application codes (15XX5, 15XX7) has been eliminated, as we believe the clinical staff time assigned in those codes is sufficient.



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:

Musculoskeletal

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**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. 15152

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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.

The table on the following pages includes the coding for the typical patient (35-year-old male) who has a 3600 sq cm burn on his trunk and arms (CPT codes 15002, 15003, 15110, 15101, 15XX1-15XX6):

- Pre-service, intra-service and post-service time and work RVUs for CPT 15002, 15003, 15110 and 15101 are based on the 2024 CMS Final Rule Physician Work file.
- Specialty recommended pre-service, intra-service and post-service time and work RVUs for 15XX1-15XX6.

If needed, an additional table can be created depicting coding for the typical patient (78-year-old female) that has an 1800 sq cm burn on her head.

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
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	1	N/A	3.65	1.83	1.83	75	20	20	000
15003	each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	35	N/A	.80	N/A	28.00	0	15	1	ZZZ
15XX1	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1	3.00	N/A	N/A	3.00	15	40	20	000
15XX2	each additional 25 sq cm (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	40	0	ZZZ
15XX3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1	2.51	N/A	N/A	2.51	10	33	0	XXX
15XX4	each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	28	0	ZZZ
15XX5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1	12.75	N/A	N/A	12.75	65	98	30	090
15XX6	each additional 480 sq cm or part thereof (List separately in addition to code for	7	8.88	N/A	N/A	62.16	0	65	0	ZZZ

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
	primary procedure)									
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1	N/A	9.90	4.95	4.95	65	60	20	090
15101	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)	35	N/A	1.72	N/A	60.20	0	29	0	ZZZ
	<b>TOTALS</b>		31.14	16.07	6.78	179.40	230.00	428.00	91.00	



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 15XX4	Tracking Number I4	Original Specialty Recommended RVU: <b>2.00</b>
		Presented Recommended RVU: <b>2.00</b>
Global Period: ZZZ	Current Work RVU: N/A	RUC Recommended RVU: <b>2.00</b>

CPT Descriptor: Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: At the time of the skin cell suspension autograft procedure, a 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 3600 sq cm. Four 2cm x 3cm strips of very thin (0.006 to 0.008 inches thick) epidermal/dermal skin graft undergo enzymatic processing, manual mechanical disaggregation of skin cells, and filtration to produce a skin cell suspension. [Note: This is an add-on service. Only consider the additional work related to preparation of skin cell suspension autograft.]

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%

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Description of Pre-Service Work: N/A, Add-on Code

Description of Intra-Service Work: The SCSA harvested skin is separated into sections measuring 2 x 3 cm. The number of sections needed is dependent upon the size of the area to be treated.

One or two sections of SCSA harvested skin are placed in the SCSA device where the sections are enzymatically incubated for 15-20 minutes each.

Following incubation, the physician removes the treated skin and mechanically disaggregates a small portion of the skin on the scraping tray to confirm that the enzyme has broken down the skin and the cells can be easily separated. If the skin cells do not separate easily, the skin is returned to the enzyme for 10 minutes.

The tissue is then reassessed. After confirming that the cells separate easily, the tissue is rinsed with a buffer solution.

The tissue is then placed dermal side down onto the mechanical scraping tray.

The physician then vigorously scrapes the epidermal cells while altering orientation of the skin to ensure complete disaggregation.

The scraping tray is carefully rinsed with buffer to capture all fully disaggregated skin cells into one area for collection.

The surgeon then carefully draws up the SCSA from the tray into a separate syringe.

The SCSA is dispensed and filtered through the cell strainer.

The filtered SCSA is drawn into a new syringe that is prepared for application.

Description of Post-Service Work: N/A, Add-on Code

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2024			
<b>Presenter(s):</b>	Taryn Travis, MD; James Holmes, MD; Jeffrey Carter, MD				
<b>Specialty Society(ies):</b>	American Burn Association (ABA)				
<b>CPT Code:</b>	15XX4				
<b>Sample Size:</b>	510	<b>Resp N:</b>	30		
<b>Description of Sample:</b>	423 random survey of ABA members 87 targeted survey of trained surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	5.00	12.00	53.00	200.00
<b>Survey RVW:</b>	0.30	1.36	2.00	3.20	4.50
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	15.00	28.00	49.00	70.00
<b>Immediate Post Service-Time:</b>	<u>0.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	15XX4	<b>Recommended Physician Work RVU: 2.00</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		0.00	0.00	0.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		28.00		
<b>Please, pick the <u>post</u>-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)</b>				
ZZZ Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		0.00	0.00	0.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15152	<u>ZZZ</u>	2.50	<u>RUC Time</u>

CPT Descriptor Tissue cultured skin autograft, 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)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15156	<u>ZZZ</u>	2.50	<u>RUC Time</u>

CPT Descriptor Epidermal 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)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37235	<u>ZZZ</u>	1.44	<u>RUC Time</u>	107,202

CPT Descriptor 1 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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36227	<u>ZZZ</u>	2.09	<u>RUC Time</u>	15,752

CPT Descriptor 2 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)r.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 6      % of respondents: 20.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 3      % of respondents: 10.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>15XX4</u>	Top Key Reference CPT Code: <u>15152</u>	2nd Key Reference CPT Code: <u>15156</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	28.00	20.00	35.00
Median Immediate Post-service Time	0.00	30.00	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
<b>Median Total Time</b>	<b>28.00</b>	<b>50.00</b>	<b>35.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	33%	33%	0%	33%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
33%	17%	50%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	17%	17%	66%

Physical effort required	17%	17%	66%
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**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%	50%	33%
-----	-----	-----

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More**

<b>Overall intensity/complexity</b>	0%	33%	0%	0%	67%
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**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%	33%	33%
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**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required	33%	0%	67%
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Physical effort required	33%	0%	67%
--------------------------	-----	----	-----

**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%	33%	67%
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**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.*

**General Summary**

CPT codes 15XX1-15XX8 were approved at the September 2023 CPT Editorial Panel meeting for inclusion in CPT 2025. The American Burn Association (ABA) conducted a random survey of ABA members along with a targeted survey of vendor trained burn surgeons. A total of 510 surveys were sent between the member list and the trained surgeon list.

The code set includes a 000-day global (15XX1) and an add-on code (15XX2) for the harvesting component of the procedure, an XXX global (15XX3) and an add-on code (15XX4) for the preparation component of the procedure, and two 90-day global and add-on codes for the application component to distinguish between body areas (trunk, arms, and legs-15XX5 and 15XX7; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits-15XX6 and 15XX8).

All the procedures will be performed in the same operative session and will be billed together. The codes are constructed so the intra-service times for each step (harvesting, preparation, and application) are distinct; however, the pre-operative time for X1 for positioning and scrub, dress and wait, is overlapping with the positioning and scrub, dress and wait times for the 090-day global codes-X5 and X7. We removed the positioning and SDW times for X1. We also reduced the pre-operative evaluation times for both X1 to account for overlap with X5 and X7. However, there is distinct pre-operative education from the application codes (X5 and X7) for patients and families for both X1 and X3 as well as distinct consent from X5 and X7 for each of these. Similarly, the post-operative discharge summaries and instructions are distinct from the post-operative discharge summaries for X5 and X7 as related to X1 and X5 and X7 and so we retained time in the immediate post-service for X1.

#### *15XX4 Rationale*

CPT code 15XX4, Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration, each additional 25 sq cm or part thereof is a ZZZ-day global for the preparation component of the procedure to capture additional preparation beyond the initial 25 sq cm. We surveyed members of the ABA and trained surgeons. We received 28 non-conflicted completed surveys for 15XX4. The median number of procedures performed by survey respondents in the past twelve months for 15XX4 was 12.

The median survey intra-service time was 28 minutes.

The median survey work RVU was 2.00, the 25<sup>th</sup> percentile work RVU was 1.36 and the 75<sup>th</sup> percentile work RVU was 3.20.

The key reference code was 15152, Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof which was selected by 5 of the 28 respondents as their key reference code. 15152 has an intra-service time of 20 minutes and a work RVU of 2.50, and an IWPUT/WPUT of .091.

The second key reference code was 15116, Epidermal 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 which was selected by 3 of the 28 respondents as their key reference code. 15116 has an intra-service time of 35 minutes and a work RVU of 2.50, and an IWPUT/WPUT of .071.

We are recommending the median work RVU of 2.00 and the median intra-service time of 28 minutes. This produces an IWPUT/WPUT of .071.

We feel a work RVU of 2.00 with 28 minutes of intra-service time compares well to the two key reference services. 15XX4 has a lower work RVU than both key reference services which reflects the lower time and has an IWPUT that sits in between the two key reference services. Thus, a work RVU of 2.00 is appropriate for 15XX4.

#### ***Additional Information***

- The typical SCSA procedure can be performed with either SCSA alone or SCSA with STSG. It was recommended by the CPT Advisors and Panel Reviewers that we include the typical patient to include the layered technique (STSG (separately reported) and SCSA) in our CCA.
- A partial-thickness wound can be treated with SCSA alone.
- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.

- Based on the American Burn Association's National Burn Repository, approximately 90% of burn wounds are less than 20% TBSA (approximately 4,000 sq cm based on an average sized adult). Thus, a burn wound of 4,000 sq cm over a patient's trunks, arms and/or legs would be considered typical.
- SCSA procedures have a primary dressing, a secondary dressing and a tertiary dressing, consisting of additional dry gauze padding and a crepe bandage.
- The RECELL IFU notes that the primary dressing should not be disrupted for 5 days.
- The secondary dressing and outside tertiary dressing of gauze padding/crepe bandage may be changed during post-op office visits.

### SCSA Standalone Technique Compared to Layered Technique with SCSA and STSG

Provided below are two tables summarizing and comparing the work in a standalone SCSA technique and a layered technique with SCSA and STSG:

SCSA Standalone Technique
<p>A partial-thickness wound, can be treated with SCSA alone. This scenario may be the case for facial burns and scald burns. It can also be the case for mixed depth wounds, where SCSA can be applied adjacent to a meshed STSG.</p>
<ul style="list-style-type: none"> <li>• SCSA harvest area calculations performed and harvest taken (reported with X1-X2) (requires different depth than STSG)</li> <li>• SCSA prepared (reported with X3-X4)</li> <li>• SCSA Application (reported with X5-X8): <ul style="list-style-type: none"> <li>○ The primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).</li> <li>○ The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.</li> <li>○ Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).</li> <li>○ Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with thick absorbent gauze and elastic bandage for additional protection.</li> </ul> </li> </ul>

### SCSA-STSG Layering Technique

- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- STSG and SCSA have different intra-service work. The only duplicative work is application of secondary dressings.

#### STSG

- STSG harvest is taken (inherent in STSG CPT codes) (requires different depth)
- Harvested tissue is placed in a mesher and expanded.
- The meshed STSG is applied to the burn wound using surgical glue, sutures, or staples.
- *In a standalone STSG technique, the primary dressing and secondary dressings are applied in layers after the STSG is applied.*

#### SCSA

- SCSA harvest area calculations performed and separate harvest taken (reported with X1-X2) (requires different depth than STSG)
- The SCSA is prepared (reported with X3-X4)
- The process for applying the dressings with the layered technique is different.
- After the STSG graft is placed, the primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™ Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
- Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with tertiary dressing, consisting of thick absorbent gauze and elastic bandage for additional protection.
- There is some pre- and post-service overlap, which is accounted for in multiple procedure payment reduction (MPPR)

#### Work Performed by Surgeon

- The surgeon or a qualified healthcare provider (APP) performs the preparation work described by 15XX3-X4, including:
  - Preparing and placing the harvested skin in the RECELL device.
  - Manually disaggregated the cells
  - Assessing the adequacy of enzymatic digestion
  - Rinsing and filtering
  - Drawing it up into the syringe and applicator

#### Work Performed by Clinical Staff

- The clinical staff may open the packaging of the system and lay it out on the table.
- The clinical staff supports the surgeon by passing various instruments/components to the surgeon.

For X3 and X4, pre- and post-service clinical staff work that overlaps with the application codes (15XX5, 15XX7) has been eliminated, as we believe the clinical staff time assigned in those codes is sufficient.





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:

Musculoskeletal

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**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. 15152

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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.

The table on the following pages includes the coding for the typical patient (35-year-old male) who has a 3600 sq cm burn on his trunk and arms (CPT codes 15002, 15003, 15110, 15101, 15XX1-15XX6):

- Pre-service, intra-service and post-service time and work RVUs for CPT 15002, 15003, 15110 and 15101 are based on the 2024 CMS Final Rule Physician Work file.
- Specialty recommended pre-service, intra-service and post-service time and work RVUs for 15XX1-15XX6.

If needed, an additional table can be created depicting coding for the typical patient (78-year-old female) that has an 1800 sq cm burn on her head.

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
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	1	N/A	3.65	1.83	1.83	75	20	20	000
15003	each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	35	N/A	.80	N/A	28.00	0	15	1	ZZZ
15XX1	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1	3.00	N/A	N/A	3.00	15	40	20	000
15XX2	each additional 25 sq cm (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	40	0	ZZZ
15XX3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1	2.51	N/A	N/A	2.51	10	33	0	XXX
15XX4	each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	28	0	ZZZ
15XX5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1	12.75	N/A	N/A	12.75	65	98	30	090
15XX6	each additional 480 sq cm or part thereof (List separately in addition to code for	7	8.88	N/A	N/A	62.16	0	65	0	ZZZ

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
	primary procedure)									
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1	N/A	9.90	4.95	4.95	65	60	20	090
15101	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)	35	N/A	1.72	N/A	60.20	0	29	0	ZZZ
	<b>TOTALS</b>		31.14	16.07	6.78	179.40	230.00	428.00	91.00	

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 15XX5	Tracking Number I5	Original Specialty Recommended RVU: <b>12.75</b>
		Presented Recommended RVU: <b>12.75</b>
Global Period: 090	Current Work RVU: N/A	RUC Recommended RVU: <b>10.97</b>

CPT Descriptor: Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 3600 sq cm. A skin cell suspension autograft is applied to 480 sq cm of the wound bed

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 100% , 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 100%

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 93%

Description of Pre-Service Work: N/A, Pre-service time included in 15XX1

Description of Intra-Service Work: The physician applies the meshed STSG [Separately Coded] to the first 480sq cm of the wound bed and secures it using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).

The primary dressing is contoured and partially affixed at the lower aspect of the wound bed without covering the wound using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples). The physician then applies the SCSA, which is layered by aerosolization, over the top of the first 480 sq cm of the STSG and donor sites. The primary dressing is then completely secured over the wound bed using the surgeon's fixation of choice. Secondary dressings are applied in layers over the primary dressing and covered with thick absorbent gauze and elastic bandage.

Description of Post-Service Work: Postoperative work begins after the application of the wound dressing in the operating room and includes monitoring the patient's stability in the recovery room, writing orders, communicating with the family and other health care professionals (including written and oral reports and orders), and all hospital visits and services performed by the surgeon in the intensive care unit or on a suitable nursing floor.

Discharge management includes the surgeon's final examination of the patient, instructions for continuing care of the operative sites, and preparation of discharge records.

Following SCSA procedures, several post-op office visits are required for burn wound patients:

- Monitoring healing
- Multiple dressing changes
- Managing pain
- Return to work and activity counseling
- Assessing for possible infection
- Concomitant medication management
- Assessing compliance with therapy (PT/OT)
- Monitoring nutritional status and dietary intake

Additionally, all post-discharge office visits for this procedure, including removing sutures, changing dressings, and providing antibiotic and pain medication adjustments, for 90 days after the day of the operation are considered part of the postoperative work for this procedure.

Of note, SCSA procedures require more frequent post-operative secondary dressing changes. Following SCSA procedures, secondary dressings are changed 3 times per week (compared to epidermal autograft procedures which are changed 1 time per week) to monitor wound healing status and prevent/treat any infections.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Taryn Travis, MD; James Holmes, MD; Jeffrey Carter, MD				
<b>Specialty Society(ies):</b>	American Burn Association (ABA)				
<b>CPT Code:</b>	15XX5				
<b>Sample Size:</b>	510	<b>Resp N:</b>	30		
<b>Description of Sample:</b>	423 random survey of ABA members 87 targeted survey of trained surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	9.00	<b>30.00</b>	48.00	200.00
<b>Survey RVW:</b>	5.00	10.50	<b>10.97</b>	12.75	19.00
<b>Pre-Service Evaluation Time:</b>			<b>45.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>10.00</b>		
<b>Intra-Service Time:</b>	10.00	28.00	<b>83.00</b>	98.00	240.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>160.00</b>	99231x 0.00	99232x 4.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>92.00</b>	99211x 0.00	12x 0.00	13x 4.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	15XX5	<b>Recommended Physician Work RVU: 10.97</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>0.00</b>	<b>40.00</b>	<b>-40.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>3.00</b>	<b>-3.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>20.00</b>	<b>-20.00</b>
<b>Intra-Service Time:</b>		<b>83.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>30.00</b>	<b>33.00</b>	<b>-3.00</b>



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>160.00</u></b>	99231x <b>0.00</b>	99232x <b>4.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>38.00</u></b>	99238x <b>1.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>92.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>4.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15110	090	10.97	RUC Time

CPT Descriptor Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15100	090	9.90	RUC Time

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

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57288	090	12.13	RUC Time	18,874

CPT Descriptor 1 Sling operation for stress incontinence (eg, fascia or synthetic)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
63047	090	15.37	RUC Time	85,737

CPT Descriptor 2 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 16      % of respondents: 53.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 30.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>15XX5</u>	Top Key Reference CPT Code: <u>15110</u>	2nd Key Reference CPT Code: <u>15100</u>
Median Pre-Service Time	0.00	50.00	65.00
Median Intra-Service Time	83.00	28.00	60.00
Median Immediate Post-service Time	30.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	160.0	160.00	58.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	92.0	48.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>403.00</b>	<b>344.00</b>	<b>319.00</b>
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.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	50%	50%	0%

**Mental Effort and Judgment**

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	81%	19%

**Technical Skill/Physical Effort**

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	50%	50%
Physical effort required	0%	69%	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

0%

81%

.13

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

11%

56%

22%

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

11%

66%

33%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

33%

0%

67%

Physical effort required

44%

11%

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%

66%

33%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.*

**General Summary**

CPT codes 15XX1-15XX8 were approved at the September 2023 CPT Editorial Panel meeting for inclusion in CPT 2025. The American Burn Association (ABA) conducted a random survey of ABA members along with a targeted survey of vendor trained burn surgeons. A total of 510 surveys were sent between the member list and the trained surgeon list.

The code set includes a 000-day global (15XX1) and an add-on code (15XX2) for the harvesting component of the procedure, an XXX global (15XX3) and an add-on code (15XX4) for the preparation component of the procedure, and two 90-day global and add-on codes for the application component to distinguish between body areas (trunk, arms, and legs-15XX5 and 15XX7; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits-15XX6 and 15XX8).

All the procedures will be performed in the same operative session and will be billed together. The codes are constructed so the intra-service times for each step (harvesting, preparation, and application) are distinct; however, the pre-operative time for X1 for positioning and scrub, dress and wait, is overlapping with the positioning and scrub, dress and wait times for the 090-day global codes-X5 and X7. We removed the positioning and SDW times for X1. We also reduced the pre-operative evaluation times for both X1 to account for overlap with X5 and X7. However, there is distinct pre-operative education from the application codes (X5 and X7) for patients and families for both X1 and X3 as well as distinct consent from X5 and X7 for each of these. Similarly, the post-operative discharge summaries and instructions are distinct from the post-operative discharge summaries for X5 and X7 as related to X1 and X5 and X7 and so we retained time in the immediate post-service for X1.

#### *15XX5 Rationale*

CPT code 15XX5, Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less is a 090-day global for the graft application component of the procedure for the trunk, arms and legs area of the body. We surveyed members of the ABA and trained surgeons. We received 30 non-conflicted completed surveys for 15XX5. The median number of procedures performed by survey respondents in the past twelve months for 15XX5 was 30.

The survey respondents indicated median pre-times as follows: 30 minutes evaluation prior to the day of surgery, 15 minutes evaluation on the day of surgery, 15 minutes positioning, 10 minutes SDW. The median survey intra-service time was 83 minutes, the 75<sup>th</sup> percentile intra-service time was 98 minutes. The immediate post-service time was 30 minutes. Survey respondents indicated that they typically see the patient four times in the inpatient facility after surgery with all four visits indicated at the 99232 level. Survey respondents indicated a 99238 for the discharge day. Survey respondents indicated a total of 4 post-operative office visits, with all four visits indicated at the 99213 level. The total survey time was 473 minutes.

The median survey work RVU was 10.97, the 25<sup>th</sup> percentile work RVU was 10.50 and the 75<sup>th</sup> percentile work RVU was 12.75.

The key reference code was 15110, Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children, which was selected by 16 of the 30 respondents as their key reference code. The second key reference code was 15100, Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) which was selected by 9 of the respondents as their key reference service.

We believe that the survey respondents accurately accounted for the pre-operative work of the procedure and the post-operative work. However, we believe they underestimated the intra-service component of the procedure as well as the work RVU. We believe this error was the result of not understanding or having familiarity with the size of the wound application described in 15XX5. Graft application codes typically use 100 square centimeters for their size as is the case in the two key reference services. Given that burn surgeons rarely perform RUC surveys and are not as familiar with CPT descriptor nuances, we believe many survey respondents based their responses on a lower wound size of the reference code and underestimated the intra-service component. We also believe that many survey respondents crosswalked their estimated work RVUs for 15XX5 (treatment of 480 square centimeters) to the work RVUs of their chosen reference code (treatment of 100 square centimeters). This is indicated by the median work RVU response being the same as the primary key reference service, 15110, at 10.97 work RVUs.

The median work RVU of 10.97 with the median times would result in a negative IWPUT/WPUT. Negative IWPUT is commonly understood at the RUC as indicating a misvalued code and it does not make sense to use the median work RVU of 10.97 for 15XX5.

To adjust for this, our expert panel of reviewers and presenters are recommending the 75<sup>th</sup> work RVU of 12.75 and the 75<sup>th</sup> percentile intra-service time of 98 minutes. We believe these are more accurate assessments of the work for 15XX5.

Our recommended times and RVUs are summarized below:

Pre-service: package 4, difficult patient/difficult procedure with adjustments to the survey median time for positioning; evaluation=40 minutes, positioning=15 minutes, SDW=10 minutes

Intra-service time=98 minutes (survey 75<sup>th</sup> percentile)

Immediate post-service: package 9B, general anesthesia/complex procedure with adjustments to the survey median time=30 minutes

Inpatient Visits=4-99232

Discharge Visit=1-99238

Office Visits=4-99213

Work RVU=12.75

Total time=483

IWPUT=0.000, WPUT=0.026

As the IWPUT and WPUTs indicate, the recommended times and work RVUs are still very low compared to most other procedures. For comparison, the primary key reference service 15110 has an IWPUT of 0.091 and the second KRS has an IWPUT of 0.053. However, the 75<sup>th</sup> percentile work RVU is the highest value that aligns with general RUC recommendation expectations. The recommended work RVU of 12.75 also places 15XX5 in appropriate rank order with the recommended work RVU of 15.00 for 15XX7. 15XX7 is a more intense and involved procedure and a higher work RVU for 15XX7 is appropriate.

We also note that the codes will be on the new technology list and reviewed in three years when surgeons have more familiarity with the coding language and structure.

### ***Additional Information***

- The typical SCSA procedure could be performed with either SCSA alone or SCSA with STSG. It was recommended by the CPT Advisors and Panel Reviewers that we include the typical patient to include the layered technique (STSG (separately reported) and SCSA) in our CCA.
- A partial-thickness wound can be treated with SCSA alone.
- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- Based on the American Burn Association's National Burn Repository, approximately 90% of burn wounds are less than 20% TBSA (approximately 4,000 sq cm based on an average sized adult). Thus, a burn wound of 4,000 sq cm over a patient's trunks, arms and/or legs would be considered typical.
- SCSA procedures have a primary dressing, a secondary dressing and a tertiary dressing, consisting of additional dry gauze padding and a crepe bandage.
- The RECELL IFU notes that the primary dressing should not be disrupted for 5 days.
- The secondary dressing and outside tertiary dressing of gauze padding/crepe bandage may be changed during post-op office visits.

### **SCSA Standalone Technique Compared to Layered Technique with SCSA and STSG**

Provided below are two tables summarizing and comparing the work in a standalone SCSA technique and a layered technique with SCSA and STSG:

#### **SCSA Standalone Technique**

A partial-thickness wound, can be treated with SCSA alone. This scenario may be the case for facial burns and scald burns. It can also be the case for mixed depth wounds, where SCSA can be applied adjacent to a meshed STSG.

- SCSA harvest area calculations performed and harvest taken (reported with X1-X2) (requires different depth than STSG)

- SCSA prepared (reported with X3-X4)
- SCSA Application (reported with X5-X8):
  - The primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
  - The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
  - Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
  - Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with thick absorbent gauze and elastic bandage for additional protection.

### SCSA-STSG Layering Technique

- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- STSG and SCSA have different intra-service work. The only duplicative work is application of secondary dressings.

#### STSG

- STSG harvest is taken (inherent in STSG CPT codes) (requires different depth)
- Harvested tissue is placed in a mesher and expanded.
- The meshed STSG is applied to the burn wound using surgical glue, sutures, or staples.
- *In a standalone STSG technique, the primary dressing and secondary dressings are applied in layers after the STSG is applied.*

#### SCSA

- SCSA harvest area calculations performed and separate harvest taken (reported with X1-X2) (requires different depth than STSG)
- The SCSA is prepared (reported with X3-X4)
- The process for applying the dressings with the layered technique is different.
- After the STSG graft is placed, the primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
- Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with tertiary dressing, consisting of thick absorbent gauze and elastic bandage for additional protection.
- There is some pre- and post-service overlap, which is accounted for in multiple procedure payment reduction (MPPR)



Specialty General Surgery	Frequency 550	Percentage 47.82 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 135  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare comprises only 13% of total claims for service according to user data

Specialty Plastic Surgery	Frequency 65	Percentage 48.14 %
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Specialty General Surgery	Frequency 65	Percentage 48.14 %
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Specialty	Frequency 0	Percentage 0.00 %
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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:

Musculoskeletal

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### **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. 15152



**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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.

The table on the following pages includes:

- Pre-service, intra-service and post-service time and work RVUs for CPT 15002, 15003, 15110 and 15101 are based on the 2024 CMS Final Rule Physician Work file.
- Specialty recommended pre-service, intra-service and post-service time and work RVUs for 15XX1-15XX8.

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
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	1	N/A	3.65	1.83	1.83	75	20	20	000
15003	each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	35	N/A	.80	N/A	28.00	0	15	1	ZZZ
15XX1	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1	3.00	N/A	N/A	3.00	15	40	20	000
15XX2	each additional 25 sq cm (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	40	0	ZZZ
15XX3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1	2.51	N/A	N/A	2.51	10	33	0	XXX
15XX4	each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	28	0	ZZZ
15XX5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1	12.75	N/A	N/A	12.75	65	98	30	090
15XX6	each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	7	8.88	N/A	N/A	62.16	0	65	0	ZZZ

15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1	N/A	9.90	4.95	4.95	65	60	20	090
15101	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)	35	N/A	1.72	N/A	60.20	0	29	0	ZZZ
	<b>TOTALS</b>		31.14	16.07	6.78	179.40	230.00	428.00	91.00	

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 15XX6	Tracking Number I6	Original Specialty Recommended RVU: <b>8.88</b>
Global Period: ZZZ	Current Work RVU: N/A	Presented Recommended RVU: <b>8.88</b>
		RUC Recommended RVU: <b>2.50</b>

CPT Descriptor: Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: At the time of the skin cell suspension autograft procedure, a 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 3600 sq cm. A skin cell suspension autograft is applied to an additional 480 sq cm of the wound bed. [Note: This is an add-on service. Only consider the additional work related to application of skin cell suspension autograft to wound and donor sites.]

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%

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Description of Pre-Service Work: N/A, Add-on Code

Description of Intra-Service Work: Following the initial layered split-thickness skin graft (STSG) [Separately coded] and skin cell suspension autograft (SCSA) procedure of 480 sq cm (separately reported with base codes 15XX5), the physician applies the meshed split-thickness skin graft to the additional 480 sq cm of the wound bed and secures it using the surgeon's fixation of choice (e.g., surgical glue, sutures or staples).

The primary dressing is contoured and partially affixed at the lower aspect of the wound bed without covering the wound using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples). The physician applies the SCSA, which is layered by aerosolization over the top of the of the meshed STSG and donor sites. The primary dressing is then completely secured over the wound bed using the surgeon's fixation of choice. Secondary dressings are applied in layers over the primary dressing and covered with thick absorbent gauze and elastic bandage.

Description of Post-Service Work: N/A, Add-on Code

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2024			
<b>Presenter(s):</b>	Taryn Travis, MD; James Holmes, MD; Jeffrey Carter, MD				
<b>Specialty Society(ies):</b>	American Burn Association (ABA)				
<b>CPT Code:</b>	15XX6				
<b>Sample Size:</b>	510	<b>Resp N:</b>	30		
<b>Description of Sample:</b>	423 random survey of ABA members 87 targeted survey of trained surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	6.00	<b>25.00</b>	88.00	200.00
<b>Survey RVW:</b>	1.25	2.37	<b>2.50</b>	8.88	10.97
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	10.00	15.00	<b>25.00</b>	65.00	200.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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

<b>CPT Code:</b>	15XX6	<b>Recommended Physician Work RVU: 2.50</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>25.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
ZZZ Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15116	<i>ZZZ</i>	2.50	<b>RUC Time</b>

CPT Descriptor Epidermal 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)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15101	<i>ZZZ</i>	1.72	<b>RUC Time</b>

CPT Descriptor Split-thickness autograft, 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)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
22632	<i>ZZZ</i>	5.22	<b>RUC Time</b>	1,744

CPT Descriptor 1 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37235	<i>ZZZ</i>	6.50	<b>RUC Time</b>	2,426

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22634	<i>ZZZ</i>	7.96	<b>RUC Time</b>

CPT Descriptor 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, lumbar; each additional interspace (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: 14      % of respondents: 46.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 26.6 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>15XX6</u>	Top Key Reference CPT Code: <u>15116</u>	2nd Key Reference CPT Code: <u>15101</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	65.00	35.00	29.00
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
<b>Median Total Time</b>	<b>65.00</b>	<b>35.00</b>	<b>29.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	6%	39%	44%	11%

**Mental Effort and Judgment**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>• The number of possible diagnosis and/or the number of management options that must be considered</li> <li>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>• Urgency of medical decision making</li> </ul>	6%	44%	50%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	22%	22%	55%
Physical effort required	17%	39%	44%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>The risk of significant complications, morbidity and/or mortality</li> <li>Outcome depends on the skill and judgment of physician</li> <li>Estimated risk of malpractice suit with poor outcome</li> </ul>	6%	56%	37%

<b>Survey Code Compared to 2nd Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	33%	0%	0%	67%

<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	33%	33%	33%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	33%	0%	67%
Physical effort required	33%	0%	67%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>The risk of significant complications, morbidity and/or mortality</li> <li>Outcome depends on the skill and judgment of physician</li> <li>Estimated risk of malpractice suit with poor outcome</li> </ul>	0%	33%	67%

### **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.*



### *General Summary*

CPT codes 15XX1-15XX8 were approved at the September 2023 CPT Editorial Panel meeting for inclusion in CPT 2025. The American Burn Association (ABA) conducted a random survey of ABA members along with a targeted survey of vendor trained burn surgeons. A total of 510 surveys were sent between the member list and the trained surgeon list.

The code set includes a 000-day global (15XX1) and an add-on code (15XX2) for the harvesting component of the procedure, an XXX global (15XX3) and an add-on code (15XX4) for the preparation component of the procedure, and two 90-day global and add-on codes for the application component to distinguish between body areas (trunk, arms, and legs-15XX5 and 15XX7; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits-15XX6 and 15XX8).

All the procedures will be performed in the same operative session and will be billed together. The codes are constructed so the intra-service times for each step (harvesting, preparation, and application) are distinct; however, the pre-operative time for X1 for positioning and scrub, dress and wait, is overlapping with the positioning and scrub, dress and wait times for the 090-day global codes-X5 and X7. We removed the positioning and SDW times for X1. We also reduced the pre-operative evaluation times for both X1 to account for overlap with X5 and X7. However, there is distinct pre-operative education from the application codes (X5 and X7) for patients and families for both X1 and X3 as well as distinct consent from X5 and X7 for each of these. Similarly, the post-operative discharge summaries and instructions are distinct from the post-operative discharge summaries for X5 and X7 as related to X1 and X5 and X7 and so we retained time in the immediate post-service for X1.

### *15XX6 Rationale*

CPT code 15XX6, Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof is a ZZZ global for the additional graft application component of the procedure for the trunk, arms and legs area of the body. We surveyed members of the ABA and trained surgeons. We received 30 non-conflicted completed surveys for 15XX6. The median number of procedures performed by survey respondents in the past twelve months for 15XX6 was 25.

The median survey intra-service time was 25 minutes, the 75<sup>th</sup> percentile intra-service time was 65 minutes.

The median survey work RVU was 2.50, the 25<sup>th</sup> percentile work RVU was 2.37 and the 75<sup>th</sup> percentile work RVU was 8.88.

The key reference code was 15116, Epidermal 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 which was selected by 14 of the 30 respondents as their key reference code. The second key reference code was 15101, Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof which was selected by 8 of the respondents as their key reference service. Similar to 15XX5, we believe the survey respondents underestimated the intra-service component of the procedure as well as the work RVU. We believe this error was the result of not understanding or having familiarity with the size of the wound application described in 15XX5. Graft application codes typically use 100 square centimeters for their size as is the case in the two key reference services. Given that burn surgeons rarely perform RUC surveys and are not as familiar with CPT descriptor nuances, we believe many survey respondents based their responses on a lower wound size of the reference code and underestimated the intra-service component, and also crosswalked their estimated work RVUs to the work RVUs for 15XX6 (treatment of each additional 480 square centimeters) of their chosen reference code (treatment of each additional 100 square centimeters). This is indicated by the median work RVU response being the same as the primary key reference service, 15116, at 2.50 work RVUs.

The median work RVU of 2.50 with the median intra-service times would result in an inaccurate valuation of the work involved in 15XX6. The median survey intra-service time of 25 minutes is less than the median intra-service time of the key reference service despite describing application of the autograft to a wound surface area 4.8 times greater than that described in 15116 which clearly does not make sense.

To adjust for this, our expert panel of reviewers and presenters are recommending the 75<sup>th</sup> work RVU of 8.88 and the 75<sup>th</sup> percentile intra-service time of 65 minutes. We believe these are more accurate assessments of the work for 15XX6.

Our recommended times and RVUs are summarized below:

Intra-service time=65 minutes (survey 75<sup>th</sup> percentile)

Work RVU=8.88

Total time=65 minutes

IWPUT=0.137, WPUT=0.137

A work RVU of 8.88 is close to what the work RVU of key reference service code 15116 (2.50 work RVU X 5=10 work RVU) would be if multiplied by 5 to account for the difference in wound size treated by the graft . The recommended work RVU of 8.88 also places 15XX6 in appropriate rank order with the recommended work RVU of 9.50 for 15XX8. 15XX8 is a more intense and involved procedure and a higher work RVU for 15XX8 is appropriate.

We also note that the codes will be on the new technology list and reviewed in three years when surgeons have more familiarity with the coding language and structure.

### ***Additional Information***

- The typical SCSA procedure could be performed with either SCSA alone or SCSA with STSG. It was recommended by the CPT Advisors and Panel Reviewers that we include the typical patient to include the layered technique (STSG (separately reported) and SCSA) in our CCA.
- A partial-thickness wound can be treated with SCSA alone.
- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- Based on the American Burn Association's National Burn Repository, approximately 90% of burn wounds are less than 20% TBSA (approximately 4,000 sq cm based on an average sized adult). Thus, a burn wound of 4,000 sq cm over a patient's trunks, arms and/or legs would be considered typical.
- SCSA procedures have a primary dressing, a secondary dressing and a tertiary dressing, consisting of additional dry gauze padding and a crepe bandage.
- The RECELL IFU notes that the primary dressing should not be disrupted for 5 days.
- The secondary dressing and outside tertiary dressing of gauze padding/crepe bandage may be changed during post-op office visits.

## SCSA Standalone Technique Compared to Layered Technique with SCSA and STSG

Provided below are two tables summarizing and comparing the work in a standalone SCSA technique and a layered technique with SCSA and STSG:

SCSA Standalone Technique
<p>A partial-thickness wound, can be treated with SCSA alone. This scenario may be the case for facial burns and scald burns. It can also be the case for mixed depth wounds, where SCSA can be applied adjacent to a meshed STSG.</p>
<ul style="list-style-type: none"> <li>• SCSA harvest area calculations performed and harvest taken (reported with X1-X2) (requires different depth than STSG)</li> <li>• SCSA prepared (reported with X3-X4)</li> <li>• SCSA Application (reported with X5-X8): <ul style="list-style-type: none"> <li>○ The primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).</li> <li>○ The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.</li> <li>○ Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).</li> <li>○ Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with thick absorbent gauze and elastic bandage for additional protection.</li> </ul> </li> </ul>
SCSA-STSG Layering Technique
<ul style="list-style-type: none"> <li>• A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).</li> <li>• A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.</li> <li>• STSG and SCSA have different intra-service work. The only duplicative work is application of secondary dressings.</li> </ul>
<p><b>STSG</b></p> <ul style="list-style-type: none"> <li>• STSG harvest is taken (inherent in STSG CPT codes) (requires different depth)</li> <li>• Harvested tissue is placed in a mesher and expanded.</li> <li>• The meshed STSG is applied to the burn wound using surgical glue, sutures, or staples.</li> <li>• <i>In a standalone STSG technique, the primary dressing and secondary dressings are applied in layers after the STSG is applied.</i></li> </ul> <p><b>SCSA</b></p> <ul style="list-style-type: none"> <li>• SCSA harvest area calculations performed and separate harvest taken (reported with X1-X2) (requires different depth than STSG)</li> <li>• The SCSA is prepared (reported with X3-X4)</li> <li>• The process for applying the dressings with the layered technique is different.</li> <li>• After the STSG graft is placed, the primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).</li> <li>• The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.</li> </ul>

- Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with tertiary dressing, consisting of thick absorbent gauze and elastic bandage for additional protection.
- There is some pre- and post-service overlap, which is accounted for in multiple procedure payment reduction (MPPR)

### RVU recommendations

The specialty society believes that for X5-X6, enough survey respondents underestimated intra-service AND work RVUs to make the median intra-service and work RVUs values too low for all four codes. We are recommending for all four codes that the 75<sup>th</sup>% intra-service times and work RVUs be used. We believe this is largely due to the different size described in the new codes of 480cm compared to other established/existing codes that use 100cm and also because the typical patient vignette used yet a different total square cm of 3600 sq cm. The pre- and post-service times would not necessarily be impacted by this because those are more specific to the typical patient and survey respondents would have accurately listed their times in these service periods. The pre- and post-service times, including visits are also consistent with existing codes.

### Key Reference Services

We note that the code 15101, which is a KRS is listed in the RUC database as RUC reviewed in 1998 as is the parent code 15100. As a result, we included them in our RSL. These codes are also clearly the most similar to the survey codes, so we felt that it was important to include them. We note that the reviewer is correct the 1998 values were based on Harvard codes that were approved at the same time the new parent code 15100 was approved, however they were not surveyed together. However, they still are the most commonly used by burn surgeons and were deemed relevant as a result.

### 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.

SEE TABLE INCLUDED ON PAGES 12-14



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. 15152

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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.

The table on the following pages includes the coding for the typical patient (35-year-old male) who has a 3600 sq cm burn on his trunk and arms (CPT codes 15002, 15003, 15110, 15101, 15XX1-15XX6):

- Pre-service, intra-service and post-service time and work RVUs for CPT 15002, 15003, 15110 and 15101 are based on the 2024 CMS Final Rule Physician Work file.
- Specialty recommended pre-service, intra-service and post-service time and work RVUs for 15XX1-15XX6.

If needed, an additional table can be created depicting coding for the typical patient (78-year-old female) that has an 1800 sq cm burn on her head.

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
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	1	N/A	3.65	1.83	1.83	75	20	20	000
15003	each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	35	N/A	.80	N/A	28.00	0	15	1	ZZZ
15XX1	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1	3.00	N/A	N/A	3.00	15	40	20	000
15XX2	each additional 25 sq cm (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	40	0	ZZZ
15XX3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1	2.51	N/A	N/A	2.51	10	33	0	XXX
15XX4	each additional 25	1	2.00	N/A	N/A	2.00	0	28	0	ZZZ



CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
	sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)									
15XX5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1	12.75	N/A	N/A	12.75	65	98	30	090
15XX6	each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	7	8.88	N/A	N/A	62.16	0	65	0	ZZZ
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1	N/A	9.90	4.95	4.95	65	60	20	090
15101	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)	35	N/A	1.72	N/A	60.20	0	29	0	ZZZ
	<b>TOTALS</b>		31.14	16.07	6.78	179.40	230.00	428.00	91.00	

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 15XX7	Tracking Number I7	Original Specialty Recommended RVU: <b>15.00</b>
		Presented Recommended RVU: <b>15.00</b>
Global Period: 090	Current Work RVU: N/A	RUC Recommended RVU: <b>12.50</b>

CPT Descriptor: Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 78-year-old female sustained an acute partial thickness thermal burn on her head measuring 1800 sq cm. A skin cell suspension autograft is applied to 480 sq cm of the wound bed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

**Site of Service (Complete for 010 and 090 Globals Only)**

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Percent of survey respondents who stated they perform the procedure; In the hospital 100% , 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 100%

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 97%

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Description of Pre-Service Work: N/A, pre-service included in 15XX1.

Description of Intra-Service Work: The physician applies the meshed STSG [Separately coded] to the first 480sq cm of the wound bed and secures it using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).

The primary dressing is contoured and partially affixed at the lower aspect of the wound bed without covering the wound using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples). The physician then applies the SCSA, which is layered by aerosolization, over the top of the first 480 sq cm of the STSG and donor sites. The primary dressing is then completely secured over the wound bed using the surgeon's fixation of choice. Secondary dressings are applied in layers over the primary dressing and covered with thick absorbent gauze and elastic bandage.

Description of Post-Service Work: Postoperative work begins after the application of the wound dressing in the operating room and includes monitoring the patient's stability in the recovery room, writing orders, communicating with the family and other health care professionals (including written and oral reports and orders), and all hospital visits and services performed by the surgeon in the intensive care unit or on a suitable nursing floor.

Discharge management includes the surgeon's final examination of the patient, instructions for continuing care of the operative sites, and preparation of discharge records.

Following SCSA procedures, several post-op office visits are required for burn wound patients:

- Monitoring healing
- Multiple dressing changes
- Managing pain
- Return to work and activity counseling
- Assessing for possible infection
- Concomitant medication management
- Assessing compliance with therapy (PT/OT)

- Monitoring nutritional status and dietary intake. Additionally, all post-discharge office visits for this procedure, including removing sutures, changing dressings, and providing antibiotic and pain medication adjustments, for 90 days after the day of the operation are considered part of the postoperative work for this procedure.

Additionally, all post-discharge office visits for this procedure, including removing sutures, changing dressings, and providing antibiotic and pain medication adjustments, for 90 days after the day of the operation are considered part of the postoperative work for this procedure.

Of note, SCSA procedures require more frequent post-operative secondary dressing changes. Following SCSA procedures, secondary dressings are changed 3 times per week (compared to epidermal autograft procedures which are changed 1 time per week) to monitor wound healing status and prevent/treat any infections

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2024			
<b>Presenter(s):</b>	Taryn Travis, MD; James Holmes, MD; Jeffrey Carter, MD				
<b>Specialty Society(ies):</b>	American Burn Association (ABA)				
<b>CPT Code:</b>	15XX7				
<b>Sample Size:</b>	510	<b>Resp N:</b>	30		
<b>Description of Sample:</b>	423 random survey of ABA members 87 targeted survey of trained surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	6.00	15.00	30.00	150.00
<b>Survey RVW:</b>	6.00	11.45	12.50	15.00	21.28
<b>Pre-Service Evaluation Time:</b>			45.00		
<b>Pre-Service Positioning Time:</b>			15.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	10.00	16.00	75.00	120.00	360.00
<b>Immediate Post Service-Time:</b>	<u>30.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>160.00</u>	99231x 0.00	99232x 4.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>92.00</u>	99211x 0.00	12x 0.00	13x 4.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	15XX7	<b>Recommended Physician Work RVU: 12.50</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		0.00	40.00	-40.00
<b>Pre-Service Positioning Time:</b>		0.00	3.00	-3.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	20.00	-20.00
<b>Intra-Service Time:</b>		75.00		
<b>Please, pick the <u>post-service</u> 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)</b>				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		30.00	33.00	-3.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>160.00</u></b>	99231x <b>0.00</b> 99232x <b>4.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>38.00</u></b>	99238x <b>1.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>92.00</u></b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>4.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15115	090	11.28	RUC Time

CPT Descriptor Epidermal 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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15120	090	10.15	RUC Time

CPT Descriptor 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)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57288	090	12.13	RUC Time	18,874

CPT Descriptor 1 Sling operation for stress incontinence (eg, fascia or synthetic)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
63047	090	15.37	RUC Time	85,737

CPT Descriptor 2 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 16      % of respondents: 53.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 33.3 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>15XX7</u>	Top Key Reference CPT Code: <u>15115</u>	2nd Key Reference CPT Code: <u>15120</u>
Median Pre-Service Time	65.00	55.00	72.00
Median Intra-Service Time	120.00	35.00	75.00
Median Immediate Post-service Time	30.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	160.0	160.00	0.00
Median Discharge Day Management Time	38.0	38.00	19.00
Median Office Visit Time	92.0	48.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>505.00</b>	<b>356.00</b>	<b>258.00</b>
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.

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	9%	18%	64%	9%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
13%	67%	13%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	27%	9%	64%
Physical effort required	36%	9%	56%

**Psychological Stress**

- 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

**Less**

9%

**Identical**

36%

**More**

54%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

71%

29%

0%

**Mental Effort and Judgment**

- 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

**Less**

0%

**Identical**

75%

**More**

25%

**Technical Skill/Physical Effort****Less**

0%

**Identical**

88%

**More**

12%

Technical skill required

Physical effort required

0%

62%

38%

**Psychological Stress**

- 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

**Less**

0%

**Identical**

88%

**More**

12%

**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.*

**General Summary**

CPT codes 15XX1-15XX8 were approved at the September 2023 CPT Editorial Panel meeting for inclusion in CPT 2025. The American Burn Association (ABA) conducted a random survey of ABA members along with a targeted survey of vendor trained burn surgeons. A total of 510 surveys were sent between the member list and the trained surgeon list.

The code set includes a 000-day global (15XX1) and an add-on code (15XX2) for the harvesting component of the procedure, an XXX global (15XX3) and an add-on code (15XX4) for the preparation component of the procedure, and two 90-day global and add-on codes for the application component to distinguish between body areas (trunk, arms, and legs-15XX5 and 15XX7; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits-15XX6 and 15XX8).

All the procedures will be performed in the same operative session and will be billed together. The codes are constructed so the intra-service times for each step (harvesting, preparation, and application) are distinct; however, the pre-operative time for X1 for positioning and scrub, dress and wait, is overlapping with the positioning and scrub, dress and wait times for the 090-day global codes-X5 and X7. We removed the positioning and SDW times for X1. We also reduced the pre-operative evaluation times for both X1 to account for overlap with X5 and X7. However, there is distinct pre-operative education from the application codes (X5 and X7) for patients and families for both X1 and X3 as well as distinct consent from X5 and X7 for each of these. Similarly, the post-operative discharge summaries and instructions are distinct from the post-operative discharge summaries for X5 and X7 as related to X1 and X5 and X7 and so we retained time in the immediate post-service for X1.

#### *15XX7 Rationale*

CPT code 15XX7, Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less is a 090-day global for the graft application component of the procedure for the parts of the body besides trunk, arms, legs. We surveyed members of the ABA and trained surgeons. We received 30 non-conflicted completed surveys for 15XX7. The median number of procedures performed by survey respondents in the past twelve months for 15XX7 was 15.

The survey respondents indicated median pre-times as follows: 30 minutes evaluation prior to the day of surgery, 15 minutes evaluation on the day of surgery, 15 minutes positioning, 10 minutes SDW. The median survey intra-service time was 75 minutes, the 75<sup>th</sup> percentile intra-service time was 120 minutes. The immediate post-service time was 30 minutes. Survey respondents indicated that they typically see the patient four times in the inpatient facility after surgery with all four visits indicated at the 99232 level. Survey respondents indicated a 99238 for the discharge day. Survey respondents indicated a total of 4 post-operative office visits, with all four visits indicated at the 99213 level. The total survey time was 465 minutes.

The median survey work RVU was 12.50, the 25<sup>th</sup> percentile work RVU was 11.45 and the 75<sup>th</sup> percentile work RVU was 15.00.

The key reference code was 15115, Epidermal 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 which was selected by 16 of the 30 respondents as their key reference code. The second key reference code was 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) which was selected by 10 of the respondents as their KRS.

Similar to 15XX5, we believe that the survey respondents accurately accounted for the pre-operative work of the procedure and the post-operative work. However, we believe they underestimated the intra-service component of the procedure as well as the work RVU. We believe this error was the result of not understanding or having familiarity with the size of the wound application described in 15XX7. Graft application codes typically use 100 square centimeters for their size as is the case in the two key reference services. Given that burn surgeons rarely perform RUC surveys and are not as familiar with CPT descriptor nuances, we believe many survey respondents based their responses on a lower wound size of the key reference service and underestimated the intra-service component, and also crosswalked their estimated work RVUs for 15XX7 (treatment of 480 square centimeters) to the work RVUs of their chosen reference code (treatment of 100 square centimeters).

The median work RVU of 12.00 with the median times would result in a negative IWPUT/WPUT. Negative IWPUT is commonly understood at the RUC as indicating a misvalued code and it does not make sense to use the median work RVU of 12.00 for 15XX7.

To adjust for this, our expert panel of reviewers and presenters are recommending the 75<sup>th</sup> work RVU of 15.00 and the 75<sup>th</sup> percentile intra-service time of 120 minutes. We believe these are more accurate assessments of the work for 15XX7. It also maintains what we believe is rank order with 15XX5 intra-service time by having more intra-service time instead of less as the median intra-service times for 15XX7 is less than the median intra-service time for 15XX5.



Our recommended times and RVUs are summarized below:

Pre-service: package 4, difficult patient/difficult procedure with adjustments to the survey median time for positioning; evaluation=40 minutes, positioning=15 minutes, SDW=10 minutes

Intra-service time=120 minutes (survey 75<sup>th</sup> percentile)

Immediate post-service: package 9B, general anesthesia/complex procedure with adjustments to the survey median time=30 minutes

Inpatient Visits=4-99232

Discharge Visit=1-99238

Office Visits=4-99213

Work RVU=15.00

Total time=467

IWPUT=0.030, WPUT=0.032

The IWPUT and WPUT at the recommended times and work RVUs match well with the primary key reference code which has an IWPUT of 0.044 and a WPUT of 0.032. The recommended work RVU of 15.00 also places 15XX7 in appropriate rank order with the recommended work RVU of 12.75 for 15XX5. 15XX7 is a more intense and involved procedure and a higher work RVU for 15XX7 is appropriate.

We also note that the codes will be on the new technology list and reviewed in three years when surgeons have more familiarity with the coding language and structure.

### ***Additional Information***

- The typical SCSA procedure could be performed with either SCSA alone or SCSA with STSG. It was recommended by the CPT Advisors and Panel Reviewers that we include the typical patient to include the layered technique (STSG (separately reported) and SCSA) in our CCA.
- A partial-thickness wound can be treated with SCSA alone.
- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- Based on the American Burn Association's National Burn Repository, approximately 90% of burn wounds are less than 20% TBSA (approximately 4,000 sq cm based on an average sized adult). Thus, a burn wound of 4,000 sq cm over a patient's trunks, arms and/or legs would be considered typical.
- SCSA procedures have a primary dressing, a secondary dressing and a tertiary dressing, consisting of additional dry gauze padding and a crepe bandage.
- The RECELL IFU notes that the primary dressing should not be disrupted for 5 days.
- The secondary dressing and outside tertiary dressing of gauze padding/crepe bandage may be changed during post-op office visits.

### **SCSA Standalone Technique Compared to Layered Technique with SCSA and STSG**

Provided below are two tables summarizing and comparing the work in a standalone SCSA technique and a layered technique with SCSA and STSG:

### SCSA Standalone Technique

A partial-thickness wound, can be treated with SCSA alone. This scenario may be the case for facial burns and scald burns. It can also be the case for mixed depth wounds, where SCSA can be applied adjacent to a meshed STSG.

- SCSA harvest area calculations performed and harvest taken (reported with X1-X2) (requires different depth than STSG)
- SCSA prepared (reported with X3-X4)
- SCSA Application (reported with X5-X8):
  - The primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
  - The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
  - Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
  - Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with thick absorbent gauze and elastic bandage for additional protection.

### SCSA-STSG Layering Technique

- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- STSG and SCSA have different intra-service work. The only duplicative work is application of secondary dressings.

#### STSG

- STSG harvest is taken (inherent in STSG CPT codes) (requires different depth)
- Harvested tissue is placed in a mesher and expanded.
- The meshed STSG is applied to the burn wound using surgical glue, sutures, or staples.
- *In a standalone STSG technique, the primary dressing and secondary dressings are applied in layers after the STSG is applied.*

#### SCSA

- SCSA harvest area calculations performed and separate harvest taken (reported with X1-X2) (requires different depth than STSG)
- The SCSA is prepared (reported with X3-X4)
- The process for applying the dressings with the layered technique is different.
- After the STSG graft is placed, the primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
- Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).

- Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with tertiary dressing, consisting of thick absorbent gauze and elastic bandage for additional protection.
- There is some pre- and post-service overlap, which is accounted for in multiple procedure payment reduction (MPPR)

### RVU recommendations

The specialty society believes that for X5-X6, enough survey respondents underestimated intra-service AND work RVUs to make the median intra-service and work RVUs values too low for all four codes. We are recommending for all four codes that the 75<sup>th</sup> intra-service times and work RVUs be used. We believe this is largely due to the different size described in the new codes of 480cm compared to other established/existing codes that use 100cm and also because the typical patient vignette used yet a different total square cm of 3600 sq cm. The pre- and post-service times would not necessarily be impacted by this because those are more specific to the typical patient and survey respondents would have accurately listed their times in these service periods. The pre- and post-service times, including visits are also consistent with existing codes.

### 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.

SEE TABLE ON PAGES 12-14

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 17999, Unlisted procedure, skin, mucous membrane and subcutaneous tissue

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 Plastic Surgery

How often? Sometimes

Specialty General Surgery

How often? Sometimes

Specialty How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1150

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Plastic Surgery Frequency 550 Percentage 47.82 %

Specialty General Surgery Frequency 550 Percentage 47.82 %

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? 135

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare comprises only 13% of total claims for service according to user data

Specialty Plastic Surgery Frequency 65 Percentage 48.14 %

Specialty General Surgery Frequency 65 Percentage 48.14 %

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:

Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Musculoskeletal

### **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. 15152

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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.

The table on the following pages includes the coding for the typical patient (35-year-old male) who has a 3600 sq cm burn on his trunk and arms (CPT codes 15002, 15003, 15110, 15101, 15XX1-15XX6):

- Pre-service, intra-service and post-service time and work RVUs for CPT 15002, 15003, 15110 and 15101 are based on the 2024 CMS Final Rule Physician Work file.
- Specialty recommended pre-service, intra-service and post-service time and work RVUs for 15XX1-15XX6.

If needed, an additional table can be created depicting coding for the typical patient (78-year-old female) who has an 1800 sq cm burn on her head.

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
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	1	N/A	3.65	1.83	1.83	75	20	20	000
15003	each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	35	N/A	.80	N/A	28.00	0	15	1	ZZZ
15XX1	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1	3.00	N/A	N/A	3.00	15	40	20	000
15XX2	each additional 25 sq cm (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	40	0	ZZZ
15XX3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1	2.51	N/A	N/A	2.51	10	33	0	XXX
15XX4	each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	28	0	ZZZ
15XX5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1	12.75	N/A	N/A	12.75	65	98	30	090
15XX6	each additional 480 sq cm or part thereof (List separately in addition to code for	7	8.88	N/A	N/A	62.16	0	65	0	ZZZ

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
	primary procedure)									
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1	N/A	9.90	4.95	4.95	65	60	20	090
15101	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)	35	N/A	1.72	N/A	60.20	0	29	0	ZZZ
	<b>TOTALS</b>		31.14	16.07	6.78	179.40	230.00	428.00	91.00	

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 15XX8	Tracking Number I8	Original Specialty Recommended RVU: <b>9.50</b>
		Presented Recommended RVU: <b>9.50</b>
Global Period: ZZZ	Current Work RVU: N/A	RUC Recommended RVU: <b>3.00</b>

CPT Descriptor: Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)

---

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: At the time of the skin cell suspension autograft procedure, a 78-year-old female sustained an acute partial thickness thermal burn on her head measuring 1800 sq cm. A skin cell suspension autograft is applied to an additional 480 sq cm of the wound bed. [Note: This is an add-on service. Only consider the additional work related to application of skin cell suspension autograft to wound and donor sites.]

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%

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Description of Pre-Service Work: N/A, Add-on Code

Description of Intra-Service Work: Following the initial layered split-thickness skin graft (STSG) [Separately coded] and skin cell suspension autograft (SCSA) procedure of 480 sq cm (separately reported with base codes 15XX7), the physician applies the meshed split-thickness skin graft to the additional 480 sq cm of the wound bed and secures it using the surgeon's fixation of choice (e.g., surgical glue, sutures or staples).

The primary dressing is contoured and partially affixed at the lower aspect of the wound bed without covering the wound using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples). The physician applies the SCSA, which is layered by aerosolization over the top of the of the meshed STSG and donor sites. The primary dressing is then completely secured over the wound bed using the surgeon's fixation of choice. Secondary dressings are applied in layers over the primary dressing and covered with thick absorbent gauze and elastic bandage.

Description of Post-Service Work: N/A, Add-on Code



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2024			
<b>Presenter(s):</b>	Taryn Travis, MD; James Holmes, MD; Jeffrey Carter, MD				
<b>Specialty Society(ies):</b>	American Burn Association (ABA)				
<b>CPT Code:</b>	15XX8				
<b>Sample Size:</b>	510	<b>Resp N:</b>	30		
<b>Description of Sample:</b>	423 random survey of ABA members 87 targeted survey of trained surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	6.00	<b>15.00</b>	33.00	200.00
<b>Survey RVW:</b>	2.00	2.50	<b>3.00</b>	9.50	12.50
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	20.00	<b>30.00</b>	65.00	180.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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

<b>CPT Code:</b>	15XX8	<b>Recommended Physician Work RVU: 3.00</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>30.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
ZZZ Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15116	<i>ZZZ</i>	2.50	<b>RUC Time</b>

CPT Descriptor Epidermal 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)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15121	<i>ZZZ</i>	2.00	<b>RUC Time</b>

CPT Descriptor Split-thickness 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)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
22632	<i>ZZZ</i>	5.22	<b>RUC Time</b>	1,744
<u>CPT Descriptor 1</u> Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37235	<i>ZZZ</i>	6.50	<b>RUC Time</b>	2,426

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22634	<i>ZZZ</i>	7.96	<b>RUC Time</b>

CPT Descriptor 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, lumbar; each additional interspace (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: 11      % of respondents: 36.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 11      % of respondents: 36.6 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>15XX8</u>	Top Key Reference CPT Code: <u>15116</u>	2nd Key Reference CPT Code: <u>15121</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	65.00	35.00	30.00
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
<b>Median Total Time</b>	<b>65.00</b>	<b>35.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	27%	27%	36%	9%

**Mental Effort and Judgment**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>• The number of possible diagnosis and/or the number of management options that must be considered</li> <li>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>• Urgency of medical decision making</li> </ul>	27%	36%	45%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required	46%	0%	55%
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Physical effort required	46%	0%	55%
--------------------------	-----	----	-----

**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%	45%	45%
----	-----	-----

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More**

<b>Overall intensity/complexity</b>	0%	0%	45%	36%	9%
-------------------------------------	----	----	-----	-----	----

**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%	55%	45%
----	-----	-----

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required	0%	63%	36%
--------------------------	----	-----	-----

Physical effort required	0%	45%	55%
--------------------------	----	-----	-----

**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%	72%	18%
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**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.*

### *General Summary*

CPT codes 15XX1-15XX8 were approved at the September 2023 CPT Editorial Panel meeting for inclusion in CPT 2025. The American Burn Association (ABA) conducted a random survey of ABA members along with a targeted survey of vendor trained burn surgeons. A total of 510 surveys were sent between the member list and the trained surgeon list.

The code set includes a 000-day global (15XX1) and an add-on code (15XX2) for the harvesting component of the procedure, an XXX global (15XX3) and an add-on code (15XX4) for the preparation component of the procedure, and two 90-day global and add-on codes for the application component to distinguish between body areas (trunk, arms, and legs-15XX5 and 15XX7; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits-15XX6 and 15XX8).

All the procedures will be performed in the same operative session and will be billed together. The codes are constructed so the intra-service times for each step (harvesting, preparation, and application) are distinct; however, the pre-operative time for X1 for positioning and scrub, dress and wait, is overlapping with the positioning and scrub, dress and wait times for the 090-day global codes-X5 and X7. We removed the positioning and SDW times for X1. We also reduced the pre-operative evaluation times for both X1 to account for overlap with X5 and X7. However, there is distinct pre-operative education from the application codes (X5 and X7) for patients and families for both X1 and X3 as well as distinct consent from X5 and X7 for each of these. Similarly, the post-operative discharge summaries and instructions are distinct from the post-operative discharge summaries for X5 and X7 as related to X1 and X5 and X7 and so we retained time in the immediate post-service for X1.

### *15XX8 Rationale*

CPT code 15XX8, Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof is a ZZZ global for the additional graft application component of the procedure for the body areas other than trunk, arms, and legs. We surveyed members of the ABA and trained surgeons. We received 30 non-conflicted completed surveys for 15XX8. The median number of procedures performed by survey respondents in the past twelve months for 15XX8 was 15.

The median survey intra-service time was 30 minutes, the 75<sup>th</sup> percentile intra-service time was 65 minutes.

The median survey work RVU was 3.00, the 25<sup>th</sup> percentile work RVU was 2.50 and the 75<sup>th</sup> percentile work RVU was 9.50.

The key reference code was 15116, Epidermal 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 which was selected by 11 of the 30 respondents as their key reference code. The second key reference code was 15101, Split-thickness 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) which was selected by 11 of the respondents as their key reference service.

Similar to 15XX7, we believe survey respondents underestimated the intra-service component of the procedure as well as the work RVU. We believe this error was the result of not understanding or having familiarity with the size of the wound application described in 15XX7. Graft application codes typically use 100 square centimeters for their size as is the case in the two key reference services. Given that burn surgeons rarely perform RUC surveys and are not as familiar with CPT descriptor nuances, we believe many survey respondents based their responses on a lower wound size of the key reference service and underestimated the intra-service component, and also crosswalked their estimated work RVUs for 15XX8 (treatment of 480 square centimeters) to the work RVUs of their chosen reference code (treatment of 100 square centimeters).

The median work RVU of 3.00 with the median intra-service times would result in an inaccurate valuation of the work involved in 15XX8. The median survey intra-service time of 30 minutes is less than the median intra-service time of the key reference service despite describing application of the autograft to a wound surface area 4.8 times greater than that described in 15116 which clearly does not make sense.

To adjust for this, our expert panel of reviewers and presenters are recommending the 75<sup>th</sup> work RVU of 9.50 and the 75<sup>th</sup> percentile intra-service time of 65 minutes. We believe these are more accurate assessments of the work for 15XX8.

Our recommended times and RVUs are summarized below:

Intra-service time=65 minutes (survey 75<sup>th</sup> percentile)

Work RVU=9.50

Total time=65 minutes

IWPUT=0.146, WPUT=0.146

A work RVU of 9.50 is close to what the work RVU of key reference service code 15116 (2.50 work RVU X 5=10 work RVU) would be if multiplied by 5 to account for the difference in wound size treated by the graft. The recommended work RVU of 9.50 also places 15XX8 in appropriate rank order with the recommended work RVU of 8.88 for 15XX6. 15XX8 is a more intense and involved procedure and a higher work RVU for 15XX8 is appropriate.

We also note that the codes will be on the new technology list and reviewed in three years when surgeons have more familiarity with the coding language and structure.

### **Additional Information**

- The typical SCSA procedure could be performed with either SCSA alone or SCSA with STSG. It was recommended by the CPT Advisors and Panel Reviewers that we include the typical patient to include the layered technique (STSG (separately reported) and SCSA) in our CCA.
- A partial-thickness wound can be treated with SCSA alone.
- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- Based on the American Burn Association's National Burn Repository, approximately 90% of burn wounds are less than 20% TBSA (approximately 4,000 sq cm based on an average sized adult). Thus, a burn wound of 4,000 sq cm over a patient's trunks, arms and/or legs would be considered typical.
- SCSA procedures have a primary dressing, a secondary dressing and a tertiary dressing, consisting of additional dry gauze padding and a crepe bandage.
- The RECELL IFU notes that the primary dressing should not be disrupted for 5 days.
- The secondary dressing and outside tertiary dressing of gauze padding/crepe bandage may be changed during post-op office visits.

### **SCSA Standalone Technique Compared to Layered Technique with SCSA and STSG**

Provided below are two tables summarizing and comparing the work in a standalone SCSA technique and a layered technique with SCSA and STSG:

SCSA Standalone Technique
A partial-thickness wound, can be treated with SCSA alone. This scenario may be the case for facial burns and scald burns. It can also be the case for mixed depth wounds, where SCSA can be applied adjacent to a meshed STSG.
<ul style="list-style-type: none"> <li>• SCSA harvest area calculations performed and harvest taken (reported with X1-X2) (requires different depth than STSG)</li> <li>• SCSA prepared (reported with X3-X4)</li> <li>• SCSA Application (reported with X5-X8):</li> </ul>

- The primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
- Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with thick absorbent gauze and elastic bandage for additional protection.

### SCSA-STSG Layering Technique

- A full-thickness wound can be treated with a layered technique (meshed STSG and SCSA).
- A mixed-depth wound that has a full-thickness area and a partial-thickness area, can be treated with a layered technique (meshed STSG and SCSA) on the full-thickness area and concomitantly treated with SCSA alone on the partial-thickness area.
- STSG and SCSA have different intra-service work. The only duplicative work is application of secondary dressings.

#### STSG

- STSG harvest is taken (inherent in STSG CPT codes) (requires different depth)
- Harvested tissue is placed in a mesher and expanded.
- The meshed STSG is applied to the burn wound using surgical glue, sutures, or staples.
- *In a standalone STSG technique, the primary dressing and secondary dressings are applied in layers after the STSG is applied.*

#### SCSA

- SCSA harvest area calculations performed and separate harvest taken (reported with X1-X2) (requires different depth than STSG)
- The SCSA is prepared (reported with X3-X4)
- The process for applying the dressings with the layered technique is different.
- After the STSG graft is placed, the primary non-adherent, non-absorbent, small pore dressing (e.g., Telfa™Clear) is contoured to the wound bed using scissors and partially fixed only at the lower aspect of the burn wound (without covering the wound) using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- The SCSA is then applied through aerosolization to ensure even distribution over the prepared wound bed and donor site.
- Following application of the SCSA, the partially affixed primary dressing is then completely secured over the wound bed and along the wound edges using the surgeon's fixation of choice (e.g., surgical glue, sutures, or staples).
- Secondary absorbent and protective dressings are then applied in layers over the primary dressing and then covered with tertiary dressing, consisting of thick absorbent gauze and elastic bandage for additional protection.
- There is some pre- and post-service overlap, which is accounted for in multiple procedure payment reduction (MPPR)

### RVU recommendations

The specialty society believes that for X5-X6, enough survey respondents underestimated intra-service AND work RVUs to make the median intra-service and work RVUs values too low for all four codes. We are recommending for all four





If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Plastic Surgery	Frequency 4325	Percentage 47.01 %
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Specialty General Surgery	Frequency 4325	Percentage 47.01 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,200  
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare comprises only 13% of total claims for service according to user data

Specialty Plastic Surgery	Frequency 575	Percentage 47.91 %
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Specialty General Surgery	Frequency 575	Percentage 47.91 %
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Specialty	Frequency 0	Percentage 0.00 %
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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:

Musculoskeletal

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### **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. 15152

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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.

The table on the following pages includes the coding for the typical patient (35-year-old male) who has a 3600 sq cm burn on his trunk and arms (CPT codes 15002, 15003, 15110, 15101, 15XX1-15XX6):

- Pre-service, intra-service and post-service time and work RVUs for CPT 15002, 15003, 15110 and 15101 are based on the 2024 CMS Final Rule Physician Work file.
- Specialty recommended pre-service, intra-service and post-service time and work RVUs for 15XX1-15XX6.

If needed, an additional table can be created depicting coding for the typical patient (78-year-old female) who has an 1800 sq cm burn on her head.

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
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	1	N/A	3.65	1.83	1.83	75	20	20	000
15003	each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	35	N/A	.80	N/A	28.00	0	15	1	ZZZ
15XX1	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1	3.00	N/A	N/A	3.00	15	40	20	000
15XX2	each additional 25 sq cm (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	40	0	ZZZ
15XX3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1	2.51	N/A	N/A	2.51	10	33	0	XXX
15XX4	each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	1	2.00	N/A	N/A	2.00	0	28	0	ZZZ
15XX5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1	12.75	N/A	N/A	12.75	65	98	30	090
15XX6	each additional 480 sq cm or part thereof (List separately in addition to code for	7	8.88	N/A	N/A	62.16	0	65	0	ZZZ

CPT Code	Descriptor	# of Units	Specialty Recommended wRVUs	CMS wRVUs	With .50 MPPR applied	Total wRVUs	Pre-service time	Intra-service time	Post-service time	Global
	primary procedure)									
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1	N/A	9.90	4.95	4.95	65	60	20	090
15101	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)	35	N/A	1.72	N/A	60.20	0	29	0	ZZZ
	<b>TOTALS</b>		31.14	16.07	6.78	179.40	230.00	428.00	91.00	



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	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN					
2	TAB: 4																																											
3																																												
4					RUC Review			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE										
44	SVY	15XX5	Application of skin cell suspension autograft to wound and donor sites,	90	New	30	-0.022	0.023	5.00	10.50	10.97	12.75	19.00	473	45	15	10	10	28	83	98	240	30	4					1.0					0 4 0					0 9 30 58 200					
45	TGTD SVY	15XX5	Application of skin cell suspension autograft to wound and donor sites,	90	New	16	-0.025	0.024	8.00	10.50	11.50	15.00	18.37	482	45	15	10	10	30	75	90	240	30	4					1.0					1 3 0					0 6 30 50 200					
46	RNDM SVY	15XX5	Application of skin cell suspension autograft to wound and donor sites,	90	New	14	-0.015	0.023	8.00	10.50	10.97	12.00	19.00	473	45	15	10	15	56	90	98	189	30	4					1.0					3 1					0 0 0 1 20					
47	REC	15XX5	Application of skin cell suspension autograft to wound and donor sites,	90			-0.005	0.027	10.97					403	0	0	0				83			30	4					1.0					4									
48																																												
49					RUC Review			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE										
50	Source	CPT	DESC	Global	Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX					
51	1st REF	15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits,	ZZZ	2006	14	0.071	0.071			2.50			35	0	0	0			35			0																					
52	2nd REF	15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq	ZZZ	1998	8	0.059	0.059			1.72			29	0	0	0			29			0																					
53	SVY	15XX6	Application of skin cell suspension autograft to wound and donor sites,	ZZZ	New	30	0.100	0.100	1.75	2.37	2.50	8.88	10.97	25	0	0	0	10	15	25	65	200	0											0 6 25 88 200										
54	TGTD SVY	15XX6	Application of skin cell suspension autograft to wound and donor sites,	ZZZ	New	16	0.100	0.100	1.80	2.00	2.50	6.00	9.25	25	0	0	0	10	15	25	45	200	0											0 6 30 70 200										
55	RNDM SVY	15XX6	Application of skin cell suspension autograft to wound and donor sites,	ZZZ	New	14	0.138	0.138	1.00	2.00	2.75	9.44	10.97	20	0	0	0	10	11	20	78	120	0											0 5 15 88 120										
56	REC	15XX6	Application of skin cell suspension autograft to wound and donor sites,	ZZZ			0.100	0.100	2.50					25							25																							
57																																												
58					RUC Review			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE										
59	Source	CPT	DESC	Global	Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX					
60	1st REF	15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits,	90	2006	16	0.044	0.032			11.28			356	20	20	15			35			20	4 0 1.0					3															
61	2nd REF	15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears,	90	2010	10	0.068	0.039			10.15			258	40	12	20			75			30	0.5					2 1															
62	SVY	15XX7	Application of skin cell suspension autograft to wound and donor sites,	90	New	30	-0.004	0.027	6.00	11.45	12.50	15.00	21.28	465	45	15	10	10	16	75	120	360	30	4					1.0					0 4					0 6 15 30 150					
63	TGTD SVY	15XX7	Application of skin cell suspension autograft to wound and donor sites,	90	New		0.006	0.028	6.00	11.28	12.50	15.00	21.28	444	45	15	10	10	16	75	120	240	30	4										1 3					0 5 15 20 150					
64	RNDM SVY	15XX7	Application of skin cell suspension autograft to wound and donor sites,	90	New		0.022	0.032	6.00	11.40	12.50	20.30	21.28	396	30	10	10	16	43	75	75	189	19	4										4					3 6 15 50 105					
65	REC	15XX7	Application of skin cell suspension autograft to wound and donor sites,	90			0.015	0.032	12.50					395	0	0	0				75			30	4					1.0					4									
66																																												
67					RUC Review			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE										
68	Source	CPT	DESC	Global	Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX					
69	1st REF	15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits,	ZZZ	2006	11	0.071	0.071			2.50			35	0	0	0			35			0																					
70	2nd REF	15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears,	ZZZ	2010	11	0.067	0.067			2.00			30	0	0	0			30			0																					
71	SVY	15XX8	Application of skin cell suspension autograft to wound and donor sites,	ZZZ	New	30	0.100	0.100	2.00	2.50	3.00	9.50	12.50	30	0	0	0	5	20	30	65	180	0											0 6 15 33 200										
72	TGTD SVY	15XX8	Application of skin cell suspension autograft to wound and donor sites,	ZZZ	New		0.125	0.125	2.00	13.88	3.75	10.00	12.50	30	0	0	0	5	15	30	30	180	0											0 6 15 25 200										
73	RNDM SVY	15XX8	Application of skin cell suspension autograft to wound and donor sites,	ZZZ	New		0.125	0.125	1.00	9.08	2.50	8.13	11.28	20	0	0	0	5	20	20	79	180	0											0 6 40 68 80										
74	REC	15XX8	Application of skin cell suspension autograft to wound and donor sites,	ZZZ			0.100	0.100	3.00					30							30																							

FACILITY DIRECT PE INPUTS

CPT

CODE(S): 15XX1, 15XX3, 15XX5, 15XX7

SPECIALTY SOCIETY(IES): ABA

PRESENTER(S): Taryn

Travis, MD, Jeffrey Carter, MD and James Holmes, MD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2024

CPT Code	Long Descriptor	Global Period
15XX1	Harvest of skin for skin cell suspension autograft, first 25 sq cm or less	000
15XX3	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	XXX
15XX5	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	090
15XX7	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	090

Vignette(s) (vignette required even if PE only code(s)):

CPT Code	Vignette
15XX1	A 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 1800 sq cm. A very thin (0.006 to 0.008 inches thick) 24 sq cm epidermal/dermal skin graft is harvested.
15XX3	A 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 1800 sq cm. Four 2cm x 3cm strips of very thin (0.006 to 0.008 inches thick) epidermal/dermal skin graft undergo enzymatic processing, manual mechanical disaggregation of skin cells, and filtration to produce a skin cell suspension.
15XX5	A 35-year-old male sustained partial-thickness thermal burns on his trunk and arms measuring 3600 sq cm. A skin cell suspension autograft is applied to 480 sq cm of the wound bed.
15XX7	A 78-year-old female sustained an acute partial thickness thermal burn on her head measuring 1800 sq cm. A skin cell suspension autograft is applied to 480 sq cm of the wound bed.

- Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

Consensus Expert Panel developed all recommendations by reviewing comparable codes PE inputs

- Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

15XX1 KRS: 15040  
15XX3 KRS: 99204  
15XX5 KRS: 15110  
15XX7 KRS: 15115

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.



FACILITY DIRECT PE INPUTS

CPT

CODE(S): 15XX1, 15XX3, 15XX5, 15XX7

SPECIALTY SOCIETY(IES): ABA

PRESENTER(S): Taryn

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

3. Is this code(s) typically reported with an E/M service?

No

See the Billed Together tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Due to this being new technology, some of the new codes have intra-service and post-service clinical and equipment times that vary from the existing comparison codes because these times are matching the increases in physician times from our surveys for the new codes compared to existing codes. As compelling evidence is typically determined for a family/set of codes and not on an individual code basis, these differences in time, however, have been determined as not causing an overall increase for the entire family. Of note, also, is the fact that the new codes describe different sizes of body area for codes 15XX5-15XX8 with 15XX5-15XX8 describing 480sq cm compared to the current codes used at 100sq cm, meaning that the equipment and clinical staff times for 15XX5 for example are not directly comparable to those of 15000.

See the PE compelling evidence guidelines on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

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 a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (please see 2nd worksheet tab in PE spreadsheet), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

N/A

b. Service period (includes pre, intra and post):

N/A

c. Post-service period:



FACILITY DIRECT PE INPUTS

CPT

CODE(S): 15XX1, 15XX3, 15XX5, 15XX7

SPECIALTY SOCIETY(IES): ABA

PRESENTER(S): Taryn

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

- 9. 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 (please see 2nd worksheet tab in PE spreadsheet):

N/A

- 10. If you wish to identify a new staff type, please include a very specific staff description, 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

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

- 11. [X] Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
12. [X] Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (please see 4th worksheet tab in PE spreadsheet), a paid invoice is required. Identify and explain the supply input and invoice here:

- 14. Are you recommending a PE supply pack for this recommendation? Yes or No. If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

Yes

**FACILITY DIRECT PE INPUTS**

**CPT**

**CODE(S):** 15XX1, 15XX3, 15XX5, 15XX7

**SPECIALTY SOCIETY(IES):** ABA

**PRESENTER(S):** Taryn

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	SA048	pack		5.02
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
  - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - Does the computer include code specific software that is typically used to provide the service(s)?

No

19. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment please explain here:

We used “other formula” for the camera, ED005 and allocated 5 minutes per post-operative encounter for codes 15XX5 and 15XX7 for a total of 20 minutes for each of the two codes. The 5 minutes of digital camera time is spent at each post-operative office visit as part of the tracking and documenting wound healing progress for assessment. The physician reviews the images taken in the first five minutes with the patient and/or caregiver(s) and tracks patient progression and recovery. The key reference codes for 15XX5 and 15XX7 also include 5 minutes per encounter.

CMS Code	Description	Useful life	Price	Utilization
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**FACILITY DIRECT PE INPUTS**

**CPT**

**CODE(S):** 15XX1, 15XX3, 15XX5, 15XX7

**SPECIALTY SOCIETY(IES):** ABA

**PRESENTER(S):** Taryn

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

ED005	camera, digital system, 12 megapixel (medical grade)	5	5607.182	0.5
EF014	light, surgical	15	1256.667	0.5
EF015	Mayo stand	15	522.804	0.5
EF031	table, power	10	5906.76	0.5
EF027	Table, instrument, mobile	15	531.93	0.5
EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	7	3139	0.5
EQ099	dermatome, electric	10	14687.514	0.5
EQ110	electrocautery-hyfreicator, up to 45 watts	10	837.5	0.5
EQ138	instrument pack, medium (\$1500 and up)	4	1500	0.5

**PE-ONLY CODES ADDITIONAL INFORMATION**

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
 (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

**ADDITIONAL INFORMATION**

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Supply SA031, Suture removal kit, 1 unit is included for 15XX5 and 15XX7. At the first post-op office visit after discharge, sutures are removed. This is only at that visit and only included for the two codes that include follow up visits-15XX5 and 15XX7.

Supply SG020, Bandage, Kling, Sterile, is included in the two codes that include follow up visits-15XX5 and 15XX7 at 40 units each. This is the total amount of sterile Kling bandage used for the first two post-operative visits, or 20 units per visit, for the first two visits.

**FACILITY DIRECT PE INPUTS**

**CPT**

**CODE(S):** 15XX1, 15XX3, 15XX5, 15XX7

**SPECIALTY SOCIETY(IES):** ABA

**PRESENTER(S):** Taryn

**Travis, MD, Jeffrey Carter, MD and James Holmes, MD.**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***

**15XX5 Changes:**

-CA035 was changed to 0 minutes as not performed by clinical staff in the facility setting.

-Supply SA031, Suture removal kit, 1 unit was added. At the first post-op office visit after discharge, sutures are removed. This is only at that visit and only included for the two codes that include follow up visits-15XX5 and 15XX7.

-Supply SG020, Bandage, Kling, Sterile, was added at 40 units each. This is the total amount of sterile Kling bandage used for the first two post-operative visits, or 20 units per visit, for the first two visits.

**15XX7 Changes:**

-CA035 was changed to 0 minutes as not performed by clinical staff in the facility setting.

-Supply SA031, Suture removal kit, 1 unit was added. At the first post-op office visit after discharge, sutures are removed. This is only at that visit and only included for the two codes that include follow up visits-15XX5 and 15XX7.

-Supply SG020, Bandage, Kling, Sterile, was added at 40 units each. This is the total amount of sterile Kling bandage used for the first two post-operative visits, or 20 units per visit, for the first two visits.

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).







A	B	D	E	F	G	H	I	J	K	L	M	N	O
1	RUC Practice Expense Spreadsheet												
2					REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED					
3					CPT Code 15040	CPT Code 15XX1	CPT Code 15101	CPT Code 15XX2					
4	Clinical Activity Code	RUC Collaboration Website Meeting Date: January 2024 Revision Date (if applicable): 1/20/24 Tab: 04 Specialty: American Burn Association	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	Harvest of skin for skin cell suspension autograft, first 25 sq cm or less	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm or each	Harvest of skin for skin cell suspension autograft, each additional 25 sq cm or part thereof				
5		LOCATION				Non Fac	Facility	Facility	Non Fac	Facility	Facility		
6		GLOBAL PERIOD				000	000	000	ZZZ	ZZZ	ZZZ		
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 136.25	\$ 14.94	\$ -	\$ 72.81	\$ 11.50	\$ -		
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	56.0	30.0	0.0	29.0	0.0	0.0		
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	18.0	30.0	0.0	0.0	0.0	0.0		
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	38.0	0.0	0.0	29.0	0.0	0.0		
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	0.0	0.0	0.0	0.0	0.0		
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT									
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 105.78	\$ -	\$ -	\$ 56.03	\$ 11.50	\$ -		
102	SA031	kit, suture removal	1.64	kit		1			1	1			
103	SA048	pack, minimum multi-specialty visit	5.02	pack		1							
104	SA069	tray, suturing	8.91	tray		1			1				
105	SB007	drape, sterile barrier 16in x 29in	0.51	item		2							
106	SB011	drape, sterile, fenestrated 16in x 29in	0.63	item		2							
107	SB024	gloves, sterile	0.91	pair		2							
108	SB027	gown, staff, impervious	1.186	item		2							
109	SB033	mask, surgical	0.43	item		2							
110	SC064	syringe-needle 3ml 22-26g	0.05	item		8			4				
111	SF003	blade, dermatome	28.34	item		1							
112	SF018	cautery, monopolar, electrode, needle	3.04	item		1			1				
113	SF033	scalpel with blade, surgical (#10-20)	1.04	item		1							
114	SF036	suture, nylon, 3-0 to 6-0, c	3.21	item		6			4				
115	SF040	suture, vicryl, 3-0 to 6-0, p, ps	8.52	item		1			1				
116	SG017	bandage, Kling, non-sterile 2in	1.65	item		2			4	2			
117	SG037	dressing, 4in x 4.75in (Tegaderm)	0.6	item		2			2				
118	SG041	dressing, 5in x 9in (Xeroform)	1.7	item		2			3	3			
119	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item		4							
120	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		24			24				
121	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.08	ml		40			20				
122	SJ008	bacitracin oint (15gm uou)	1.46	item		1			1	1			
123	SJ028	hydrogen peroxide	0.04	ml		20			20				
124	SJ041	povidone soln (Betadine)	0.38	ml		10			10				
125	SJ053	swab-pad, alcohol	0.04	item		2			2				
127	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute								
128		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 2.58	\$ -	\$ -	\$ 2.34	\$ -	\$ -		
129	ED005	camera, digital system, 12 megapixel (medical grade)	5607.182	Other Formula	0.022216755				5				
130	EF014	light, surgical	1256.667	Default	0.002795322	38			29				
131	EF031	table, power	5906.76	Default	0.015674926	38			29				
132	EQ099	dermatome, electric	14687.514	Default	0.038976645	38			29				
133	EQ110	electrocautery-hyfreacator, up to 45 watts	837.5	Default	0.002222496	38			29				
134	EQ138	instrument pack, medium (\$1500 and up)	1500	Default	0.00697135	38			29				
135	EF015	mayo stand	522.804	Default	0.001162922	38							
136	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	3139		0.010131537				29				
137													
138													
139													
140		Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.											







	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice	Expense Spreadsheet				REFERENCE CODE		RECOMMENDED	REFERENCE CODE	RECOMMENDED	
2						CPT Code 99204		CPT Code 15XX3	CPT Code 15152	CPT Code 15XX4	
3		RUC Collaboration Website						Preparation of skin cell suspension autograft, requiring enzymatic processing, manual	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual	
4	Clinical Activity Code	Meeting Date: January 2024 Revision Date (if applicable): 1/20/2024 Tab: 04 Specialty: American Burn Association	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Office or other outpatient visit for the evaluation and management of a					
5		LOCATION				Non Fac	Facility	Facility	Non Fac	Facility	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 32.94	\$ -	\$ -	\$ 7.76	\$ -	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	54.0	0.0	0.0	13.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	6.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	41.0	0.0	0.0	13.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	7.0	0.0	0.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT							
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 5.54	\$ -	\$ -	\$ 0.80	\$ -	\$ -
102	SA047	pack, EM visit	5.468	pack		1					
103	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.08	ml					10		
104	SB007	drape, sterile barrier 16in x 29in	0.51	item							
105	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		1					
106											
107											
108	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute						
109		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 0.51	\$ -	\$ -	\$ 0.49	\$ -	\$ -
110	ED005	camera, digital system, 12 megapixel (medical grade)	5607.182	Other Formula	0.022216755				5		
111	EF014	light, surgical	1256.667	Other Formula	0.002795322				13		
112	EF023	table, exam	4737.727	Other Formula	0.010538571	41					
113	EF031	table, power	5906.76	Other Formula	0.015674926				13		
114	EF048	Portable stand-on scale	1343.85	Other Formula	0.00356621	2					
115	EF015	mayo stand	522.804	Other Formula	0.001162922				13		
116	EQ110	electrocautery-hyfreicator, up to 45 watts	837.5	Other Formula	0.002222496				13		
117	EQ138	instrument pack, medium (\$1500 and up)	1500	Instrument Packs	0.00697135				13		
118	EQ189	otoscope-ophthalmoscope (wall unit)	618.093	Other Formula	0.00164025	41					
119											
120		<i>Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.</i>									

A		B			D	E	F	G		H		I		J		K		L		M		N		O		P		Q		R
RUC Practice Expense Spreadsheet								REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	
								CPT Code 15110	CPT Code 15XX5	CPT Code 15101	CPT Code 15XX6	CPT Code 15115	CPT Code 15XX7	CPT Code 15116	CPT Code 15XX8															
3		RUC Collaboration Website																												
4	Clinical Activity Code	Revision Date (if applicable): 1/20/2024 Specialty: American Burn Association			Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Per Minute	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of	Application of skin cell suspension autograft to wound and donor sites, including application	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each	Application of skin cell suspension autograft to wound and donor sites, including application	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia	Application of skin cell suspension autograft to wound and donor sites, including application	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each	Application of skin cell suspension autograft to wound and donor sites, including application															
5		LOCATION						Non Fac	Facility	Facility	Non Fac	Facility	Facility	Non Fac	Facility	Facility	Non Fac	Facility	Facility	Non Fac	Facility	Facility	Non Fac	Facility	Facility	Non Fac	Facility	Facility	Facility	
6		GLOBAL PERIOD						090	090	090	ZZZ	ZZZ	ZZZ	90	90	90	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME						\$ 205.62	\$ 105.32	\$ 174.12	\$ 72.81	\$ 11.50	\$ -	\$ 207.93	\$ 105.32	\$ 174.12	\$ 13.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8		TOTAL CLINICAL STAFF TIME			L037D	RN/LPN/MTA	0.498	160.0	153.0	216.0	29.0	0.0	0.0	164.0	153.0	216.0	23.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME			L037D	RN/LPN/MTA	0.498	35.0	60.0	60.0	0.0	0.0	0.0	35.0	60.0	60.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME			L037D	RN/LPN/MTA	0.498	44.0	12.0	12.0	29.0	0.0	0.0	48.0	12.0	12.0	23.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
11		TOTAL POST-SERVICE CLINICAL STAFF TIME			L037D	RN/LPN/MTA	0.498	81.0	81.0	144.0	0.0	0.0	0.0	81.0	81.0	144.0	0.0	0.0	0.0	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						\$ 79.68	\$ 76.19	\$ 107.57	\$ 14.44	\$ -	\$ -	\$ 81.67	\$ 76.19	\$ 107.57	\$ 11.45	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13		PRE-SERVICE PERIOD																												
14		Start: Following visit when decision for surgery/procedure made																												
15	CA001	Complete pre-service diagnostic and referral	L037D	RN/LPN/MTA	0.498				5																					
16	CA002	Coordinate pre-surgery services (including test	L037D	RN/LPN/MTA	0.498				20																					
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498				8																					
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498				20																					
19	CA005	Complete pre-procedure phone calls and	L037D	RN/LPN/MTA	0.498				7																					
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498																									
21	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.498																									
22	CA008	Perform regulatory mandated quality	L037D	RN/LPN/MTA	0.498																									
23	CA048	Identify need for imaging, lab or other test	L037D	RN/LPN/MTA	0.498		35	60						35	60															
24	CA049	Identify need for imaging, lab or other test	L037D	RN/LPN/MTA	0.498																									
25	CA050	Review and document history, systems and	L037D	RN/LPN/MTA	0.498																									
26		Other activity: please include short clinical	L037D	RN/LPN/MTA	0.498																									
27		Other activity: please include short clinical	L037D	RN/LPN/MTA	0.498																									
28		Other activity: please include short clinical	L037D	RN/LPN/MTA	0.498																									
29		End: When patient enters office/facility for surgery/procedure																												
30		SERVICE PERIOD																												
31		Start: When patient enters office/facility for surgery/procedure:																												
32		Pre-Service (of service period)																												
33	CA009	Greet patient, provide gowning, ensure	L037D	RN/LPN/MTA	0.498																									
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498																									
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498																									
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.498																									
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498																									
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498																									
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498																									
40	CA016	Prepare, set-up and start IV, initial positioning	L037D	RN/LPN/MTA	0.498																									
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498																									
42			L037D	RN/LPN/MTA	0.498																									
43			L037D	RN/LPN/MTA	0.498																									
44			L037D	RN/LPN/MTA	0.498																									
45		Other activity: please include short clinical	L037D	RN/LPN/MTA	0.498																									
46		Other activity: please include short clinical	L037D	RN/LPN/MTA	0.498																									
47		Other activity: please include short clinical	L037D	RN/LPN/MTA	0.498																									
48		Intra-service (of service period)																												
49	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.498																									
50	CA019	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.498																									
51	CA020	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.498																									
52	CA021	Perform procedure/service---NOT directly	L037D	RN/LPN/MTA	0.498		44	12		29				48	12															
53			L037D	RN/LPN/MTA	0.498																									
54			L037D	RN/LPN/MTA	0.498																									
55			L037D	RN/LPN/MTA	0.498																									
56		Other activity: please include short clinical	L037D	RN/LPN/MTA	0.498																									
57		Other activity: please include short clinical	L037D	RN/LPN/MTA	0.498																									
58		Other activity: please include short clinical	L037D	RN/LPN/MTA	0.498																									
59		Post-Service (of service period)																												
60	CA022	Monitor patient following procedure/service,	L037D	RN/LPN/MTA	0.498																									
61	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.498																									
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498		</																							







January 2024

### Bladder Neck and Prostate Procedures – Tab 5

In September 2023, the CPT Editorial Panel created two Category I CPT codes to describe the insertion or removal of a temporary device to remodel the bladder neck and prostate using pressure to create necrosis and relieve lower urinary tract symptoms (LUTS) secondary to benign prostate hyperplasia (BPH).

#### **5XX05 Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate**

The RUC reviewed the survey results from 60 urologists and determined that a work RVU of 3.10 appropriately accounts for the work required to perform this service. The RUC recommends 28 minutes pre-service evaluation time, 5 minutes positioning time, 8 minutes scrub/dress/wait time, 20 minutes intra-service time and 14 minutes post-service time. During the pre-service period, pre-operative imaging results are reviewed to evaluate the prostate volume and anatomy, blood and urine testing results are reviewed, and the procedure is discussed with the patient and anesthesiologist. During the intra-service period, the remodeling device must be placed precisely in the prostate to avoid the sphincter complex and ensure it will not migrate during the 5–7-day period in which it is left in place.

While the procedure is difficult and intense throughout the 20 minutes of intra-service time, the specialty society indicated that the survey 25<sup>th</sup> percentile work RVU of 3.91 was too high for this procedure compared to other services in the Medicare Physician Payment Schedule with similar intra-service time. Therefore, the specialty society recommended and the RUC agreed, that the recommended work RVU for CPT code 5XX05 should be crosswalked to CPT code 52284 *Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed* (work RVU = 3.10, 20 minutes intra-service time and 71 minutes total time). These procedures are similar in intensity and both require precise placement of an intraurethral device.

The RUC compared the surveyed code to the second top key reference service, 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* (work RVU = 2.75, 20 minutes intra-service time and 46 minutes total time) and noted that 71% of survey respondents indicated that overall, the surveyed code is somewhat more intense than code 52281 and 57% stated that that it would require more technical skill. The surveyed code requires more physician work and time to perform and is more intense and complex, thus appropriately valued higher than CPT code 52281.

For additional support, the RUC referenced MPC code 52441 *Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant* (work RVU = 4.00, 25 minutes intra-service time and 81 minutes total time), which requires more intra-service time and total time, thus places CPT code 5XX05 appropriately lower. **The RUC recommends a work RVU of 3.10 for CPT code 5XX05.**

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### **5XX06 Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate**

The RUC reviewed the survey results from 60 urologists and determined that a work RVU of 1.48 appropriately accounted for the work required to perform this service. The RUC recommends 17 minutes pre-service evaluation time, 1 minute positioning time, 5 minutes scrub/dress/wait time, 10 minutes intra-service time and 10 minutes post-service time. While the procedure is intense throughout the entirety of the intra-service period, the specialty society indicated that the survey 25<sup>th</sup> percentile work RVU of 2.00 was too high for this procedure compared to other services in the Medicare Physician Payment Schedule with similar intra-service time. Therefore, the specialty society recommended and the RUC agreed, that CPT code 5XX06 should have a direct work RVU crosswalk to CPT code 27096 *Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed* (work RVU = 1.48, 11 minutes intra-service time and 38 minutes total time).

The RUC discussed how much time is required for the pre-service evaluation for code 5XX06, as it closely follows the performance of 5XX05. During the pre-service period for 5XX06, the physician reevaluates the urine culture results and typically orders a different antibiotic, considering that this procedure occurs in a non-facility setting, likely without intravenous access. Once again, the physician engages in a discussion with the patient about the procedure discussing possible hematuria, dysuria and symptoms since device placement, obtains consent for device removal without cystoscopic guidance, and ensures that the necessary equipment is available and properly set up.

Within the intra-service period, 5XX06 involves grasping the previously placed device and suture. These are then brought through a catheter that has been modified to facilitate device removal. The catheter is advanced into the device, and careful manipulation is required to pull the entire device back into the catheter. This maneuver demands significant care to ensure the safe and complete entry of the device into the catheter. Failing to do so may pose a risk of damaging the external urethral sphincter complex and the anterior urethra, particularly as the device is pulled out through the external sphincter in the urethra.

For additional support the RUC referenced codes 52000 *Cystourethroscopy (separate procedure)* (work RVU = 1.53, 10 minutes intra-service time and 40 minutes total time), 45305 *Proctosigmoidoscopy, rigid; with biopsy, single or multiple* (work RVU = 1.15, 10 minutes intra-service time and 40 minutes total time), and 64430 *Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)* (work RVU = 1.10, 10 minutes intra-service time and 40 minutes total time), which all require similar intra-service time, total time and bracket the valuation for 5XX06. **The RUC recommends a work RVU of 1.48 for CPT code 5XX06.**

### **Practice Expense**

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for CPT codes 5XX05 and 5XX06. The RUC noted that the removal (5XX06) of the temporary device typically occurs 5-7 days after the insertion (5XX05), therefore the phone call in the pre-service period of 5XX06 was removed to eliminate any overlap with the post-service phone call in 5XX05. In addition, several supplies were removed to eliminate duplication with the packs and equipment minutes were adjusted since the specialty society indicated that a rigid cystoscope is used in code 5XX05, not a flexible cystoscope. The PE Subcommittee acknowledged the new high-cost supply input, iTIND device, as recommended for CPT code 5XX05. The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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**New Technology**

CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Surgery</b> <b>Urinary System</b> <b>Bladder</b> <b>Other Procedures</b> <i>53860 Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence</i>				
● 5XX05	J1	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate (For insertion of a permanent urethral stent, use 52282) (For insertion of a temporary prostatic urethral stent without cystourethroscopy, including urethral measurement, use 53855) (For catheterization with removal of temporary device for ischemic remodeling of bladder neck and prostate, use 5XX06)	000	3.10
● 5XX06	J2	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate (For cystourethroscopy with removal of temporary device for ischemic remodeling of bladder neck and prostate, use 52310) (For insertion of temporary device for ischemic remodeling of bladder neck and prostate, use 5XX05)	000	1.48
<i>53899 Unlisted procedure, urinary system</i>				

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:5XX05	Tracking Number J1	Original Specialty Recommended RVU: <b>3.36</b>
		Presented Recommended RVU: <b>3.10</b>
Global Period: 000	Current Work RVU: N/A	RUC Recommended RVU: <b>3.10</b>

CPT Descriptor: Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 68-year-old man has a 6-month history of lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH). The patient has an elevated International Prostate Symptom Score (IPSS), a low peak urinary flow rate (Qmax), and elevated postvoid residual volume. Ultrasound shows the patient's prostate is greater than 25 grams. His symptoms have failed to improve with pharmacologic therapy.

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 typically 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%

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Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered. Timing and administration are confirmed. Results of admission testing and imaging are reviewed. The planned procedure and postoperative management are reviewed with the patient. Informed consent is reviewed and obtained. The length and type of anesthesia is reviewed with the anesthesiologist. Availability of all required instruments and supplies is verified. Assistance is provided in placing the patient in dorsal-lithotomy position. Padding is placed at elbows, knees, and ankles. Video equipment is checked for white balance. The implant deployment device is set up. The genital (penis, scrotum) and perineal area are prepped and draped. The surgeon scrubs and gowns. A surgical time-out is performed with the operating surgical team and anesthesia team.

Description of Intra-Service Work: A rigid cystoscope is inserted into the meatus and advanced into the bladder to completely assess the lower urinary tract including the anterior urethra, prostatic urethra, and bladder. The cystoscopic sheath is then left in place and the bridge and camera removed. The temporary ischemic remodeling device is then placed through the cystoscopic sheath and deployed into the bladder. The cystoscope is then removed. The cystoscope is again advanced under direct vision into the bladder in parallel to the ischemic remodeling device. The device is then carefully manipulated into appropriate position under direct vision using the device guidewire. Once the device is appropriately positioned with the anchoring leaflet posterior and just distal to the bladder neck, the cystoscope is removed. The guidewire is then removed exposing the anchoring sutures. The sutures are secured to the patient.

Description of Post-Service Work: Drapes are removed and the surgeon assists with transitioning the patient from dorsal-lithotomy to supine. The outcome of the surgery is discussed with the patient and a brief operative note is written. Patient stabilization is monitored in the recovery room. An operative report is dictated, and medical record documentation is completed. Aftercare treatment, including home restrictions (eg, activity, bathing), is discussed with the patient. Medications are reconciled, and orders for discharge medications are written. A discharge summary and instructions are completed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2024			
<b>Presenter(s):</b>	Dr. Thomas Turk, Dr. Jonathan Kiechle, Dr. Seth Cohen, Dr. Jyoti Chouhan				
<b>Specialty Society(ies):</b>	American Urological Association				
<b>CPT Code:</b>	5XX05				
<b>Sample Size:</b>	5253	<b>Resp N:</b>	60		
<b>Description of Sample:</b>	Randomized subset from AUA database (5,000) plus vendor list (253) with a total of 148 bouncebacks				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>0.00</b>	3.00	20.00
<b>Survey RVW:</b>	2.00	3.91	<b>4.25</b>	5.30	10.50
<b>Pre-Service Evaluation Time:</b>			<b>28.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>5.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>8.00</b>		
<b>Intra-Service Time:</b>	5.00	15.00	<b>20.00</b>	30.00	90.00
<b>Immediate Post Service-Time:</b>	<b>14.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	<b>0.00</b>	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x	99225x	99226x	

\*\*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)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>		<b>Recommended Physician Work RVU: 3.10</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>28.00</b>	<b>33.00</b>	<b>-5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>5.00</b>	<b>3.00</b>	<b>2.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>8.00</b>	<b>15.00</b>	<b>-7.00</b>	
<b>Intra-Service Time:</b>	<b>20.00</b>			
<b>Please, pick the <u>post</u>-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)</b>				
8B IV Sedation/Complex Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>14.00</b>	<b>28.00</b>	<b>-14.00</b>	

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>				
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x	99292x			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x	99232x	99233x		
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x	99239x	99217x		
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x	12x	13x	14x	15x
<b>Prolonged Services:</b>	<b>0.00</b>	99354x	55x	56x	57x	
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x	99225x	99226x		

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52441	000	4.00	RUC Time

CPT Descriptor Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52281	000	2.75	RUC Time

CPT Descriptor 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

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52441	000	4.00	RUC Time	22,785

CPT Descriptor 1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52287	000	3.20	RUC Time	60,498

CPT Descriptor 2 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 30      % of respondents: 50.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 11.67 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>5XX05</u>	Top Key Reference CPT Code: <u>52441</u>	2nd Key Reference CPT Code: <u>52281</u>
Median Pre-Service Time	41.00	41.00	16.00
Median Intra-Service Time	20.00	25.00	20.00
Median Immediate Post-service Time	14.00	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
<b>Median Total Time</b>	<b>75.00</b>	<b>81.00</b>	<b>46.00</b>
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.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	10%	57%	27%	7%

**Mental Effort and Judgment**

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
7%	70%	20%

**Technical Skill/Physical Effort**

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	13%	53%	33%
Physical effort required	7%	60%	33%

**Psychological Stress**

- 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

**Less**

10%

**Identical**

57%

**More**

30%

**Survey Code Compared to 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**

- 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

**Less**

0

**Identical**

43%

**More**

14%

**Technical Skill/Physical Effort****Less**

0%

**Identical**

43%

**More**

57%

Technical skill required

Physical effort required

0%

86%

14%

**Psychological Stress**

- 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

**Less**

14%

**Identical**

57%

**More**

29%

**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:**

5XX05 represents a new category 1 code to describe the insertion of a temporary device to remodel the bladder neck and prostate using pressure to create necrosis and relieve lower urinary tract symptoms secondary to benign prostate hyperplasia. Prior to creation of this code, there was no code to describe this service and it had been reported with two unlisted CPT codes 55899 and 53899.

**Recommendation:**

We recommend a work RVU of 3.10 based on a crosswalk to CPT code 52284 Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed. 5XX05 had a strong survey with 60 respondents including 51 responses from the random survey. Intra-service times were similar across the targeted and random survey. Given the strength of the survey, the similarity across both surveyed populations, and our experience with the procedure the expert panel feels the intra-service time of 20 minutes is a reasonable estimate of intra-service time for this procedure. However, the survey respondents recommended 25<sup>th</sup> percentile RVW of 3.91 would have been the second highest RVW for a RUC reviewed code since 2011 with an intra-service time between 18 and 22 minutes. While the procedure is difficult and intense throughout the 20 minutes of intra-service time, the expert panel did not feel the survey recommended 25<sup>th</sup> percentile RVW was appropriate for the procedure. Therefore, the expert panel is recommending a crosswalk to code 52284 Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed. CPT code 52284 was RUC reviewed in 2023, with an intra-service time of 20 minutes and a total time of 71 minutes. With a recommended RVW of 3.10 the IWPUT for 5XX05 would be 0.102 which fits between the two key reference service code IWPUT values of 0.112 and 0.116.

Pre-time package 3 straightforward patient, difficult procedure and post-time package 8b iv sedation and complex procedure are selected. The patient is straightforward and the placement procedure is difficult. Care must be taken to ensure that the ischemic remodeling device is appropriately positioned completely within the prostatic urethra to ensure the patient has an acceptable outcome. Appropriate device placement is also required to ensure the patient will be able to tolerate the device being left in place post-operatively. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased as the patient will be positioned in dorsal-lithotomy.

## 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. N/A

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 53899, 55899

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 How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 558

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. From the CCA submitted, "From June 1, 2022 to May 31, 2023, there were 558 procedures performed nationally, more than double the previous 12-month period."

Specialty Urology Frequency 558 Percentage 100.00 %

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? 350

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 the typical patient vignette and the prevalence of BPH in men 60 and over, we believe that the 350 of the number provided in a year will be in the Medicare population.

Specialty Urology Frequency 350 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

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:

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 N/A

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. 52441

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:5XX06	Tracking Number J2	Original Specialty Recommended RVU: <b>1.88</b>
Global Period: 000	Current Work RVU: N/A	Presented Recommended RVU: <b>1.48</b>
		RUC Recommended RVU: <b>1.48</b>

CPT Descriptor: Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 68-year-old male previously underwent insertion of a temporary device for ischemic remodeling of the bladder neck and prostate to treat his lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH). The patient is scheduled to have the device removed via catheterization under local anesthetic.

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 typically 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%

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Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered. Timing and administration are confirmed. Results of admission testing and imaging are reviewed. The planned procedure and postoperative management are reviewed with the patient. Informed consent is reviewed and obtained. Availability of all required instruments and supplies is verified. The implant retrieval device is set up. The genital (penis, scrotum) and perineal area are prepped and draped. Local anesthetic is delivered to the urethra using lidocaine jelly. The surgeon scrubs and gowns. A surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: A grasper is placed through a urinary catheter to grip the retrieval suture. The suture is passed through the catheter. The catheter is then advanced over the retrieval suture through the urethra until it contacts the temporary device for ischemic remodeling. Firm, steady pressure is then applied to the retrieval suture until the temporary remodeling device is brought securely into the urinary catheter. The catheter, temporary remodeling device, and retrieval suture are then completely removed.

Description of Post-Service Work: Drapes are removed. The outcome of the procedure is discussed with the patient and an operative note is written. Aftercare treatment, including home restrictions (eg, activity, bathing), is discussed with the patient. Medications are reconciled, and orders for discharge medications are written. Discharge instructions are completed.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		01/2024			
<b>Presenter(s):</b>	Dr. Thomas Turk, Dr. Jonathan Kiechle, Dr. Seth Cohen, Dr. Jyoti Chouhan				
<b>Specialty Society(ies):</b>	American Urological Association				
<b>CPT Code:</b>	5XX06				
<b>Sample Size:</b>	5253	<b>Resp N:</b>	60		
<b>Description of Sample:</b>	Randomized subset from AUA database (5,000) plus vendor list (253) with a total of 148 bouncebacks				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>0.00</b>	3.00	20.00
<b>Survey RVW:</b>	0.50	2.00	<b>2.81</b>	3.28	10.50
<b>Pre-Service Evaluation Time:</b>			<b>17.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>1.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>5.00</b>		
<b>Intra-Service Time:</b>	1.00	5.00	<b>10.00</b>	17.00	69.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	<b>0.00</b>	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x	99225x	99226x	

\*\*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

<b>CPT Code:</b>	<b>Recommended Physician Work RVU: 1.48</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>	<b>17.00</b>	<b>17.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>	<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>5.00</b>	<b>5.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>	<b>10.00</b>		
<b>Please, pick the <u>post</u>-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)</b>			
7A Local/Simple Procedure			
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>	<b>10.00</b>	<b>18.00</b>	<b>-8.00</b>

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>				
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x	99292x			
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x	99232x	99233x		
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x	99239x	99217x		
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x	12x	13x	14x	15x
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x	55x	56x	57x	
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x	99225x	99226x		

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52310	000	2.81	RUC Time

CPT Descriptor Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
51703	000	1.47	RUC Time

CPT Descriptor Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
31500	000	3.00	RUC Time	218,803

CPT Descriptor 1 Insert Emergency Airway

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
30901	000	1.10	RUC Time	65,527

CPT Descriptor 2 Control of nosebleed

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 27      % of respondents: 45.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 13.3 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>5XX06</u>	Top Key Reference CPT Code: <u>52310</u>	2nd Key Reference CPT Code: <u>51703</u>
Median Pre-Service Time	23.00	17.00	20.00
Median Intra-Service Time	10.00	40.00	15.00
Median Immediate Post-service Time	10.00	20.00	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
<b>Median Total Time</b>	<b>43.00</b>	<b>72.00</b>	<b>45.00</b>
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.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	11%	4%	41%	7%

**Mental Effort and Judgment**

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
15%	48%	37%

**Technical Skill/Physical Effort**

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	15%	41%	44%
Physical effort required	11%	56%	33%

**Psychological Stress**

- 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

**Less**

4%

**Identical**

52%

**More**

41%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

38%

63%

0%

**Mental Effort and Judgment**

- 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

**Less**

0

**Identical**

25%

**More**

63%

**Technical Skill/Physical Effort****Less**

0%

**Identical**

50%

**More**

38%

Technical skill required

Physical effort required

0%

63%

25%

**Psychological Stress**

- 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

**Less**

0%

**Identical**

50%

**More**

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:**

5XX06 represents a new category 1 code to describe the removal of a temporary device to remodel the bladder neck and prostate using pressure to create necrosis and relieve lower urinary tract symptoms secondary to benign prostate hyperplasia. Prior to creation of this code, there was no code to describe this service and it had been reported with two unlisted CPT codes 55899 and 53899.

**Recommendation:**



CPT Code:

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. From the CCA submitted, "From June 1, 2022 to May 31, 2023, there were 558 procedures performed nationally, more than double the previous 12-month period."

Specialty Urology	Frequency 558	Percentage 100.00 %
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? 350  
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 the typical patient vignette and the prevalence of BPH in men 60 and over, we believe that the 350 of the number provided in a year will be in the Medicare population.

Specialty Urology	Frequency 350	Percentage 100.00 %
Specialty	Frequency	Percentage %
Specialty	Frequency 0	Percentage %

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:  
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 N/A

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. 52441



AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2024

CPT Code	Long Descriptor	Global Period
5XX05	Cystourethroscopy with insertion of temporary device for ischemic remodeling (i.e. pressure necrosis) of bladder neck and prostate	000
5XX06	Catheterization with removal of temporary device for ischemic remodeling (i.e. pressure necrosis) of bladder neck and prostate	000

Vignette(s) (vignette required even if PE only code(s)):

CPT Code	Vignette
5XX05	A 68-year-old man has a 6-month history of lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH). The patient has an elevated International Prostate Symptom Score (IPSS), a low peak urinary flow rate (Qmax), and elevated postvoid residual volume. Ultrasound shows the patient’s prostate is greater than 25 grams. His symptoms have failed to improve with pharmacologic therapy.
5XX06	A 68-year-old male previously underwent insertion of a temporary device for ischemic remodeling of the bladder neck and prostate to treat his lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH). The patient is scheduled to have the device removed via catheterization under local anesthetic.

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:

AUA advisors reviewed the procedure and required equipment

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

52441; 52310

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

No

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES



AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

- 5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

- 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 a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (please see 2<sup>nd</sup> worksheet tab in PE spreadsheet), please explain the difference here:

N/A

- 8. Please provide a brief description of the clinical staff work for the following:

- a. Pre-Service period:

In the pre-service period, clinical staff complete pre-service referrals, coordinate pre-operative testing, schedule the procedure in the facility, provide pre-operative education and complete necessary pre-operative prescriptions.

- b. Service period (includes pre, intra and post):

There is no facility clinical staff time requested.

- c. Post-service period:

In the post-service period clinical staff calls the patient to check on the patient post-procedurally and answer any questions or concerns.

- 9. 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 (please see 2<sup>nd</sup> worksheet tab in PE spreadsheet):

N/A

- 10. If you wish to identify a new staff type, please include a very specific staff description, 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

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- 11.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
- 12.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
- 13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

- 14. Are you recommending a PE supply pack for this recommendation? Yes or No.  
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

N/A

**FACILITY DIRECT PE INPUTS**

**CPT CODE(S): 5XX05,  
5XX06**

**SPECIALTY SOCIETY(IES): American Urological Association  
PRESENTER(S): Dr. Thomas  
Turk, Dr. Jonathen Kiechle, Dr. Seth Cohen, Dr. Jyoti Chouhan**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment please explain here:

N/A

**PE-ONLY CODES ADDITIONAL INFORMATION**

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

0

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

52441

**ADDITIONAL INFORMATION**

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

**FACILITY DIRECT PE INPUTS**

**CPT CODE(S): 5XX05,  
5XX06**

**SPECIALTY SOCIETY(IES): American Urological Association**

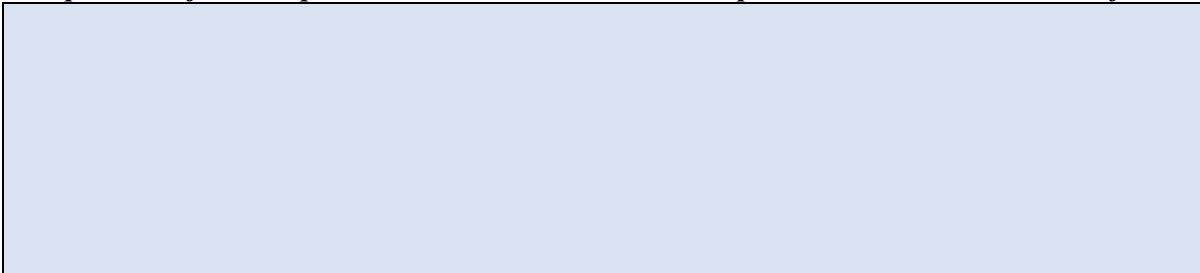
**PRESENTER(S): Dr. Thomas  
Turk, Dr. Jonathen Kiechle, Dr. Seth Cohen, Dr. Jyoti Chouhan**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***



Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2024

CPT Code	Long Descriptor	Global Period
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5XX06	Catheterization with removal of temporary device for ischemic remodeling (i.e. pressure necrosis) of bladder neck and prostate	000

Vignette(s) (vignette required even if PE only code(s)):

CPT Code	Vignette
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5XX06	A 68-year-old male previously underwent insertion of a temporary device for ischemic remodeling of the bladder neck and prostate to treat his lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH). The patient is scheduled to have the device removed via catheterization under local anesthetic.

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:

AUA advisors reviewed the procedure and required equipment

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

52441; 52310

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?  
Is this code(s) typically reported with the E/M service in the nonfacility?

No

See the *Billed Together* tab in the RUC Database.

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 than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 5XX05,  
5XX06

SPECIALTY SOCIETY(IES): American Urological Association

PRESENTER(S): Dr. Thomas  
Turk, Dr. Jonathen Kiechle, Dr. Seth Cohen, Dr. Jyoti Chouhan

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Urology 100% No
-----------------------

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A
-----

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

## CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

3. Vital signs including heart rate, respiratory rate, blood pressure, oxygen saturation and temperature are obtained prior to administering anesthesia and performing an invasive procedure.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

Clinical staff arrange pre-operative testing and help schedule necessary pe-operative appointments.  
Clinical staff call the patient to discuss pre-operative instructions.

b. Service period (includes pre, intra and post):

CPT Code 5XX05: Pre-operatively, clinical staff check the patient in, obtain vital signs, start an IV and help prepare the patient in dorsal lymphotomy for the procedure. The patient is anesthetized using both an ultrasound guided prostatic block with injectable lidocaine and intraurethral lidocaine to allow for tolerance of the procedure in the non-facility setting. During the intra-service period, a clinical staff member must directly assist the surgeon to perform the procedure. Following the procedure, clinical staff monitor the patient in the recovery area, clean the room and scope, check the strings attached to the device at the urethral meatus and review post-operative instructions.  
CPT Code 5XX06: Pre-operatively, clinical staff check the patient in, obtain vital signs, start an IV and help prepare the patient for the procedure. The patient is anesthetized using intraurethral lidocaine. During the intra-service period, a clinical staff member must directly assist the surgeon to perform the

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 5XX05,  
5XX06**

**SPECIALTY SOCIETY(IES): American Urological Association**

**PRESENTER(S): Dr. Thomas**

**Turk, Dr. Jonathen Kiechle, Dr. Seth Cohen, Dr. Jyoti Chouhan**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

procedure. Following the procedure, clinical staff monitor the patient in the recovery area, clean the room and check the urethral meatus to assess for active bleeding.

c. Post-service period:

Clinical staff calls the patient for a post-procedural telephone check in the post-procedure period.

11. 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*:

CPT Code 5XX05: Clinical staff assists the physician with exchanging scope components, handling the temporary device for ischemic remodeling, and helping to secure the device externally once it is placed successfully. The clinical staff is scrubbed and wearing appropriate sterile PPE throughout the procedure.

CPT Code 5XX06: Clinical staff assists the physician with handling the removal catheter and strings attached to the temporary device for ischemic remodeling. The clinical staff is scrubbed and wearing appropriate sterile PPE throughout the procedure.

12. If you have used a percentage of the physician intra-service work time other than 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

13. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, 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

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

15.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
16.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

CPT Code 5XX05: iTIND device, \$2695.00

CPT Code 5XX06: N/A



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 5XX05,  
5XX06**

**SPECIALTY SOCIETY(IES): American Urological Association  
PRESENTER(S): Dr. Thomas  
Turk, Dr. Jonathen Kiechle, Dr. Seth Cohen, Dr. Jyoti Chouhan**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

18. Are you recommending a PE supply pack for this recommendation? Yes or No.

If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

Yes
Yes

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

Supply	Description	Price	Unit	Qty
SA042	pack, cleaning and disinfecting, endoscope	19.43	pack	1
SA048	pack, minimum multi-specialty visit	5.02	pack	1
SA058	pack, urology cystoscopy visit	113.7	pack	1
SA048	pack, minimum multi-specialty visit	5.02	pack	1
SA063	tray, catheter insertion (w-o catheter)	1.27	tray	2

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (please see 5<sup>th</sup> worksheet tab in PE spreadsheet), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A
-----

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A
-----

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

- a. If yes, please explain how the computer is used for this service(s).
- b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
- c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A
-----

23. List all the equipment included in your recommendation and the equipment formula chosen (please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas). If you have selected "other formula" for any of the equipment, please explain here:

<u>CPT Code 5XX05:</u>			
Code	Desc.	Formula Chosen	Formula
ES031	scope video system (monitor,	Scope Systems	Scope Systems formula =SUM(I37+I39+I40+I41+I49+I62)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	processor, digital capture, cart, printer, LED light)		
ES018	fiberscope, flexible, cystoscopy	Scope	Scope formula =SUM(I37+I39+I40+I41+I49+I63)
EF031	table, power	Default	Default formula =SUM(I33+I34+I35+I37+I39+I40+I41+I49+I62+I67)
EF027	table, instrument, mobile	Default	Default formula =SUM(I33+I34+I35+I37+I39+I40+I41+I49+I62+I67)
EF014	light, surgical	Default	Default formula =SUM(I33+I34+I35+I37+I39+I40+I41+I49+I62+I67)
ES007	endoscope forceps, grasping	Default	Default formula =SUM(I33+I34+I35+I37+I39+I40+I41+I49+I62+I67)
ES019	fiberscope, flexible, cystoscopy, with light source	Scope	Scope formula =SUM(I37+I39+I40+I41+I49+I63)
EQ250	ultrasound unit, portable	Default	Default formula =SUM(I33+I34+I35+I37+I39+I40+I41+I49+I62+I67)

CPT Code 5XX06:

Code	Desc.	Formula Chosen	Formula
EF031	table, power	Default	Default formula =SUM(M33+M34+M35+M37+M39+M40+M41+M49+M62+M67)
EF027	table, instrument, mobile	Default	Default formula =SUM(M33+M34+M35+M37+M39+M40+M41+M49+M62+M67)
EF014	light, surgical	Default	Default formula =SUM(M33+M34+M35+M37+M39+M40+M41+M49+M62+M67)

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

0

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

52441

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

## ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***

## CPT Code 5XX05:

- SB024, gloves, sterile, decreased from 2 units to 1 unit
- SH048, lidocaine 2% jelly, topical (Xylocaine), decreased from 30 units to 20 units
- SD069, sodium chloride 0.9% irrigation (500-1000ml uou), removed
- ES008 endoscope, rigid, cystoscopy, added to equipment, Scope formula, 69 minutes
- ES018, fiberscope, flexible, cystoscopy, removed
- ES019, fiberscope, flexible, cystoscopy, with light source, removed

## CPT Code 5XX06:

- CA005, Complete pre-procedure phone calls and prescription, time removed
- CA018, Assist physician or other qualified healthcare professional---directly related to physician work time (100%), increased from 9 minutes to 10 minutes
- SB044, underpad 2ft x 3ft (Chux), removed
- SH048, lidocaine 2% jelly, topical (Xylocaine), decreased from 30 units to 20 units
- SJ032, lubricating jelly (K-Y) (5gm uou), removed

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).

RUC Practice Expense Spreadsheet					REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
					CPT Code 52441		CPT Code 5XX05		CPT Code 52310		CPT Code 5XX06	
Clinical Activity Code	Meeting Date: January 2024	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy with insertion of temporary device for ischemic remodeling (i.e. pressure necrosis) of		Cystourethroscopy, with removal of foreign body, calculus, or ureteral		Catheterization with removal of temporary device for ischemic remodeling (i.e. pressure necrosis) of	
	Revision Date (if applicable): Tab: 5											
	Specialty: American Urological Association											
	LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
	GLOBAL PERIOD				000	000	000	000	000	000	000	000
	<b>TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND</b>				\$ 1,169.51	\$ 52.54	\$ 2,968.73	\$ 52.54	\$ 203.08	\$ 52.54	\$ 106.87	\$ 52.54
	<b>TOTAL CLINICAL STAFF TIME</b>	L037D	RN/LPN/MTA	0.498	105.5	22.0	100.5	22.0	106.0	24.0	44.5	19.0
	<b>TOTAL PRE-SERVICE CLINICAL STAFF TIME</b>	L037D	RN/LPN/MTA	0.498	6.0	19.0	6.0	19.0	18.0	21.0	3.0	16.0
	<b>TOTAL SERVICE PERIOD CLINICAL STAFF TIME</b>	L037D	RN/LPN/MTA	0.498	96.5	0.0	91.5	0.0	88.0	0.0	38.5	0.0
	<b>TOTAL POST-SERVICE CLINICAL STAFF TIME</b>	L037D	RN/LPN/MTA	0.498	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0
	<b>TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE</b>				\$ 52.54	\$ 52.54	\$ 52.54	\$ 52.54	\$ 52.54	\$ 52.54	\$ 52.54	\$ 52.54
<b>PRE-SERVICE PERIOD</b>												
<b>Start: Following visit when decision for surgery/procedure made</b>												
CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498	3	3	3	3			3	3
CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498	0	5	0	5			0	5
CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498	0	3	0	3			0	3
CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498	0	5	0	5			0	5
CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498	3	3	3	3			0	0
CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498								
CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.498								
CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.498					18	21		
		L037D	RN/LPN/MTA	0.498								
		L037D	RN/LPN/MTA	0.498								
		L037D	RN/LPN/MTA	0.498								
	<i>Other activity: please include short clinical description here and type new in</i>	L037D	RN/LPN/MTA	0.498								
	<i>Other activity: please include short clinical description here and type new in</i>	L037D	RN/LPN/MTA	0.498								
	<i>Other activity: please include short clinical description here and type new in</i>	L037D	RN/LPN/MTA	0.498								
	<b>End: When patient enters office/facility for surgery/procedure</b>											
<b>* SERVICE PERIOD</b>												
<b>Start: When patient enters office/facility for surgery/procedure:</b>												
<b>Pre-Service (of service period)</b>												
CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.498	3	0	3	0			3	0
CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498	3	0	3	0			3	0
CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498	3	0	3	0			3	0
CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.498								
CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498	2	0	2	0			2	0
CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498								
CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498	5	0	5	0			0	0
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.498	5	0	5	0			2	0
CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498	7	0	7	0			5	0
		L037D	RN/LPN/MTA	0.498								
		L037D	RN/LPN/MTA	0.498								
		L037D	RN/LPN/MTA	0.498								
	<i>Other activity: please include short clinical description here and type new in</i>	L037D	RN/LPN/MTA	0.498								
	<i>Other activity: please include short clinical description here and type new in</i>	L037D	RN/LPN/MTA	0.498								
	<i>Other activity: please include short clinical description here and type new in</i>	L037D	RN/LPN/MTA	0.498								
<b>* Intra-service (of service period)</b>												
CA018	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.498	25	0	20	0			10	0
CA019	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.498								
CA020	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.498								
CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.498					88	0		
		L037D	RN/LPN/MTA	0.498								
		L037D	RN/LPN/MTA	0.498								
		L037D	RN/LPN/MTA	0.498								
	<i>Other activity: please include short clinical description here and type new in</i>	L037D	RN/LPN/MTA	0.498								
	<i>Other activity: please include short clinical description here and type new in</i>	L037D	RN/LPN/MTA	0.498								
	<i>Other activity: please include short clinical description here and type new in</i>	L037D	RN/LPN/MTA	0.498								
<b>* Post-Service (of service period)</b>												
CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498	2.5	0	2.5	0			2.5	0







AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2024

**Guided High Intensity Focused Ultrasound – Tab 6**

In September 2023, the CPT Editorial Panel created a new Category I code to describe magnetic resonance image guided high intensity focused ultrasound intracranial ablation for treatment of a severe central tremor that is recalcitrant to other medical treatments. This service is typically performed by a neurosurgeon without the involvement of a separate radiologist. This new code replaces the existing Category III code, 0398T.

***6XX00 Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed***

The RUC reviewed the survey results from 31 neurosurgeons who specialize in functional neurosurgery and recommends a work RVU of 18.95 based on the survey 25<sup>th</sup> percentile. The RUC recommends 65 minutes of pre-service evaluation time, 30 minutes positioning time, 15 minutes scrub/dress/wait time, 150 minutes intra-service time, and 40 minutes immediate post-service time, and 300 minutes total time. The pre-service evaluation time for this procedure includes additional coordination with multiple healthcare providers for preoperative planning and approach related to the extensive pre-procedure CT and MR scans. The patient history, laboratory results, and procedure plan are reviewed in detail and communicated with the patient. Further, preoperative MRI volumetric planning is performed just prior to the procedure as well as preparing the MRI and accompanying software. The positioning time requires rigid skull fixation to the MRI equipment ensuring no gaps or bubbling between the skin and the rubber membrane of the fixture. Once secured, seamless circulation of the cool water surrounding the skull is assessed. The scrub/dress/wait time is attributed to the work of administering the local anesthesia, observing anesthesia care, in addition to dressing and scrubbing for the procedure. Further, the RUC determined that the total post service time of 40 minutes was appropriate as it includes additional work related to disconnecting the patient from the treatment equipment and removal of hardware. In addition, documentation that includes intraoperative imaging and treatment will require additional time that is not included in the 8b post-time package. Postoperative work on the day of the procedure will also include the evaluation and management services performed after discharge from recovery to observation for critical monitoring of the patient's neurological status later the same day. Separate Evaluation and Management (E/M) services are not typically reported with this service.

For this procedure, the patient is in the MRI suite and the pre-service and intra-service MR and CT images are used to determine the target focal point and determine baseline tremor symptoms. Low intensity sonication is initiated to align the transducer to the anatomic target, raising the tissue temperature, and assessed with real-time MR imaging. This process is repeated until the heat spot coincides with the anatomic target. The tissue temperature is increased, and the physician evaluates the tremor and adjusts the treatment accordingly based on the physiological response. Once the treatment location is precisely identified, sonication is applied to raise the temperature once again while continuous patient monitoring occurs until the desired treatment and resolution of the tremor is achieved.

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

I=New code s=Revised code :=Add-on code H=Modifier 51 exempt \*=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 61736 *Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion* (work RVU = 19.06, 180 minutes intra-service, and 353 minutes total time) and 61737 *Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)* (work RVU = 22.67, 235 minutes intra-service, and 474 minutes total time). The KRS codes require similar intensive pre-service work, however, a portion of the intra-service work of the KRS codes can be attributed to surgical exposure and closure as well as intraoperative patient transport, both of which are less intense activities than the intra-service work of the surveyed code. Specifically, the surveyed code should be valued similarly to KRS code 61736 given the greater complexity and medical decision making involved despite lower intra-service and total time. Survey respondents, who had experience with the key reference codes, indicated that the surveyed code was identical or somewhat more intense than code 61736 further supporting the recommended work RVU.

For additional support, the RUC compared the surveyed code to CPT code 33894 *Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches* (work RVU = 18.27, 134 minutes intra-service, and 284 minutes total time). The surveyed code is valued appropriately higher than the comparison code given the longer intra-service and total time despite slightly lower overall intensity and complexity. **The RUC recommends a work RVU of 18.95 for CPT code 6XX00.**

**Practice Expense**

The Practice Expense (PE) Subcommittee reviewed the facility-only service and agreed with the standard inputs for extensive use of clinical staff time during the pre-service period. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

**New Technology**

CPT code 6XX00 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Surgery Nervous System Skull, Meninges, and Brain Stereotaxis</b>				

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●6XX00	K1	<p>Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed</p> <p>(Do not report 6XX00 in conjunction with 61781, 61800)</p> <p>(Do not report 6XX00 in conjunction with 70540, 70542, 70543, 70544, 70545, 70546, 70551, 70552, 70553, when performed in the same session)</p>	000	18.95
<p>61720            <i>Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus</i></p> <p>61735            <i>subcortical structure(s) other than globus pallidus or thalamus</i></p> <p><b>Category III Codes</b></p> <p>0648T            <i>Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ</i></p> <p>                    <i>(Do not report 0648T in conjunction with 0649T, 0697T, 0698T, when also evaluating same organ, gland, tissue, or target structure)</i></p> <p>#0697T            <i>multiple organs</i></p> <p>                    <i>(Do not report 0648T, 0697T in conjunction with 70540, 70542, 70543, 70551, 70552, 70553, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 76390, 76498, 77046, 77047, 77048, 77049, <del>0398T</del>, when also evaluating same organ, gland, tissue, or target structure)</i></p> <p>                    <i>(Do not report 0697T in conjunction with 0648T, 0649T, 0698T, when also evaluating same organ, gland, tissue, or target structure)</i></p> <p>‡0649T            <i>Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure</i></p> <p>                    <i>(Do not report 0649T in conjunction with 0648T, 0697T, 0698T, when also evaluating same organ, gland, tissue, or target structure)</i></p>				

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! =New code    s=Revised code    :=Add-on code    H=Modifier 51 exempt    \*=Telemedicine    X=Audio-only    ~ =FDA approval pending    # =Resequenced code

#~~+~~0698T

*multiple organs (List separately in addition to code for primary procedure)*

(Use 0649T, 0698T in conjunction with 70540, 70542, 70543, 70551, 70552, 70553, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 76390, 76498, 77046, 77047, 77048, 77049, ~~0398T~~, when also evaluating same organ, gland, tissue, or target structure)

*(Do not report 0698T in conjunction with 0648T, 0649T, 0697T, when also evaluating same organ, gland, tissue, or target structure)*

~~0398T~~

~~Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed~~

~~(Do not report 0398T in conjunction with 61781, 61800)~~

(0398T has been deleted)

(For magnetic resonance image guided high intensity focused ultrasound [MRgFUS], stereotactic ablation lesion, intracranial, use 6XX00)

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I=New code   s=Revised code   :=Add-on code   H=Modifier 51 exempt   \*=Telemedicine   X=Audio-only   ~=FDA approval pending   #=Resequenced code

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:6XX00	Tracking Number K1	Original Specialty Recommended RVU: <b>18.95</b>
		Presented Recommended RVU: <b>18.95</b>
Global Period: 000	Current Work RVU: <b>n/a</b>	RUC Recommended RVU: <b>18.95</b>

CPT Descriptor: Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 73-year-old male with a 21-year history of essential tremor has progressed to disabling action tremor in both upper extremities despite repeated trials of several anti-tremor medications. The patient has age-typical comorbidities with significant disabilities due to essential tremor despite medical treatment. At this stage, he was referred for magnetic resonance guided focused ultrasound for intracranial ablation (thalamotomy).

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 typically 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 pre-operative work-up, with particular attention to prior CT and MR scans for treatment planning. Select and order the appropriate antibiotic(s) and confirm timing and administration, if required. Assure appropriate selection, timing, and administration of DVT prophylaxis. Determine the need for preprocedure sedative and pain medication. Insert Foley catheter when appropriate. Confirm the therapeutic focused ultrasound system is connected to the diagnostic MRI system and quality assurance testing is performed to ensure the combined MR-guided focused ultrasound equipment is operating correctly. Verification is made that all necessary surgical instruments, supplies, and specialized devices are available in the preprocedure area and MR suite. The need for magnetic field precautions of all staff during portions of the procedure is reviewed with the procedure team. The surgical risks, and expected outcome are reviewed with the patient and family, and informed consent is obtained. The physician discusses the procedure in more detail and instructs the patient on use of the emergency shut off button. The patient's head is shaved and any/all scars are marked on the skin. A stereotactic frame is attached to the head under local anesthesia. To increase the sonicated area, the head pins are fixed as low as possible (approximately 2 cm above the upper edge of the orbit and just above the attachment of the posterior cervical muscles). After the frame is in place, the rubber membrane is fixed tightly around the patient's head to prevent air bubbles between it and the skin. The patient then enters the magnetic resonance imaging suite and is positioned on the treatment table. The frame is affixed to the ultrasound transducer and moved in three dimensions to align the expected target near the center of the ultrasound helmet. The membrane is then affixed and sealed to the ultrasound helmet and the space between the scalp and transducer is filled with degassed water from the circulating water system. The water is checked and managed to remove any air bubbles. A surgical "time out" is performed with the treatment team.

Description of Intra-Service Work: The previous high-resolution MR and CT images are imported to the workstation and reviewed by the treating physician to identify and mark any calcifications within the brain that can interfere with the ultrasound beam paths and must be excluded from treatment. The sinuses are marked and any beams potentially traversing those spaces are also disabled.

Initial planning images of the patient are acquired and pre-treatment CT and real-time MR images are fused. The target is identified on the MR images and compared to the focal point of the transducer. Realignment of the stereotactic frame to the transducer is made to place the target within 5mm of the transducer focal point. The patient's tremor symptoms are evaluated as a baseline for comparison throughout the procedure.

Low intensity (non-treatment level) sonications are initiated to align the focal point of the transducer to the anatomic target. Sonications are applied to raise tissue temperature by 2-5°C. The heat is measured with real time MR imaging and the transducer is re-aimed to align the actual heat spot in the patient with the intended target. This process is iteratively repeated until the actual heat spot is coincident with the anatomic target.

Next, the energy of the transducer is increased to heat the target by 8-14°C. During this phase, the physician evaluates the response of the patient's tremor and the emergence of any potential unwanted side effects. Based on the patient's physiologic response, the physician evaluates the likely structure being heated and adjusts the treatment accordingly.

The process is repeated as needed and the transducer is re- aimed until the treatment is applied at the proper physiologic location. Once the treatment location is precisely identified, sonication(s) are applied to raise the temperature to approximately 60°C. Continuous patient monitoring evaluates symptom relief and any potential side effects. Sonications are repeated until the desired treatment effect is noted.

Description of Post-Service Work: A final set of MR images is acquired. The water is then drained from the transducer and the patient's headgear is disconnected. The stereotactic frame is removed and sterile dressings are applied. The patient is transferred from the MR room to the recovery room and postoperative recovery care is discussed with nursing staff. The procedure and outcome are discussed with the family in the waiting area. A brief procedure note is written. A procedure report is dictated that includes the documentation of imaging and treatments. The patient's neurological status is assessed. A postoperative progress note is written in the recovery room. The patient is discharged from the recovery room to observation care, as appropriate. Orders for continued monitoring are written and discussed with the nursing staff. Later the same day, the patient is reassessed in the observation area and interval chart notes with an emphasis on neurological monitoring are completed as necessary. The patient's pain score is assessed. Patient and family questions are answered. Discharge orders and progress notes are written and discussed with the patient, family and nursing staff.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Joshua M. Rosenow, MD				
<b>Specialty Society(ies):</b>	AANS, CNS				
<b>CPT Code:</b>	6XX00				
<b>Sample Size:</b>	204	<b>Resp N:</b>	31		
<b>Description of Sample:</b>	AANS and CNS members self-identified as surgeons providing stereotactic and functional surgery				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	15.00	30.00	80.00
<b>Survey RVW:</b>	10.00	18.95	20.00	22.84	45.53
<b>Pre-Service Evaluation Time:</b>			65.00		
<b>Pre-Service Positioning Time:</b>			30.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	60.00	120.00	150.00	180.00	300.00
<b>Immediate Post Service-Time:</b>	<b>40.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	6XX00	<b>Recommended Physician Work RVU: 18.95</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		65.00	40.00	25.00
<b>Pre-Service Positioning Time:</b>		30.00	3.00	27.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		15.00	20.00	-5.00
<b>Intra-Service Time:</b>		150.00		
<b>Please, pick the <u>post</u>-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)</b>				
8B IV Sedation/Complex Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		40.00	28.00	12.00

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0	99239x 0.0	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
61736	000	19.06	RUC Time

CPT Descriptor Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
61737	000	22.67	RUC Time

CPT Descriptor Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37244	000	13.75	RUC Time	13,555

CPT Descriptor 1 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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33894	000	18.27	RUC Time

CPT Descriptor Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches

**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: 74.1 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 22.5 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>6XX00</u>	Top Key Reference CPT Code: <u>61736</u>	2nd Key Reference CPT Code: <u>61737</u>
Median Pre-Service Time	110.00	113.00	144.00
Median Intra-Service Time	150.00	180.00	235.00
Median Immediate Post-service Time	40.00	60.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	55.00
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
<b>Median Total Time</b>	<b>300.00</b>	<b>353.00</b>	<b>474.00</b>
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.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	4%	13%	48%	35%	0%

**Mental Effort and Judgment**

- 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

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	30%	26%	43%

**Technical Skill/Physical Effort**

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	35%	43%	22%
Physical effort required	57%	30%	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

22%

35%

43%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

14%

57%

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

0%

57%

43%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

29%

29%

43%

Physical effort required

43%

29%

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

0%

57%

43%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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

For CPT 2025, the CPT Editorial Panel approved deletion of Category III code 0398T and establishment of new Category I code 6XX00 for reporting magnetic resonance image-guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of and intracranial target to treat patients who have essential tremor that has progressed to disabling action tremor that is refractory to anti-tremor medications. The new code includes stereotactic navigation (61781) and head frame placement (61800). In addition, MRA and MRI imaging (70540, 70542, 70543, 70544, 70545, 70546, 70551, 70552, 70553) may not be separately reported when performed during the same session.

## Survey Process

A standard 0-day global survey was sent to the AANS/CNS section of neurosurgeons who self-identified as providing stereotactic and functional neurosurgery. Nearly all of the survey's 31 participating surgeons indicated recent experience, either in the past 12 months or within the last five years, in performing the survey code. Furthermore, a majority of the respondents had also performed their chosen reference code within the past 12 months, reinforcing their capability to evaluate the new code 6XX00 in comparison to the reference code.

## Recommendation

We recommend the survey 25<sup>th</sup> pctl work RVU of 18.95 for code 6XX00.

## Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Package time of 40 minutes plus an additional 25 minutes (total = 65 minutes). This operation includes atypical additional coordination with multiple healthcare providers, not only for preoperative planning, but also regarding postoperative care. Preoperative MRI volumetric planning is performed just prior to the procedure. Planning for the procedure and coordination with the healthcare delivery team add a significant amount of time to the work typically assigned to Package 4 – as described in the preoperative work description. In support of 65 minutes (survey median time), please see similar codes 61736 (*Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion*) and code 61566 (*Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy*) that include 75 minutes of preoperative evaluation time. These codes similarly include extensive evaluation and planning for the surgical approach in addition to coordination with other health care providers. In addition, the recommended evaluation time of 65 minutes is similar to the evaluation time for code 33889 (*Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral*) which involves similar preoperative evaluation and planning to review MR, CT and CT with 3D reconstructions, along with many other imaging studies. A majority of major procedures do not include the atypical extensive imaging, imaging review, multi-provider involvement, and preoperative planning required in 6XX00. The additional 25 minutes is more than justified.

Positioning time: Package time of 3 minutes plus an additional 27 minutes (total = 30 minutes).

The additional time includes positioning the patient relative to the imaging and high intensity ultrasound equipment, along with application of devices to affix the head to the equipment and to the operating table. After the patient's head is shaved and any/all scars are marked on the skin. A stereotactic frame is attached to the head under local anesthesia. This is not separately reportable. To increase the sonicated area, the head pins are fixed as low as possible (approximately 2 cm above the upper edge of the orbit and just above the attachment of the posterior cervical muscles). This special positioning of the frame takes additional time. After the frame is in place, a rubber membrane is fixed tightly around the patient's head to prevent air bubbles between it and the skin. The patient then enters the MRI suite and is positioned on the treatment table. A frame is affixed to the ultrasound transducer and moved in three dimensions to align the expected target near the center of the ultrasound helmet. The membrane is then affixed and sealed to the ultrasound helmet and the

space between the scalp and transducer is filled with degassed water from the circulating water system. The water is checked and managed to remove any air bubbles. In support of a total of 30 minutes (survey median time), please see similar codes 61736 (*Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion*), 61737 (*Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)*), 61697 (*Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation*), and code 61700 (*Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation*) that include 30 minutes of preoperative positioning. In addition, the recommended positioning time of 30 minutes compares well with many other codes that have 25-35 minutes, such as laparoscopy procedures and procedures that include extensive equipment in the surgical field or require intraoperative repositioning.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

### Post-time

Package 8b (IV Sedation/ Complex Procedure) is selected with the following modifications:

Package time of 28 minutes plus an additional 12 minutes (total = 40 minutes) is recommended, consistent with the survey median time. Package 8b includes 1 minutes for transfer of a supine patient off the table, but does not include the additional work related to disconnecting the patient from the treatment equipment and removal of hardware. In addition, documentation that includes intraoperative imaging and treatment will require time that is not included in the basic 8b package. Postoperative work on the day of the procedure will also include the evaluation and management services performed after discharge from recovery to observation or floor for monitoring the patient's neurological status later the same. The total time of 40 minutes for these services is supported

### Comparison to Key Reference Services (KRS)

Both KRS codes emphasize the extended time required for pre- and post-operative tasks, which are notably similar to 6XX00. The IWPUT for the KRS procedures is lower than that of 6XX00, as some of the KRS intraservice time is allocated to exposure and closure, as well as intraoperative patient transport, which is demanding but not as intense as the actual intraoperative treatment that is comparable to the survey code 6XX00.

### MPC Code Comparison

There are many MPC codes that have a 0-day global assignment, but none that approach the work required of 6XX00. This makes finding appropriate MPC codes with similar total work difficult. MPC code 37244 is performed in a cath lab to embolize or occlude vessel hemorrhage or lymphatic extravasation. Code 37244 requires significantly less total time and intratime and appropriately has a significantly lower RVW. However, the relative intensity of 37244 is comparable to 6XX00.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	Eval	POSIT	SDW	INTRA	IMM POST
<b>37244</b>	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	13.75	0.135	166	23	3	5	90	45
<b>6XX00</b>	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	18.95	0.105	300	65	30	15	150	40

**Additional Code Comparison that Bracket the Recommendation**

RUC Review	CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	IMM POST
2021	33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches	18.27	0.113	284	60	15	15	134	60
2021	49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	18.67	0.103	270	40	15	15	160	40
	<b>6XX00</b>	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	18.95	0.105	300	65	30	15	150	40
2016	93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	21.70	0.148	223	40	3	15	135	30

**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) 0398T

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 neurosurgery                      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? 2000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Per the code change application, "For the time period June 1, 2022-May 31, 2023 the service was performed commercially 2,002 times in the US."

Specialty neurosurgery                      Frequency 2000                      Percentage 100.00 %

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? 1,000

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimate of 50% of the recent national utilization

Specialty neurosurgery                      Frequency 1000                                      Percentage 100.00 %

Specialty                                      Frequency                                      Percentage                                      %

Specialty                                      Frequency 0                                      Percentage                                      %

Do many physicians perform this service across the United States? No

### **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:

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. 61720



AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2024

CPT Code	Long Descriptor	Global Period
6XX00	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	000

Vignette(s) (vignette required even if PE only code(s)):

CPT Code	Vignette
6XX00	A 73-year-old male with a 21-year history of essential tremor has progressed to disabling action tremor in both upper extremities despite repeated trials of several anti-tremor medications. The patient has age-typical comorbidities with significant disabilities due to essential tremor despite medical treatment. At this stage, he was referred for magnetic resonance guided focused ultrasound for intracranial ablation (thalamotomy).

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 joint RVS Committee representing the societies utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

The key reference code 61736 is used as a reference service.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

No

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- 5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

- 6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

The society is requesting Facility “extensive use of clinical staff” for this 0-day service (30 minutes). Although this is not an invasive procedure (except for attaching a head frame to the patient's skull), it is still a major procedure and will require clinical staff activities as described in question 8 below.

- 7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (please see 2<sup>nd</sup> worksheet tab in PE spreadsheet), please explain the difference here:

n/a

- 8. Please provide a brief description of the clinical staff work for the following:  
a. Pre-Service period:

CA001 The clinical staff will complete pre-service diagnostic and referral forms, including scheduling preoperative clearance and securing insurance prior authorization.

CA002 Clinical staff coordinates communications between the multidisciplinary team caring for this patient in preparation for the procedure. Preoperative labs and imaging and historical imaging are collected for preoperative planning by the neurosurgeon.

CA003 The specialized supplies, devices, and equipment are coordinated and scheduled.

CA004 The patient and family will be educated about the procedure including the details of affixing the head frame and cooling device and being affixed to the MR for treatment.

CA005 The patient and family are reminded of the scheduled procedure, given last minute instructions for prep and reporting for the procedure and confirmation of any required adjustments to medications.

- b. Service period (includes pre, intra and post):

n/a

- c. Post-service period:

n/a

- 9. 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 (please see 2<sup>nd</sup> worksheet tab in PE spreadsheet):

n/a

- 10. If you wish to identify a new staff type, please include a very specific staff description, 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

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
12.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

n/a

14. Are you recommending a PE supply pack for this recommendation? Yes or No.  
 If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

n/a

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

n/a

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

n/a

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

n/a

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
  - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - Does the computer include code specific software that is typically used to provide the service(s)?

n/a

19. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment please explain here:

n/a

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?



AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

*The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.*

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).

	A	B	D	E	F	G	H	K	L	M	N	O
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		RECOMMENDED				
2						61736		6XX00				
3	Clinical Activity Code	Meeting Date: 01/2023 Revision Date (if applicable): Tab: 6 Specialty: AANS, CNS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including		Magnetic resonance image guided high intensity focused ultrasound				
4		LOCATION				Non Fac	Facility	Non Fac	Facility			
5		GLOBAL PERIOD				000	000	000	000			
6		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ -	\$ 14.94	\$ -	\$ 14.94			
7		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	30.0	0.0	30.0			
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	30.0	0.0	30.0			
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	0.0	0.0	0.0			
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	0.0	0.0	0.0			
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ -	\$ 14.94	\$ -	\$ 14.94			
12	PRE-SERVICE PERIOD											
13		Start: Following visit when decision for surgery/procedure made										
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498		5		5			
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498		10		10			
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498		5		5			
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498		7		7			
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498		3		3			
19	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498							
20	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.498							
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.498							
22			L037D	RN/LPN/MTA	0.498							
23			L037D	RN/LPN/MTA	0.498							
24			L037D	RN/LPN/MTA	0.498							
25		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
26		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
27		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
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	L037D	RN/LPN/MTA	0.498							
33	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498							
34	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498							
35	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.498							
36	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498							
37	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498							
38	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498							
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.498							
40	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498							
41			L037D	RN/LPN/MTA	0.498							
42			L037D	RN/LPN/MTA	0.498							
43			L037D	RN/LPN/MTA	0.498							
44		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
45		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
46		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
47		Intra-service (of service period)										
48	CA018	Assist physician or other qualified healthcare professional--directly related	L037D	RN/LPN/MTA	0.498							
49	CA019	Assist physician or other qualified healthcare professional--directly related	L037D	RN/LPN/MTA	0.498							
50	CA020	Assist physician or other qualified healthcare professional--directly related	L037D	RN/LPN/MTA	0.498							
51	CA021	Perform procedure/service--NOT directly related to physician work time	L037D	RN/LPN/MTA	0.498							
52			L037D	RN/LPN/MTA	0.498							
53			L037D	RN/LPN/MTA	0.498							
54			L037D	RN/LPN/MTA	0.498							
55		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
56		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
57		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
58		Post-Service (of service period)										
59	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498							
60	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.498							
61	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498							
62	CA025	Clean scope	L037D	RN/LPN/MTA	0.498							
63	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.498							
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.498							
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.498							
66	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498							
67	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.498							
68	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.498							
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.498							
70	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.498							
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.498							
72	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.498							
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498	n/a		n/a				
74			L037D	RN/LPN/MTA	0.498							
75			L037D	RN/LPN/MTA	0.498							
76			L037D	RN/LPN/MTA	0.498							
77		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
78		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							
79		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.498							





## AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2024

### Percutaneous Radiofrequency Ablation of Thyroid – Tab 7

At the September 2023 CPT Editorial Panel meeting, CPT codes 6XX01 and 6XX02 were created to report percutaneous radiofrequency ablation of one or more thyroid nodule(s). This service is typically performed on patients presenting with dysphagia with certain thyroid conditions, most commonly benign nodules located in one lobe or the isthmus. Employing a minimally invasive surgical technique, a physician will target and remove abnormal or overactive thyroid tissue as a form of treatment for symptom relief. CPT code 6XX01 represents the ablation of a thyroid nodule(s) in one lobe of the thyroid or the isthmus, and CPT code 6XX02 is its corresponding add-on code for each additional thyroid nodule in the contralateral lobe. Both codes in this family were surveyed for the January 2024 RUC meeting.

#### **6XX01 Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency**

The RUC reviewed the results from 156 respondents from a multi-disciplinary survey and determined that a work RVU of 5.75 appropriately accounted for the physician work required to perform this service. The RUC recommends 33 minutes pre-service evaluation time, 10 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 40 minutes intra-service time and 20 minutes immediate post-service time, equaling 113 minutes total time. Based on the discussion at pre-facilitation, the RUC indicated that the survey 25<sup>th</sup> percentile work RVU of 6.00 was too high for the physician work involved with this procedure. Therefore, the specialty societies recommended that CPT code 6XX01 be valued based on a direct work RVU crosswalk to CPT code 52351 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic* (work RVU = 5.75, 45 minutes intra-service time and 118 minutes total time). These procedures have similar intensity, similar intra-service time, and comparable physician work.

During the pre-service time period, results of pre-operative imaging are reviewed to evaluate the chosen nodule(s) for treatment, the patient is positioned supine on the procedure table, and ultrasound guidance is performed to ensure the patient's neck has been properly extended and rotated at an oblique angle to identify the target nodule(s) and establish an appropriate window for treatment. During the intra-service time period, an ablation probe is advanced into the target lesion(s) under ultrasound guidance using an in-plane oblique angle. The probe is intermittently repositioned while treating the lesion(s) using a thyroid-specific ablation technique.

The specialty society selected pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *8B IV Sedation/Complex Procedure*. Both standard time packages were modified to more accurately reflect pre- and post-service time involved with this service. Seven minutes of pre-service positioning time were added to the pre-service time package in accordance with the median survey time of ten minutes. Additional time is necessary to safely position the patient, extended and rotated in a manner such that the lesion is appropriately positioned within the treatment window. The extra time also accounts for the re-positioning of the patient and their neck during the procedure.

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requiring additional ultrasound scanning. Five minutes of pre-service scrub/dress/wait time were removed from the pre-service time package in accordance with the median survey time of ten minutes. Eight minutes were removed from the immediate post-service time package in accordance with the median survey time of twenty minutes. The RUC agreed with all modifications to both the pre-service and post-service time packages.

To support the recommended work RVU value of 5.75, the RUC compared the surveyed code to the top key reference service and MPC code 36475 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated* (work RVU = 5.30, 45 minutes intra-service time and 94 minutes total time). The RUC noted that CPT code 6XX01 requires more total time overall and is more intense and complex to perform than CPT code 36475, thus appropriately valued higher. Though both services involve radiofrequency ablation, the RUC noted that the surveyed code employs a complex in-plane oblique approach to identify and treat the target nodule(s) and recognized that intermittent probe repositioning is necessary when conducting repetitive small-volume overlapping ablations involved with this more intense thyroid-specific ablation technique. For additional support, the RUC referenced CPT codes, 31255 *Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)* (work RVU = 5.75, 45 minutes intra-service time and 98 minutes total time) and 28003 *Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas* (work RVU = 5.28, 45 minutes intra-service time and 130 minutes total time). Both referenced services have similar total time and similar intra-service time as the surveyed code and therefore the surveyed code should be valued similarly. **The RUC recommends a work RVU of 5.75 for CPT code 6XX01.**

***6XX02 Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, with imaging guidance, radiofrequency (List separately in addition to code for primary service)***

The RUC reviewed the results from 145 respondents from the multi-disciplinary survey and determined that a work RVU of 4.25 appropriately accounted for the physician work required to perform this service. CPT code 6XX02 is an add-on code describing the radiofrequency of each additional thyroid nodule in the contralateral lobe or isthmus. The RUC recommends 45 minutes of intra-service time, which also represents the total time. Based on the discussion at pre-facilitation, the RUC indicated that the survey 25<sup>th</sup> percentile work RVU of 4.92 was too high for the physician work involved with this procedure. Therefore, the specialty societies recommended that CPT code 6XX02 should be valued based on a direct work RVU crosswalk to CPT code 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)* (work RVU = 4.25, 45 minutes of intra-service and 47 minutes total time). These procedures have similar intensity, identical intra-service time, and comparable physician work.

During the intra-service time period, an ultrasound evaluation of the contralateral lobe is performed to locate the new benign target lesion(s). There is typically increased difficulty in locating a second lesion due to an obstructed view resulting from overlying gas bubbles from the prior ablation. CPT code 6XX01, an ablation probe is advanced into the target lesion(s) under ultrasound guidance using an in-plane oblique angle. The probe is intermittently repositioned while treating the lesion(s) using the same thyroid-specific ablation technique as CPT code 6XX01.

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To support the recommended work RVU value of 4.25, the RUC compared the surveyed code to the top key reference service 37186 *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)* (work RVU = 4.92, 60 minutes intra-service and total time). The RUC agreed with survey respondents and recognized that while CPT code 6XX02 involves greater complexity and intensity than CPT code 37186, the surveyed code requires less total time and physician work to perform overall than the top key reference service, and thus is appropriately valued lower to maintain relativity. **The RUC recommends a work RVU of 4.25 for CPT code 6XX02.**

### Practice Expense

The Practice Expense (PE) Subcommittee reviewed CPT codes 6XX01 and 6XX02 and made modifications to several supply inputs to appropriately account for the physician and three clinical staff performing the procedure during the intra-service of the service period (L041A *Vascular Interventional Technologist*, L042B *RN/LPN*, and L050B *Diagnostic Medical Sonographer*). The PE Subcommittee acknowledged the new equipment input, *RF Ablation System V1000 and RF Pump*, for the two codes and the new high-cost supply input, *RF Electrodes, 18 Gauge, 70mm Length*, as recommended for code 6XX01. The specialty societies clarified that this is a one-time use supply item utilized to ablate the node(s) in the thyroid. The RUC continues to call on CMS to separately identify and pay for high cost disposable supplies using appropriate HCPCS codes. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

### New Technology

CPT codes 6XX01 and 6XX02 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Surgery Endocrine System Thyroid Gland Removal Other Procedures</b>				
●6XX01	L1	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	000	5.75

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		(Do not report 6XX01 in conjunction with 76940, 76942, 77013, 77022) (For laser ablation of benign thyroid nodule[s], use 0673T)		
➕●6XX02	L2	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, with imaging guidance, radiofrequency (List separately in addition to code for primary service)  (Use 6XX02 in conjunction with 6XX01)  (Do not report 6XX02 in conjunction with 76940, 76942, 77013, 77022)	ZZZ	4.25
60699 <i>Unlisted procedure, endocrine system</i>				

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:6XX01	Tracking Number L1	Original Specialty Recommended RVU: <b>6.00</b>
		Presented Recommended RVU: <b>5.75</b>
Global Period: 000	Current Work RVU:	RUC Recommended RVU: <b>5.75</b>

CPT Descriptor: Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old female presents with dysphagia and has a benign thyroid nodule in the lower pole of the right lobe. The patient is seeking treatment for symptom relief.

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 typically 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 medical history, physical exam, prior thyroid biopsy report and laboratory studies, are reviewed. The patient presents for an outpatient procedure and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed for the chosen nodule for treatment, with site marking. The patient is positioned supine on the procedure table. Ultrasound guidance is performed by the physician with dynamic movement of the patient to achieve the necessary level of neck extension, rotation, and oblique angle in order to identify the target nodule(s) and adequately obtain an appropriate window for treatment. Any repositioning of the patient will require additional ultrasound guidance to reidentify the appropriate window for treatment. A time out is performed. The skin over the neck of the intended site is prepared and draped in sterile fashion and local anesthetic is administered subcutaneously over the intended site.

Description of Intra-Service Work: Using an in-plane oblique approach, the ablation probe is advanced into the target lesion under continuous ultrasound guidance. Using a thyroid-specific ablation technique, repetitive small volume overlapping ablations, with intermittent probe repositioning, are performed. This technique is performed with continuous monitoring by ultrasound by leaving the probe in place until the surrounding tissue is hyperechoic by ultrasound and then the probe is moved into a new position for further ablation. This is continued from deep to superficial until the lesion is treated, preserving an untreated margin of 3-5mm to avoid damage to other neck structures. The probe is then removed, and hemostasis is achieved with light manual compression for an extended period of time. Post ablation ultrasound is performed by the physician to evaluate for color Doppler signal in the treated nodule to evaluate for complete treatment, there is no undertreatment or complicating feature, and permanent ultrasound images are recorded.

**Description of Post-Service Work:**

Following confirmation the treatment is complete for the lobe(s) treated, sterile dressings are applied, and the patient is transported to the recovery room for hemodynamic monitoring and pain control. Post procedure wound control is discussed with the patient and caregiver. Post-procedural orders are placed. Procedural documentation and reports are created for the medical record and copies of the reports are sent to the patient's referring physician. Ultrasound results and patient status are communicated to the patient's next of kin/healthcare proxy.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024					
<b>Presenter(s):</b>	Minhajuddin Khaja, MD, Lauren Nicola, MD, R. Peter Manes, MD, Jacob Ormsby, MD, MBA, Jerry Niedzwiecki, MD, William C. Biggs, MD FACE, Chase Hendrickson, MD, MPH, Curtis Anderson, MD, PhD, Robert Kennedy, MD					
<b>Specialty Society(ies):</b>	AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR					
<b>CPT Code:</b>	6XX01					
<b>Sample Size:</b>	14038	<b>Resp N:</b>	156			
<b>Description of Sample:</b>	Random society member surveys AACE= 2,030 ACR=1,963 AAO-HNS= 2,288 (1,838 ENTs and 450 random AHNS subspecialty) ASNR= 1,967 ES= 2,329 OEIS= 89 SIR= 3,372					
		<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>		0.00	0.00	<b>1.00</b>	7.00	120.00
<b>Survey RVW:</b>		2.05	6.00	<b>7.10</b>	8.56	30.00
<b>Pre-Service Evaluation Time:</b>				<b>40.00</b>		
<b>Pre-Service Positioning Time:</b>				<b>10.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>				<b>10.00</b>		
<b>Intra-Service Time:</b>		5.00	30.00	<b>40.00</b>	60.00	120.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>					
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>				
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>		
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>		
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b>	15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>	
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>		

\*\*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)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	6XX01	<b>Recommended Physician Work RVU: 5.75</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>33.00</b>	<b>33.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>10.00</b>	<b>3.00</b>	<b>7.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>10.00</b>	<b>15.00</b>	<b>-5.00</b>
<b>Intra-Service Time:</b>		<b>40.00</b>		
<b>Please, pick the <u>post-service</u> 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)</b>				
8B IV Sedation/Complex Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>20.00</b>	<b>28.00</b>	<b>-8.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36475	000	5.30	RUC Time

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36253	000	7.30	RUC Time

CPT Descriptor 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

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36475	000	5.30	RUC Time	87,983

CPT Descriptor 1 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37212	000	6.81	RUC Time	1,794

CPT Descriptor 2 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52351	000	5.75	RUC Time

CPT Descriptor Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic

**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: 35      % of respondents: 22.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 22      % of respondents: 14.1 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>6XX01</u>	Top Key Reference CPT Code: <u>36475</u>	2nd Key Reference CPT Code: <u>36253</u>
Median Pre-Service Time	53.00	34.00	31.00
Median Intra-Service Time	40.00	45.00	60.00
Median Immediate Post-service Time	20.00	15.00	30.00
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
<b>Median Total Time</b>	<b>113.00</b>	<b>94.00</b>	<b>121.00</b>
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.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	3%	40%	49%	9%

**Mental Effort and Judgment**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>• The number of possible diagnosis and/or the number of management options that must be considered</li> <li>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>• Urgency of medical decision making</li> </ul>	12%	32%	56%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	9%	47%	44%
Physical effort required	12%	67%	21%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>The risk of significant complications, morbidity and/or mortality</li> <li>Outcome depends on the skill and judgment of physician</li> <li>Estimated risk of malpractice suit with poor outcome</li> </ul>	3%	34%	63%

<b>Survey Code Compared to 2nd Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
Overall intensity/complexity	2%	31%	27%	36%	4%

<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	31%	31%	38%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	21%	33%	46%
Physical effort required	22%	51%	27%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>The risk of significant complications, morbidity and/or mortality</li> <li>Outcome depends on the skill and judgment of physician</li> <li>Estimated risk of malpractice suit with poor outcome</li> </ul>	20%	48%	32%

### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 prevalence of diseases affecting the thyroid reflects that thyroid nodules are widely prevalent, found in over 50% of the general population by ultrasound. The prevalence of thyroid nodules in the U.S. general population is estimated to be 16 million individuals with a palpable nodule and up to 219 million with an ultrasound-detectable nodule. These include those causing (or are at risk of causing) compressive symptoms (5%) or thyroid dysfunction (5%). Additionally, 15% of thyroid nodules will undergo continuous enlargement and may become symptomatic. Palpable nodules are 5 times more prevalent in females than males. 5-10% of thyroid nodules are autonomously functioning and therefore can result in hyperthyroidism (subclinical or overt).

At the September 2023 CPT Editorial Panel, multiple societies requested the creation of CPT codes to report percutaneous radiofrequency ablation of 1 or more thyroid nodule(s). Two new CPT codes (6XX01 and 6XX02) were approved. CPT 6XX01 represents the percutaneous radiofrequency ablation of 1 or more thyroid nodule(s) in one lobe of the thyroid or the isthmus, including imaging guidance. The second code, CPT 6XX02 is an add-on code to 6XX01 and represents the percutaneous radiofrequency ablation of 1 or more thyroid nodule(s) in the contralateral lobe, including the isthmus, including imaging guidance.

The procedure for percutaneous radiofrequency ablation of the thyroid is considered new technology and site of service can include either the facility or nonfacility setting.

## **Methodology**

A multi-disciplinary survey conducted by AACE, ACR, AAO-HNS, ASNR, ES, OEIS, and SIR was distributed to randomly selected members of the representative societies. A few days prior to the start of the survey SIR was notified by a society member of receipt of a letter distributed to members of the North American Society of Interventional Thyroidology (NASIT) alerting members to the upcoming AMA RUC survey. None of the societies who indicated an LOI 1 for this survey were aware of this communication until it was received. The language contained within the letter may have appeared to coach members who may be selected by the respective societies participating in the survey, to ensure they valued appropriately the codes for percutaneous radiofrequency ablation of the thyroid.

AMA Staff were notified immediately regarding the letter from NASIT, and notification was sent to NASIT requesting they cease communication to members regarding the RUC survey for percutaneous radiofrequency ablation of the thyroid. The decision by AMA Staff and SIR Staff was to add a question to the survey asking respondents if they were also members of NASIT. Those who completed the survey and indicated they were a member of NASIT were not excluded from completing the survey, but their survey responses were separated from the random survey results by members who indicated they were not members. Of the total responses received, 16 surveys were completed by those who indicated they were members of NASIT.

The results within the summary file and within this SOR reflect the outcomes of the total survey responses (156), but the summary file does separately reflect the 16 responses from NASIT members from the 140 responses from non-NASIT members.

## **Work RVU Recommendation for 6XX01**

We are recommending a value of 5.75 RVW, which is lower than the 25<sup>th</sup> percentile survey value, based on crosswalk to CPT 52351.

## **Pre- and Post-Service Time Packages**

The specialties have selected pre-package 3 (Straightforward Patient/Difficult Procedure) with a pre-service evaluation of 33 minutes, pre-service positioning time of 3 minutes, and pre-service scrub, dress, wait time of 15 minutes. We also selected a post-service package 8B (IV Sedation/ Complex Procedure) with a time of 28 minutes.

1. Evaluation: We recommend the pre-package time of 33 minutes; this is 7 minutes less than the median survey time. We believe this decrease in time from the survey will still allow the

physician to thoroughly review prior diagnostic imaging, pathology or cytology results and images from the biopsy, thus allowing for more accurate treatment of the lesion.

2. Positioning: We recommend the median survey time of 10 minutes; this is 7 minutes more than the prepackage time. We believe the extra time is needed to safely position the patient with neck extended and rotated in a manner such that the lesion is appropriately positioned within the treatment window. This additional time also accounts for re-positioning of the patient and their neck during the procedure requiring additional ultrasound scanning.
3. Scrub, dress, and wait: We recommend the median survey time of 10 minutes; this is 5 minutes less than the prepackage time. We believe the 10 minutes per the survey is appropriate for the scrub, dress, wait for this procedure.
4. Post: We recommend the median survey time of 20 minutes; this is 8 minutes less than the prepackage time. We believe the 20 minutes per the survey is appropriate for the post service time.

### **Comparison with Key Reference Services**

The key reference codes chosen by the majority of the survey respondents were 36475 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated* (22%) and 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* (14%). The surveyed code and the two KRS codes have very similar IWP/UT, and the total time incrementally increases with the corresponding increase in wRVU.

<b>CPT</b>	<b>RVU</b>	<b>IWP/UT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>IM-post</b>
<b>36475 Key Ref</b>	5.30	0.097	94	20	4	10	45	15
<b>6XX01 Survey</b>	5.75	0.106	113	33	10	10	40	20
<b>36253 Key Ref</b>	7.30	0.100	121	23	3	5	60	30

Our recommendation is 5.75 work RVU for 6XX01 based on a crosswalk to code 52351.

### **Comparison to MPC codes**

The top key reference code for this surveyed code, 000 day global, is also an MPC code 36475 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated* with value of 5.30 wRVUs as outlined above. A crosswalk to CPT 52351 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic* was recommended after multispecialty discussions and reviewer comments. The recommended RVW for CPT 52351 is 5.75.

<b>CPT</b>	<b>RVW</b>	<b>IWP/UT</b>	<b>Total Time</b>	<b>Eval</b>	<b>Posit</b>	<b>SDW</b>	<b>INTRA</b>	<b>IM-post</b>
<b>36475 MPC</b>	5.30	0.097	94	20	4	10	45	15
<b>6XX01 Survey</b>	5.75	0.106	113	33	10	10	40	20
<b>52351 Crosswalk MPC</b>	5.75	0.096	118	33	5	15	45	20

### **Conclusion**





Specialty Otolaryngology                      Frequency 800                      Percentage 16.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2020 data, the Thyroid Nodule Radiofrequency Ablation (RFA) procedure was performed approximately 750 times. In 2021, approximately 1,500 times; in 2022, approximately 3,000 times; and in Q1 of 2023, approximately 800 times in the US. Following these statistics it would be expected to continue to rise with the new codes and experience. Of the 5,000 patients estimated for ablation in the initial lobe of thyroid, the estimated Medicare population is 20%.

Specialty Interventional Radiology                      Frequency 550                      Percentage 55.00 %

Specialty Otolaryngology                      Frequency 230                      Percentage 23.00 %

Specialty Endocrinology                      Frequency 160                      Percentage 16.00 %

Do many physicians perform this service across the United States? No

### **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. 10005

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:6XX02	Tracking Number L2	Original Specialty Recommended RVU: <b>4.92</b>
		Presented Recommended RVU: <b>4.25</b>
Global Period: ZZZ	Current Work RVU:	RUC Recommended RVU: <b>4.25</b>

CPT Descriptor: Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, with imaging guidance, radiofrequency (List separately in addition to code for primary service)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old female presents with dysphagia and has a benign thyroid nodule in the lower pole of the right lobe and a benign thyroid nodule in the mid pole of the left lobe. The patient is seeking treatment for symptom relief. [Note: This is an add-on code for the additional work related to ablating an additional nodule in the additional thyroid lobe. The work related to the first ablation is reported separately as the primary procedure and not included in the work of this add-on code.]

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 typically 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%

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Description of Pre-Service Work: N/A

Description of Intra-Service Work: Following ablation of a known benign thyroid nodule in one lobe, ultrasound evaluation of the contralateral lobe is performed to locate the new benign target lesion. Overlying gas from the prior ablation may obstruct the view of the lesion, which may make locating the second lesion more difficult. The overlying soft tissues are anesthetized with local anesthesia. Using an in-plane oblique approach, the ablation probe is advanced into the lesion under continuous ultrasound guidance. Using a thyroid-specific ablation technique, repetitive small volume overlapping ablations, with intermittent electrode repositioning, are performed. This technique is performed with continuous monitoring by ultrasound by leaving the probe in place until the surrounding tissue is hyperechoic by ultrasound and then the probe is moved into a new position for further ablation. This is continued from deep to superficial until the lesion is treated, preserving an untreated margin of 3-5mm to avoid damage to other structures. Post ablation ultrasound is performed by the physician to evaluate for color Doppler signal in the additionally treated nodule to ensure the treatment is complete and there is no undertreatment or complicating feature and the permanent ultrasound images are recorded.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Minhajuddin Khaja, MD, Lauren Nicola, MD, R. Peter Manes, MD, Jacob Ormsby, MD, MBA, Jerry Niedzwiecki, MD, William C. Biggs, MD FACE, Chase Hendrickson, MD, MPH, Curtis Anderson, MD, PhD, Robert Kennedy, MD				
<b>Specialty Society(ies):</b>	AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR				
<b>CPT Code:</b>	6XX02				
<b>Sample Size:</b>	14038	<b>Resp N:</b>	145		
<b>Description of Sample:</b>	Random society member surveys AACE= 2,030 ACR=1,963 AAO-HNS= 2,288 (1,838 ENTs and 450 random AHNS subspecialty) ASNR= 1,967 ES= 2,329 OEIS= 89 SIR= 3,372				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>0.00</b>	3.00	120.00
<b>Survey RVW:</b>	1.75	4.92	<b>6.10</b>	8.75	25.00
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	2.00	30.00	<b>45.00</b>	60.00	180.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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

<b>CPT Code:</b>	6XX02	<b>Recommended Physician Work RVU: 4.25</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>45.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
ZZZ Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37186	ZZZ	4.92	RUC Time

CPT Descriptor Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33257	ZZZ	9.63	RUC Time

CPT Descriptor 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)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
34715	ZZZ	6.00	RUC Time	201

CPT Descriptor 1 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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
34709	ZZZ	6.50	RUC Time	2,426

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37223	ZZZ	4.25	RUC Time

CPT Descriptor 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)

**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: 45      % of respondents: 31.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 20      % of respondents: 13.7 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>6XX02</u>	Top Key Reference CPT Code: <u>37186</u>	2nd Key Reference CPT Code: <u>33257</u>
Median Pre-Service Time	0.00	0.00	15.00
Median Intra-Service Time	45.00	60.00	30.00
Median Immediate Post-service Time	0.00	0.00	15.00
Median Critical Care Time	0.0	0.00	44.80
Median Other Hospital Visit Time	0.0	0.00	33.55
Median Discharge Day Management Time	0.0	0.00	19.00
Median Office Visit Time	0.0	0.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>45.00</b>	<b>60.00</b>	<b>180.35</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	3%	40%	49%	9%

**Mental Effort and Judgment**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>• The number of possible diagnosis and/or the number of management options that must be considered</li> <li>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> </ul>	12%	32%	56%

- Urgency of medical decision making

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	9%	47%	44%
Physical effort required	12%	67%	21%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>• The risk of significant complications, morbidity and/or mortality</li> <li>• Outcome depends on the skill and judgment of physician</li> <li>• Estimated risk of malpractice suit with poor outcome</li> </ul>	3%	34%	63%

<b>Survey Code Compared to 2nd Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	2%	31%	27%	36%	4%

<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <li>• The number of possible diagnosis and/or the number of management options that must be considered</li> <li>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>• Urgency of medical decision making</li> </ul>	31%	31%	38%

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### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 prevalence of diseases affecting the thyroid reflects that thyroid nodules are widely prevalent, found in over 50% of the general population by ultrasound. The prevalence of thyroid nodules in the U.S. general population is estimated to be 16 million individuals with a palpable nodule and up to 219 million with an ultrasound-detectable nodule. These include those causing (or are at risk of causing) compressive symptoms (5%) or thyroid dysfunction (5%). Additionally, 15% of thyroid nodules will undergo continuous enlargement and may become symptomatic. Palpable nodules are 5 times more prevalent in females than males. 5-10% of thyroid nodules are autonomously functioning and therefore can result in hyperthyroidism (subclinical or overt).

At the September 2023 CPT Editorial Panel meeting a request by multiple societies was made to establish CPT codes to report percutaneous radiofrequency ablation of 1 or more thyroid nodule(s). Two new CPT codes (6XX01 and 6XX02) were approved. CPT 6XX01 represents the percutaneous radiofrequency ablation of 1 or more thyroid nodule(s) in one lobe of the thyroid or the isthmus, including imaging guidance. The second code, CPT 6XX02 is an add-on code to 6XX01 and represents the percutaneous radiofrequency ablation of 1 or more thyroid nodule(s) in the contralateral lobe, including the isthmus, including imaging guidance.

The procedure for percutaneous radiofrequency ablation of the thyroid is considered new technology and site of service can include either the facility or nonfacility setting.

### **Methodology**

A multi-disciplinary survey conducted by AACE, ACR, AAO-HNS, ASNR, ES, OEIS, and SIR was distributed to randomly selected members of the representative societies. A few days prior to the start of the survey SIR was notified by a society member of receipt of a letter distributed to members of the North American Society of Interventional Thyroidology (NASIT) alerting members to the upcoming AMA RUC survey. None of the societies who indicated an LOI 1 for this survey were aware of this communication until it was received. The language contained within the letter may have appeared to coach members who may be selected by the respective societies participating in the survey, to ensure they valued appropriately the codes for percutaneous radiofrequency ablation of the thyroid.

AMA Staff were notified immediately regarding the letter from NASIT, and notification was sent to NASIT requesting they cease any and all communication to members regarding the RUC survey for percutaneous radiofrequency ablation of the thyroid. The decision by AMA Staff and agreed to by SIR Staff was made to add a question to the survey asking respondents if they were also members of NASIT. Those who completed the survey and indicated they were a member of NASIT were not excluded from completing the survey, but their survey responses were separated from the random survey results by members who indicated they were not members. Of the total responses received (145), 15 surveys were completed by those who indicated they were members of NASIT.

The results within the summary file and within this SOR reflect the outcomes of the total survey responses (145), but the summary file does separately reflect the 15 responses from NASIT members from the 130 responses from non-NASIT members.

### **Work RVU Recommendation for 6XX02**

We are recommending a value of 4.25 RVW, which is lower than the 25<sup>th</sup> percentile survey value, based on crosswalk to CPT 37223.

### **Pre- and Post-Service Time Packages**

As a ZZZ global code, there are no pre or post time packages for this code.

### Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37186 *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)* (31%) and 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)* (14%). Survey responses indicate CPT code 37186 is a less intense procedure because it is less complex and requires less mental effort and judgement than the ablation of the contralateral lobe of the thyroid in relation to the surrounding anatomy, therefore it has an appropriately lower IWP/UT relative to the surveyed code. Accounting for the differences in intensity, the time and value compares well to the surveyed code. CPT code 35572 is comparable in intensity to the surveyed code as survey responses indicated the complexity and mental judgment and effort were similar in nature to the ablation of the contralateral thyroid nodule which is reflected in the increased time and equivalently increased wRVU.

After additional discussions it was determined a crosswalk was more appropriate in establishing value for survey code 6XX02. The selected CPT code 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)* has an intraservice time of 45 minutes, work RVU 4.25 and IWP/UT 0.093.

CPT	RVW	IWP/UT	Total Time	Eval	Posit	SDW	INTRA	IM-post
<b>37223 Crosswalk</b>	4.25	0.093	47	1			45	1
<b>6XX02 Survey</b>	4.25	0.094	45				45	
<b>37186 Key Ref</b>	4.92	0.082	60				60	
<b>33257 Key Ref</b>	9.63	0.108	180	15			30	15

Our recommendation is 4.25 work RVU for 6XX02 based on a crosswalk to CPT 37223.

### Comparison to MPC codes

There are a limited number of MPC codes for ZZZ global surgical. Two reference codes included for this RSL originally compared well with the recommended wRVUs for the survey code, 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)*, 6.00 wRVUs and 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)* 6.50 wRVUs. After additional discussions it was determined a crosswalk was more appropriate in establishing value for survey code 6XX02. The selected CPT 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)* has an intraservice time of 45 minutes, work RVU 4.25 and IWP/UT 0.093.

CPT	RVW	IWP/UT	Total	Eval	Posit	SDW	INTRA	IM-post
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of 2023, approximately 800 times in the US for the ablation of nodule(s) in the initial lobe. It is estimated of those approximatley 10% may require ablation in the contralateral lobe of the thyroid.

Specialty Interventional Radiology	Frequency 275	Percentage 55.00 %
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Specialty Otolaryngology	Frequency 115	Percentage 23.00 %
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Specialty Endocrinology	Frequency 80	Percentage 16.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2020 data, the Thyroid Nodule Radiofrequency Ablation (RFA) procedure was performed approximately 750 times. In 2021, approximately 1,500 times; in 2022, approximately 3,000 times; and in Q1 of 2023, approximately 800 times in the US for the ablation of nodule(s) in the initial lobe. It is estimated of those approximatley 10% may require ablation in the contralateral lobe of the thyroid. Of the 500 patients estimated for ablation in the contralateral lobe of thyroid, the estimated Medicare population is 20%.

Specialty Interventional Radiology	Frequency 55	Percentage 55.00 %
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Specialty Otolaryngology	Frequency 23	Percentage 23.00 %
--------------------------	--------------	--------------------

Specialty Endocrinology	Frequency 16	Percentage 16.00 %
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Do many physicians perform this service across the United States? No

### **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. 10005



**FACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

**PRESENTER(S):** Minhajuddin

Khaja, MD, Lauren Nicola, MD, R. Peter Manes, MD, Jacob Ormsby, MD, MBA, Jerry Niedzwiecki, MD, William C. Biggs, MD FACE, Chase Hendrickson, MD, MPH, Curtis Anderson, MD, PhD, Robert Kennedy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**Meeting Date:** 1/2024

CPT Code	Long Descriptor	Global Period
6XX01	Ablation of 1 or more thyroid nodule(s) in one lobe, or the isthmus, percutaneous, including imaging guidance, radiofrequency	000
6XX02	Ablation of 1 or more thyroid nodule(s) in contralateral additional lobe, including the isthmus, percutaneous, with imaging guidance, radiofrequency (List separately in addition to code for primary service)	ZZZ

**Vignette(s)** (*vignette required even if PE only code(s)*):

CPT Code	Vignette
6XX01	A 45-year-old female presents with dysphagia and has a benign thyroid nodule in the lower pole of the right lobe. The patient is seeking treatment for symptom relief.
6XX02	A 45-year-old female presents with dysphagia and has a benign thyroid nodule in the lower pole of the right lobe and a benign thyroid nodule in the mid pole of the left lobe. The patient is seeking treatment for symptom relief. [Note: This is an add-on code for the additional work related to ablating an additional nodule in the additional thyroid lobe. The work related to the first ablation is reported separately as the primary procedure and not included in the work of this add-on code.]

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 societies of AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR convened a panel of experts familiar with these services to evaluate the direct practice expense inputs for two new Percutaneous Radiofrequency (RF) Thyroid Ablation codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

Tab 7 Percutaneous Radiofrequency (RF) Thyroid Ablation includes 2 new procedures. We have included codes 36475 and 36476 as comparison codes for the practice expense. Both codes provide the closest match to the survey codes in regard to the inputs and clinical staff.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

No

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

**FACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

N/A

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

**CLINICAL STAFF ACTIVITIES**

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

- 5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, new CPT codes

- 6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Extensive Use of Clinical Staff for 000 and 010 Day Global Pre-Service Clinical Staff Time Packages  
We are requesting the pre-service clinical staff times established for this 000 day global code for:  
CA001 Complete pre-service diagnostic and referral forms = 5 minutes  
CA002 Coordinate pre-surgery services (including test results) = 3 minutes  
CA003 Schedule space and equipment in facility = 5 minutes  
CA004 Provide pre-service education/obtain consent = 7 minutes  
CA005 Complete pre-procedure phone calls and prescription = 3 minutes  
CA008 Perform regulatory mandated quality assurance activity (pre-service) = 0- minutes  
  
There is extensive staff time during the pre-service time to ensure the necessary pre-diagnostic imaging and tests related to the thyroid disease of the patient have been completed and reviewed prior to the ablation procedure. In addition to the consent and education process for the ablation, ensuring the patient has no issues which may not meet the necessary guidelines for ablation therapy. Due to this, we believe the established times for extensive clinical staff for a 000-day global code are supported. Review patient clinical extant information and questionnaire

- 7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

- 8. Please provide a brief description of the clinical staff work for the following:  
a. Pre-Service period:

**FACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- Complete pre-service diagnostic and referral forms (5) - During this time the RN/LPN/MTA is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed.
- Coordinate pre-surgery services (including test results) (10) - During this portion the RN/LPN/MTA is arranging a preoperative medical clearance and coordinating US suite availability.
- Schedule space and equipment in facility (5) – RN/LPN/MTA will schedule time for the US suite for the ablation procedure.
- Provide pre-service education/obtain consent (7) – RN/LPN/MTA is reviewing with the patient the necessary care and limitations post ablation procedure, and obtaining any consent not yet completed.
- Complete pre-procedure phone calls and prescription (3) - RN/LPN/MTA coordinate with patient any information related to scheduling of procedure. Prescribe preoperative lab work if any are missing.
- Confirm availability of prior images/studies (2) – Vascular Interventional Technologist must ensure that imaging studies are available for review prior to the procedure.
- Review patient clinical extant information and questionnaire (1) - RN/LPN/MTA discuss with the patient the procedure and confirm patient information

b. Service period (includes pre, intra and post):

c. Post-service period:

- Conduct patient communications – Nurse will follow-up with patient and conduct any post communication for additional visits

9. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, 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

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

11.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

**FACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

**PRESENTER(S):** Minhajuddin

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

12.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No. If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

N/A

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

- a. If yes, please explain how the computer is used for this service(s).
- b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
- c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment please explain here:

N/A

**PE-ONLY CODES ADDITIONAL INFORMATION**

- 20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
- (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

**FACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

[Empty rectangular box]

**ADDITIONAL INFORMATION**

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

[Empty rectangular box]

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon’s office).

*The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.*

[Large empty rectangular box for itemized list of changes]

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**Meeting Date:** 1/2024

CPT Code	Long Descriptor	Global Period
6XX01	Ablation of 1 or more thyroid nodule(s) in one lobe, or the isthmus, percutaneous, including imaging guidance, radiofrequency	000
6XX02	Ablation of 1 or more thyroid nodule(s) in contralateral additional lobe, including the isthmus, percutaneous, with imaging guidance, radiofrequency (List separately in addition to code for primary service)	ZZZ

**Vignette(s)** (*vignette required even if PE only code(s)*):

CPT Code	Vignette
6XX01	A 45-year-old female presents with dysphagia and has a benign thyroid nodule in the lower pole of the right lobe. The patient is seeking treatment for symptom relief.
6XX02	A 45-year-old female presents with dysphagia and has a benign thyroid nodule in the lower pole of the right lobe and a benign thyroid nodule in the mid pole of the left lobe. The patient is seeking treatment for symptom relief. [Note: This is an add-on code for the additional work related to ablating an additional nodule in the additional thyroid lobe. The work related to the first ablation is reported separately as the primary procedure and not included in the work of this add-on code.]

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 societies of AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR convened a panel of experts familiar with these services to evaluate the direct practice expense inputs for two new Percutaneous Radiofrequency (RF) Thyroid Ablation codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

Tab 7 Percutaneous Radiofrequency (RF) Thyroid Ablation includes 2 new procedures. We have included codes 36475 and 36476 as comparison codes for the practice expense. Both codes provide the closest match to the survey codes in regard to the inputs and clinical staff.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?  
Is this code(s) typically reported with the E/M service in the nonfacility?

No

See the *Billed Together* tab in the RUC Database.

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- 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 than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

The dominant provider of this service is anticipated to be interventional radiology.  
See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

- 5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A  
See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

**CLINICAL STAFF ACTIVITIES**

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

- 6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, new CPT codes

- 7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Extensive Use of Clinical Staff for 000 and 010 Day Global Pre-Service Clinical Staff Time Packages  
We are requesting the pre-service clinical staff times established for this 000 day global code for:  
CA001 Complete pre-service diagnostic and referral forms = 5 minutes  
CA002 Coordinate pre-surgery services (including test results) = 3 minutes  
CA003 Schedule space and equipment in facility = 0 minutes  
CA004 Provide pre-service education/obtain consent = 7 minutes  
CA005 Complete pre-procedure phone calls and prescription = 3 minutes  
CA008 Perform regulatory mandated quality assurance activity (pre-service) = 0- minutes

There is extensive staff time during the pre-service time to ensure the necessary pre-diagnostic imaging and tests related to the thyroid disease of the patient have been completed and reviewed prior to the ablation procedure. In addition to the consent and education process for the ablation, ensuring the patient has no issues which may not meet the necessary guidelines for ablation therapy. Due to

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 &  
6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

this, we believe the established times for extensive clinical staff for a 000-day global code are supported. Review patient clinical extant information and questionnaire.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs (CA010)* prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

We are requesting 5 minutes for vital signs to measure weight and obtain heart rate, O2 saturation, respiratory rate, temperature, and blood pressure before these procedures.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

- Complete pre-service diagnostic and referral forms (5) - During this time the RN/LPN/MTA is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed.
- Coordinate pre-surgery services (including test results) (3) - During this portion the RN/LPN/MTA is arranging a preoperative medical clearance and coordinating US suite availability.
- Provide pre-service education/obtain consent (7) – RN/LPN/MTA is reviewing with the patient the necessary care and limitations post ablation procedure, and obtaining any consent not yet completed.
- Complete pre-procedure phone calls and prescription (3) - RN/LPN/MTA coordinate with patient any information related to scheduling of procedure. Prescribe preoperative lab work if any are missing.
- Confirm availability of prior images/studies (2) – Vascular Interventional Technologist must ensure that imaging studies are available for review prior to the procedure.
- Review patient clinical extant information and questionnaire (1) – RN/LPN/MTA discuss with the patient the procedure and confirm patient information.

b. Service period (includes pre, intra and post):

- Greet patient, provide gowning, ensure appropriate medical records are available (3)
- Obtain vital signs (5) - vital signs to measure weight and obtain heart rate, O2 saturation, respiratory rate, temperature and blood pressure performed
- Prepare room, equipment and supplies (2) Vascular Interventional Technologist will prepare the equipment and supplies for the procedure

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

**PRESENTER(S):** Minhajuddin

Khaja, MD, Lauren Nicola, MD, R. Peter Manes, MD, Jacob Ormsby, MD, MBA, Jerry Niedzwiecki, MD, William C. Biggs, MD FACE, Chase Hendrickson, MD, MPH, Curtis Anderson, MD, PhD, Robert Kennedy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- Prepare, set-up and start IV, initial positioning and monitoring of patient (2) RN/LPN (L042A)
- Assist Physician – all staff at 100% assistance, RN/LPN (L042A) monitoring the patient throughout the procedure. A Vascular Interventional Technologist (L041A) the physician during the procedure and circulating the room to opens supplies, adjusts and connecting equipment. A Diagnostic Medical Sonographer (L050B) providing US assistance to the physician, managing the images acquired and adjusting imaging to assist in visualizing and defining the treatment window.
- Monitor patient following procedure/service, multitasking 1:4 - Nurse monitors patients vital signs and pain post procedure as well as monitors for signs of bleeding.
- Clean room/equipment by clinical staff (3) RN/LPN/MTA (L037D)
- Check dressings, catheters, wounds – Nurse will check catheter and manage as necessary
- Technologist QC's images in PACS – Diagnostic Medical Sonographer (L050B) will review images and ensure transfer to PACs is performed
- Review examination with interpreting MD/DO – Vascular Interventional Technologist (L041A) will review the images and documentation of the treatment planning to ensure complete
- Scan exam documents into PACS - Diagnostic Medical Sonographer (L050B) will scan documents into PACs

**c. Post-service period:**

- Conduct patient communications – Nurse will follow-up with patient and conduct any post communication for additional visits

11. 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*:

Assist Physician – all staff at 100% assistance.  
 RN/LPN (L042A): monitoring the patient throughout the procedure.  
 Vascular Interventional Technologist (L041A): assists the physician during the procedure and circulating the room to opens supplies, adjusts and connecting equipment.  
 Diagnostic Medical Sonographer (L050B): providing US assistance to the physician, managing the images acquired and adjusting imaging to assist in visualizing and defining the treatment window.

12. If you have used a percentage of the physician intra-service work time other than 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

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

13. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, 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

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

15.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Radiofrequency (RF) Electrodes 18 Gauge 70 mm length (7 or 10 mm exposure) which is a one-time use supply item used to ablate the node(s) in the thyroid.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.  
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

Yes

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
<b>pack, minimum multi-specialty visit</b>	<b>SA048</b>	<b>pack</b>	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 &  
6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

RF Ablation System V1000 and RF Pump  
Specification and Software  
-Compatible with Various Electrodes  
- 7" TFT LCD Touch Screen with Smart UI  
- Advanced Self Test Function Startup  
- Instant Delivery of Energy To The Tissue Adjacent To The Electrode  
- Dual Controlling System  
- Input Power Voltage - AC 110V  
- Input Power Frequency - 60 Hz  
- Maximum Input Power - 300 VA  
- Output RF Power - 140W  
- One Year Warranty

The RF Pump is a separate equipment piece, but no separate cost, as it is included in the price of the RF ablation system generator.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

5 years

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 & 6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

		LOCATION	Non Fac		6XX01	6XX02
		GLOBAL PERIOD	000			
TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE					\$87.04	\$81.18
EL015	room, ultrasound, general	410303.322	Highly Technical	1.554647144	47	45
EF019	stretcher chair	6438.644	Default	0.0170864	56	45
EF015	mayo stand	522.804	Default	0.001162922	56	45
NEW	RF Ablation System V1000 and RF Pump	49950	Default	0.193562602	56	45

**To calculate the equipment minutes for code 6XX02, which is a ZZZ global code, this code only has an intra time value of 45 minutes.** The formula was set to only represent the intra-time of the procedure for the use of the US room, stretcher chair, mayo stand, and the new equipment items specific to this procedure, RF Ablation System V1000 and RF Pump.

**PE-ONLY CODES ADDITIONAL INFORMATION**

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
 (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

**ADDITIONAL INFORMATION**



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 6XX01 &  
6XX02**

**SPECIALTY SOCIETY(IES):** AACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR

**PRESENTER(S):** Minhajuddin

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon’s office).

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***

1/15/24 Based on pre-facilitation and initial reviewer comments the following changes were made  
-CA022 was adjusted from 7 to 15 minutes for monitoring of patient following the procedure/service for 1 hour recovery for 6XX01.  
-CA028 was adjusted to remove the 3 minutes from the RN/LPN/MTA, this value is now 0 for 6XX01.  
-SF033 was adjusted to remove the scalpel from 6XX02.

1/17/24 Adjustments per PE Meeting  
SB001 surgical cap quantity adjusted from 3 to 4  
SB027 gown, surgical, sterile adjusted from 3 to 2  
SB034 mask, surgical, with face shield adjusted from 3 to 4  
SB039 shoe covers, surgical adjusted from 3 to 4  
NEW Minisono Linear equipment was deleted from the PE for these procedures

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).





A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	
1	RUC Practice Expense Spreadsheet				REFERENCE CODE		CURRENT CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		
2					36475		60699		6XX01		36476		6XX02		
3	RUC Collaboration Website														
4	Clinical Activity Code	Meeting Date: January 2024 Revision Date (if applicable): Tab: 07 Specialty: AAACE, ACR, AAO-HNS, ASNR, ES, OEIS, SIR	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous,	Unlisted procedure, endocrine system		Ablation of 1 or more thyroid nodule(s) in one lobe, or the isthmus, percutaneous, including imaging guidance, radiofrequency		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,		Ablation of 1 or more thyroid nodule(s) in contralateral additional lobe, including the isthmus, percutaneous,		
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	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 944.97	\$ 8.96	\$ -	\$ -	\$ 2,255.96	\$ 18.39	\$ 181.21	\$ -	\$ 171.04	\$ -
122	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT											
123		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 748.00	\$ -	\$ -	\$ -	\$ 2,069.34	\$ -	\$ 90.58	\$ -	\$ 9.72	\$ -
124	SA026	kit, radiofrequency introducer	28.575	kit		1									
125	SA048	pack, minimum multi-specialty visit	5.02	pack		1				1					
126	SA063	tray, catheter insertion (w-o catheter)	1.27	tray		1									
127	SB001	cap, surgical	1.14	item		3				4					
128	SB007	drape, sterile barrier 16in x 29in	0.51	item		1				1					
129	SB009	drape, sterile, femoral	9.15	item		1					1				
130	SB017	drape-sleeve, sterile (4in x 8ft)	0.2	item						1					
131	SB018	drape-sleeve, sterile, for handpiece	0.14	item						1					
132	SB019	drape-towel, sterile 18in x 26in	0.47	item		4				4		4			
133	SB024	gloves, sterile	0.91	pair		2				2					
134	SB027	gown, staff, impervious	1.186	item		3				2					
135	SB034	mask, surgical, with face shield	3.4	item		3				4					
136	SB039	shoe covers, surgical	0.1	pair		3				4					
137	SB048	sheath-cover, sterile, 96in x 6in (transducer)	9.583	item		1				1					
138	SC028	needle, 18-26g 1.5-3.5in, spinal	9.96	item		1				1		1			
139	SC030	needle, 19-25g, butterfly	0.54	item		1									
140	SC034	needle, blunt tip	0.67	item						2					
141	SC049	stop cock, 3-way	1.04	item		1									
142	SC051	syringe 10-12ml	0.21	item						2					
143	SC053	syringe 20ml	0.83	item		1									
144	SC054	syringe 30 ml	0.95	item		1									
145	SC055	syringe 3ml	0.25	item		1									
146	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.49	item		1									
147	SC060	syringe, pressure (radiology)	11.51	item		1						1			
148	SC074	iv pressure infusor bag	15.75	item		1									
149	SD043	dilator, vessel, angiographic	7.34	item		1									
150	SD089	guidewire, hydrophilic	20.555	item		1									
151	SD131	tubing, pressure	2.9	item		1									
152	SD136	vascular sheath	24.444	item		1						1			
153	SD155	catheter, RF endovenous occlusion	487.92	item		1									
154	SF033	scalpel with blade, surgical (#10-20)	1.04	item		1				1					
155	SF037	suture, nylon, 4-0 to 6-0, p, ps	7.72	item		1						1			
156	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.41	item		1				1		1		1	
157	SG055	gauze, sterile 4in x 4in	0.19	item						2				2	
158	SG074	steri-strip (6 strip uou)	1.54	item		1						1			
159	SG077	tape, porous-hypoallergenic 2in (Scanpore)	0.03	inch		12				12		12		12	
160	SG087	stockings, knee length, 20-30mm compression	41.2	pair		1									
161	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.08	ml						10				10	
162	SH049	lidocaine 2% w-epi inj (Xylocaine w-epi)	0.14	ml		60									
163	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item		1						1			
164	SH075	water, sterile inj	0.05	ml						30				30	
165	SH090	sodium bicarbonate 8.4% inj w-needle (1ml uou)	2.2	item		2				2		2		2	
166	SJ009	basin, irrigation	2	item		1				1					
167	SJ010	basin, emesis	0.25	item		1				1					
168	SJ028	hydrogen peroxide	0.04	ml		100				100		100			
169	SJ029	ice pack, instant	1.4	item						1					
170	SJ042	povidone surgical scrub (Betadine)	0.02	ml		100				100		100			
171	SJ053	swab-pad, alcohol	0.04	item		2									
172	SJ062	ultrasound transmission gel	0.03	ml		60				60		60		60	
173	SK058	paper, photo printing (8.5 x 11)	0.8	item		10						10			
174	SK075	skin marking pen, sterile (Skin Scribe)	1.62	item		1				1					
175	SM021	sanitizing cloth-wipe (patient)	0.07	item		1				1				1	
176	SM012	disinfectant spray (Transeptic)	0.05	ml						10					
177	NEW	RF Electrodes 18 Gauge 70 mm Length	1995	item						1					
178															
179	Equipment	EQUIPMENT	Purchase	Equipment	Cost Per										
180		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 107.60	\$ -	\$ -	\$ -	\$ 74.09	\$ -	\$ 50.98	\$ -	\$ 70.78	\$ -
181	EQ215	radiofrequency generator (vascular)	37373	Highly Technical	0.144825128	63						30			
182	EL015	room, ultrasound, general	410303.322	Highly Technical	1.554647144	63				47		30		45	
183	EF019	stretcher chair	6438.644	Default	0.0170864	31				56				45	
184	EF015	mayo stand	522.804	Default	0.001162922					56				45	
185	NEW	RF Ablation System V1000 and RF Pump	49950	Default						56				45	

## AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2024

### Fascial Plane Blocks – Tab 8

In September 2023, the CPT Editorial Panel created six new Category I CPT codes to report thoracic or lower extremity fascial plane blocks, typically used for post-operative pain management. Four existing CPT codes describing transversus abdominis plane (TAP) blocks were included as part of this code family for RUC review in January 2024. The physician work for this family of services varies based on the anatomic region of the fascial plane block, whether the service is unilateral or bilateral and whether the service involves continuous infusion by catheter. Image guidance, when performed, is also included in each of the 10 procedures for this code family, and therefore, cannot be separately reported.

#### **Regional Anesthesia and Acute Pain Teams**

The specialties noted that in current clinical practice and based on the experience of their expert panel, fascial plane blocks are typically provided by a separate acute pain management physician who works within a dedicated acute pain team that is separate from the operating room anesthesiologist and anesthetic team. It is typical for a separate acute pain management physician to place the fascial plane block. Most anesthesiologists in the United States are not currently experienced in performing fascial plane blocks. Placing a fascial plane block requires specialized training and experience to recognize the ultrasound anatomy and achieve reliable results. Therefore, it is typical for an acute pain management fellowship trained physician, who works within a dedicated acute pain team that is separate from the operating room anesthesiologist and anesthetic team that is providing their care during surgery, to perform fascial plane blocks.

Regional anesthesia has undergone and continues to undergo changes related to techniques and targets for plane blocks. This is attributable to the use of ultrasound guidance that has allowed visualization of nerve bundles and in more recent years the development and performance of fascial plane blocks. Fascial plane blocks were not a part of the training for the majority of practicing anesthesiologists. In recognizing the changing nature of regional anesthesia and the growth of acute pain services requiring more specialized skills, training and experiences, residency programs created one-year subspecialty regional anesthesiology clinical fellowships. In 2016, individual training programs in regional anesthesiology and acute pain medicine became eligible for accreditation by the Accreditation Council for Graduate Medical Education. This has created more uniform program requirements and educational experiences. The graduates of these programs are contributing to more widespread adoption of dedicated regional anesthesia and acute pain medicine programs and acute pain. Teams perform blocks and improve care in a variety of settings, including academic centers and community hospitals. Based on the information provided by the specialties about acute pain teams and changes in regional anesthesia, the RUC concurred that the pre-service and post-service time proposed by the specialties was warranted for each of the 10 codes.

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

I=New code   s=Revised code   :=Add-on code   H=Modifier 51 exempt   \*=Telemedicine   X=Audio-only   ~=FDA approval pending   #=Resequenced code



### **Fascial Plane Blocks by Anatomic Region**

Fascial plane block procedures are more intense than many other types of blocking procedures (ie a femoral nerve blocks), because during a fascial plane block procedure, the acute pain management physician must first identify the fascial plane, then separate the bordering muscles by hydro-dissection before passing the needle or catheter. The intensity and complexity of fascial plane block procedures vary by anatomic region. The specialties and RUC agreed on the following order of intensity based on anatomic region: Thoracic > Extremity > Abdomen.

The injection plane for thoracic blocks is deeper than the injection plane for lower extremity and abdominal blocks and involves more complicated anatomy. The proximity of vulnerable structures adjacent to the injection site, such as veins, pleura, and the intercostal arteries increases the risks associated with placing a thoracic block, even when using ultrasound guidance. While the pectoral nerve (PECS) block is more superficial compared to other types of thoracic blocks, the PECS block is no longer the most common thoracic block that is used in clinical practice. The other more typical thoracic blocks (e.g. Serratus block) are deeper. An ultrasound-guided thoracic fascial plane block also requires more specialized training and experience to recognize the ultrasound anatomy and achieve reliable results. A linear transducer is scanned at the sagittal plane along the midaxillary line to orient the 3<sup>rd</sup> and 4<sup>th</sup> ribs while visualizing the pleura, serratus anterior muscle, and path of the needle by the acute pain management physician who is placing a serratus anterior plane block.

The lower extremity fascial plane blocks are also more complex and intense than abdominal blocks. The specialties also noted that techniques for lower extremity fascial plane blocks are technically challenging. For example, with the suprainguinal fascia iliaca blocks, which have evolved as an effective means to provide analgesia to the hip, the sensory innervation of the hip is complex, involving multiple nerves from both lumbar and sacral plexi. Placing this block requires specialized training and significant experience and understanding of ultrasound anatomy to encourage the adequate spread of the local anesthesia.

### **Unilateral Versus Bilateral; Single Injection Versus Continuous Infusion**

The society presented information about expected differentiation in physician work for bilateral procedures and infusions. In each case this further supported the recommended values (by survey or crosswalk). The RUC agreed the survey should be used so long as the values were consistent with the expected differential. The RUC further agreed that use of intensity was of diminished value in short intra-service time procedures, but that the pattern of intensity did not substantially deviate from the expected intensities. Finally, the RUC assessed any physician time changes for the existing codes and concluded that the recommended RVUs were reasonably proportional, based on surveys. Overall, a consistent pattern was created across the services considered.

### ***6XX07 Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed***

The RUC reviewed the survey results from 51 anesthesiologists and pain medicine physicians and determined the survey 25<sup>th</sup> percentile work RVU of 1.50 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 12 minutes of pre-service evaluation, 1 minute of pre-service positioning, 4 minutes of pre-service scrub/dress/wait, 10 minutes of intra-service time and 5 minutes of immediate post-service time.

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To justify a work RVU of 1.50, the RUC compared the surveyed code to second key reference code 64415 *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed* (work RVU = 1.50, intra-service time = 10 minutes, total time = 35 minutes) and noted that both procedures involve identical intra-service time and that 6XX07 was slightly more intense and complex to perform. As an additional reference, the RUC compared this service to CPT code 31579 *Laryngoscopy, flexible or rigid telescopic, with stroboscopy* (work RVU = 1.88, intra-service time = 10 minutes, total time = 34 minutes). **The RUC recommends a work RVU of 1.50 for CPT code 6XX07.**

***6XX08 Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed***

The RUC reviewed the survey results from 32 anesthesiologists and pain medicine physicians and determined the survey 25<sup>th</sup> percentile work RVU of 1.74 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 15 minutes of intra-service time and 10 minutes of immediate post-service time. The specialties noted that the additional 5 minutes of post-service time for the continuous infusion codes (compared to the injection codes) is intended to address the initial work to program the infusion pumps, including entering appropriate orders, programming, dosing, and locking the infusion pump. It also accounts for the time spent educating the patient on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process for catheter removal. This work is typically performed by the acute pain management physician and acute pain team that is responsible for placing the fascial plane block.

To justify a work RVU of 1.74, the RUC compared the survey code to top key reference code 64416 *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed* (work RVU= 1.80, intra-service time= 15 minutes, total time= 44 minutes) and 2<sup>nd</sup> key reference code 64461 *Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)* (work RVU= 1.75, intra-service time= 15 minutes, total time= 44 minutes). The RUC noted that all three services involve identical intra-service and total time, and both reference codes support the recommendation. **The RUC recommends a work RVU of 1.74 for CPT code 6XX08.**

***6XX09 Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed***

The RUC reviewed the survey results from 49 anesthesiologists and pain medicine physicians and determined the survey 25<sup>th</sup> percentile work RVU of 1.67 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 12 minutes of pre-service evaluation, 1 minute of pre-service positioning, 4 minutes of pre-service scrub/dress/wait, 14 minutes of intra-service time and 5 minutes of immediate post-service time. The specialties noted that bilateral blocks do not require twice as much intra-service time compared to unilateral blocks. The majority of the intra-service work is related to ultrasound imaging and identifying the appropriate fascial plane and the adjustment of the ultrasound machine to appropriately view the correct plane. Once the physician has performed the first side, the correct depth has been identified and the appropriate needle angle and trajectory has already been determined, thus allowing the physician to perform the second side more efficiently.

To justify a work RVU of 1.67, the RUC compared the surveyed code to 2<sup>nd</sup> key reference code 64415 *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed* (work RVU = 1.50, intra-service time = 10 minutes, total time = 35 minutes) and noted that the surveyed code involves 4 more minutes of intra-service time and 2 more minutes of total time, thus is appropriately

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valued higher. The RUC also compared the surveyed code to CPT code 64448 *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed* (work RVU = 1.68, intra-service time = 15 minutes, total time = 43 minutes) and noted that although the surveyed code involves slightly less time, it is more intense as described in the introductory paragraph. **The RUC recommends a work RVU of 1.67 for CPT code 6XX09.**

**6XX10 Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed**

The RUC reviewed the survey results from 30 anesthesiologists and pain medicine physicians and determined the survey 25<sup>th</sup> percentile work RVU of 1.83 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 6 minutes of pre-service scrub/dress/wait, 20 minutes of intra-service time and 10 minutes of immediate post-service time. The specialties noted that the additional 5 minutes of post-service time for the continuous infusion codes (compared to the injection codes) is intended to address the initial work to program the infusion pumps, including entering appropriate orders, programming, dosing, and locking the infusion pump. It also accounts for the time spent educating the patient on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process for catheter removal. This work is typically performed by the acute pain management physician and acute pain team that is responsible for placing the fascial plane block.

The specialties noted that bilateral blocks do not require twice as much intra-service time compared to unilateral blocks. The majority of the intra-service work is related to ultrasound imaging and identifying the appropriate fascial plane and the adjustment of the ultrasound machine to appropriately view the correct plane. Once the physician has performed the first side, the correct depth has been identified and the appropriate needle angle and trajectory has already been determined, thus allowing the physician to perform the second side more efficiently.

To justify a work RVU of 1.83, the RUC compared the surveyed code to top key reference code 64416 *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed* (work RVU = 1.80, intra-service time = 15 minutes, total time = 44 minutes) and 2<sup>nd</sup> key reference code 64461 *Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)* (work RVU = 1.75, intra-service time = 15 minutes, total time = 44 minutes). The RUC noted that the surveyed code involves 5 more minutes of intra-service time and 6 more minutes of total time relative to these two reference codes, therefore, is appropriately valued higher. **The RUC recommends a work RVU of 1.83 for CPT code 6XX10.**

**6XX11 Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed**

The RUC reviewed the survey results from 51 anesthesiologists and pain medicine physicians and determined the survey 25<sup>th</sup> percentile work RVU of 1.34 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 12 minutes of pre-service evaluation, 1 minute of pre-service positioning, 3 minutes of pre-service scrub/dress/wait, 10 minutes of intra-service time and 5 minutes of immediate post-service time.

To justify a work RVU of 1.34, the RUC compared the survey code to top key reference code 64447 *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed* (work RVU = 1.34, intra-service time = 8 minutes, total time = 29 minutes) and noted that the surveyed code requires similar physician time to perform, therefore supports the recommended value. The RUC also compared

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the surveyed code to 2<sup>nd</sup> key reference code 64415 *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed* (work RVU = 1.50, intra-service time = 10 minutes, total time = 35 minutes) and noted that both services involve identical intra-service time, whereas the reference code involves somewhat more total time, justifying a somewhat lower valuation for the surveyed code. **The RUC recommends a work RVU of 1.34 for CPT code 6XX11.**

***6XX12 Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed***

The RUC reviewed the survey results from 36 anesthesiologists and pain medicine physicians and determined the survey 25<sup>th</sup> percentile work RVU of 1.67 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 15 minutes of intra-service time and 10 minutes of immediate post-service time. The specialties noted that the additional 5 minutes of post-service time for the continuous infusion codes (compared to the injection codes) is intended to address the initial work to program the infusion pumps, including entering appropriate orders, programming, dosing, and locking the infusion pump. It also accounts for the time spent educating the patient on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process for catheter removal. This work is typically performed by the acute pain management physician and acute pain team that is responsible for placing the fascial plane block.

To justify a work RVU of 1.67, the RUC compared the surveyed code to top key reference code 64448 *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed* (work RVU = 1.68, intra-service time = 15 minutes, total time = 43 minutes) and note that both codes require an identical amount of intra-service time and the surveyed code typically requires 1 more minutes of total time. The RUC also compared the surveyed code to second key reference code 64446 *Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed* (work RVU = 1.75, intra-service = 15 minutes, total time = 44 minutes) and noted that both services involve identical intra-service and total time, supporting the recommended value for the surveyed code. **The RUC recommends a work RVU of 1.67 for CPT code 6XX12.**

***64486 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)***

The RUC reviewed the survey results from 64 anesthesiologists and pain medicine physicians and determined the survey 25<sup>th</sup> percentile work RVU of 1.20, lower than the current work RVU, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 12 minutes of pre-service evaluation, 1 minute of pre-service positioning, 4 minutes of pre-service scrub/dress/wait, 10 minutes of intra-service time and 5 minutes of immediate post-service time. The specialty societies noted that there has been dramatic growth in the number of acute pain teams across the country since the RUC reviewed the TAP block codes in 2014. At that time, fewer physicians had the specialized training to perform fascial plane blocks and adoption was therefore more limited. A decade later, that is no longer the case. The specialty societies noted and the RUC concurred that, since the work of the acute pain management physician and acute pain team that perform the fascial plane block is wholly separate from the work of the anesthesiologist and anesthetic team that is providing patient care in the operating room during surgery, there is no duplication in pre-service evaluation time and pre-service positioning time.

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To justify a work RVU of 1.20, the RUC compared the surveyed code to 2<sup>nd</sup> key reference code 64447 *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed* (work RVU= 1.34, intra-service time= 8 minutes, total time= 29 minutes) and noted that the surveyed code requires slightly more time though is slightly less intense to perform, thus appropriately valued lower. The RUC also reference CPT code 36584 *Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement* (work RVU = 1.20, intra-service time = 12 minutes, total time = 34 minutes) and noted that although the surveyed code requires slightly less time, it is somewhat more intense to perform and overall both services require the same physician work to perform. **The RUC recommends a work RVU of 1.20 for CPT code 64486.**

**64487 *Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)***

The RUC reviewed the survey results from 40 anesthesiologists and pain medicine physicians and determined that a work RVU of 1.39, lower than the current work RVU, appropriately accounts for the work required to perform this service. The RUC noted that the survey 25<sup>th</sup> percentile work RVU overestimated the work required to perform this service. Therefore, the RUC recommended a direct work RVU crosswalk to CPT Code 64445 *Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed* (work RVU = 1.39, intra-service time =10 minutes, total time = 24 minutes). The RUC recommends the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 12 minutes of intra-service time and 10 minutes of immediate post-service time. The specialties noted that the additional 5 minutes of post-service time for the continuous infusion codes (compared to the injection codes) is intended to address the initial work to program the infusion pumps, including entering appropriate orders, programming, dosing, and locking the infusion pump. It also accounts for the time spent educating the patient on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process for catheter removal.

The RUC also compared the surveyed code to top key reference code 64448 *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed* (work RVU=1.68, intra-service time = 15 minutes, total time = 43 minutes) and noted that the surveyed code involves slightly less intra-service and total time. **The RUC recommends a work RVU of 1.39 for CPT code 64487.**

**64488 *Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)***

The RUC reviewed the survey results from 62 anesthesiologists and pain medicine physicians and determined the survey 25<sup>th</sup> percentile work RVU of 1.40, lower than the current work RVU, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 12 minutes of pre-service evaluation, 1 minute of pre-service positioning, 4 minutes of pre-service scrub/dress/wait, 12 minutes of intra-service time and 5 minutes of immediate post-service time. The specialties noted that bilateral blocks do not require twice as much intra-service time compared to unilateral blocks. The majority of the intra-service work is related to ultrasound imaging and identifying the appropriate fascial plane and the adjustment of the ultrasound machine to appropriately view the correct plane. Once the physician has performed the first side, the correct depth has been identified and the appropriate needle angle and trajectory has already been determined, thus allowing the physician to perform the second side more efficiently.

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To justify a work RVU of 1.40, the RUC compared the survey code to top key reference code 64461 *Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)* (work RVU = 1.75, intra-service time = 15 minutes, total time = 44 minutes) and noted that the surveyed code requires less intra-service time and total time, therefore is appropriately valued lower. The RUC also compared the surveyed code to CPT code 27096 *Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed* (work RVU = 1.48, intra-service time = 11 minutes, total time = 38 minutes) and noted that the surveyed code requires 1 more minute of intra-service time but less lower total time and therefore is appropriately valued lower. **The RUC recommends a work RVU of 1.40 for CPT code 64488.**

**64489 *Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)***

The RUC reviewed the survey results from 40 anesthesiologists and pain medicine physicians and determined the survey 25<sup>th</sup> percentile work RVU of 1.75, lower than the current work RVU, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 20 minutes of intra-service time and 10 minutes of immediate post-service time. The specialty societies noted that the additional 5 minutes of post-service time for the continuous infusion codes (compared to the injection codes) is intended to address the initial work to program the infusion pumps, including entering appropriate orders, programming, dosing, and locking the infusion pump. It also accounts for the time spent educating the patient on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process for catheter removal. This work is typically performed by the acute pain management physician and acute pain team that is responsible for placing the fascial plane block.

The specialty societies noted that bilateral blocks do not require twice as much intra-service time compared to unilateral blocks. The majority of the intra-service work is related to ultrasound imaging and identifying the appropriate fascial plane and the adjustment of the ultrasound machine to appropriately view the correct plane. Once the physician has performed the first side, the correct depth has been identified and the appropriate needle angle and trajectory has already been determined, thus allowing the physician to perform the second side more efficiently.

To justify a work RVU of 1.75, the RUC compared the survey code to 2<sup>nd</sup> key reference code 64448 *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed* (work RVU =1.68, intra-service time = 15 minutes, total time = 43 minutes) and noted that the surveyed code involves 5 more minutes of intra-service time and 6 more minutes of total time, supporting a higher valuation. The RUC also compared the surveyed code to CPT code 64463 *Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)* (work RVU = 1.90, intra-service time = 20 minutes, total time = 54 minutes) and noted that both services involve identical intra-service time, whereas the reference code involves 5 more minutes of total time, therefore is appropriately valued higher. **The RUC recommends a work RVU of 1.75 for CPT code 64489.**

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## Practice Expense

The Practice Expense Subcommittee discussed and approved compelling evidence based on error made in 2014 which inadvertently omitted supply SB019 *drape-towel sterile 18in x 26in* (quantity = 4) from unilateral codes 64486 and 64487. This supply is necessary in order to create a quadrant to block out the whole procedural field during all fascial plane block services, not just bilateral services. This supply item is currently included as a direct PE supply input (quantity = 4) for the bilateral single injection and continuous infusion TAP block codes (64488, 64489). The specialty societies recommended, and the Practice Expense Subcommittee agreed, that SB019 (quantity = 4) be included as a direct PE supply input for all 10 fascial plane block codes. The Practice Expense Subcommittee also adjusted the equipment minute formulas to properly compute for the code family and made minor adjustments to CA019 *Assist physician or other qualified healthcare professional--directly related to physician work time (67%)* for three of the unilateral codes (6XX07, 6XX11, and 64486). **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><b>Surgery</b>  <b>Nervous System</b>  <b>Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System</b>  <b>Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic</b>  <b>Somatic Nerves</b></p> <p><i>Codes 64400-64489 describe . . .</i></p> <p>. . .</p> <p>Codes 64461, 64462, 64463 describe injection of a paravertebral block (PVB). Codes 64486, 64487, 64488, 64489 describe injection of a <del>transversus abdominis plane (TAP)</del> <u>abdominal fascial plane</u> block. Imaging guidance and any injection of contrast are inclusive components of 64461, 64462, 64463, 64486, 64487, 64488, 64489 and are not reported separately.</p> <p>#64461            <i>Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)</i></p> <p>#64463 <i>continuous infusion by catheter (includes imaging guidance, when performed)</i></p>				
#●6XX07	M1	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	000	1.50

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#●6XX08	M2	by continuous infusion(s), including imaging guidance, when performed  (Do not report 6XX07, 6XX08 in conjunction with 76942, 77001, 77002, 77012, 77021)	000	1.74
#●6XX09	M3	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	000	1.67

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#●6XX10	M4	by continuous infusion(s), including imaging guidance, when performed  (Do not report 6XX09, 6XX10 in conjunction with 76942, 77001, 77002, 77012, 77021)	000	1.83
#●6XX11	M5	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	000	1.34
#●6XX12	M6	by continuous infusion(s), including imaging guidance, when performed  (Do not report 6XX11, 6XX12 in conjunction with 76942, 77001, 77002, 77012, 77021)	000	1.67
(f)64486	M7	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	000	1.20
(f)64487	M8	by continuous infusion(s) (includes imaging guidance, when performed)	000	1.39
(f)64488	M9	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	000	1.40
(f)64489	M10	by continuous infusions (includes imaging guidance, when performed)	000	1.75

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**Radiology**  
**Diagnostic Ultrasound**  
**Ultrasonic Guidance Procedures**

76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation*

(Do not report 76942 in conjunction with 10004, 10005, 10006, 10021, 10030, 19083, 19285, 20604, 20606, 20611, 27096, 32408, 32554, 32555, 32556, 32557, 37760, 37761, 43232, 43237, 43242, 45341, 45342, 46948, 55874, 64415, 64416, 64417, 64445, 64446, 64447, 64448, 64479, 64480, 64483, 64484, 6XX07, 6XX08, 6XX09, 6XX10, 6XX11, 6XX12, 64490, 64491, 64493, 64494, 64495, 76975, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0232T, 0481T, 0582T)

*(For harvesting, preparation, and injection[s] of platelet rich plasma, use 0232T)*

**Radiologic Guidance**  
**Fluoroscopic Guidance**

*(Do not report guidance codes 77001, 77002, 77003 for services in which fluoroscopic guidance is included in the 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)*

(Do not report 77001 in conjunction with 33957, 33958, 33959, 33962, 33963, 33964, 36568, 36569, 36572, 36573, 36584, 36836, 36837, 6XX07, 6XX08, 6XX09, 6XX10, 6XX11, 6XX12, 77002)

*(If formal extremity venography is performed from separate venous access and separately interpreted, use 36005 and 75820, 75822, 75825, or 75827)*

✚77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)*

(Use 77002 in conjunction with 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, 27648, 32400, 32553, 36002, 38220, 38221, 38222, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64400, 64405, 64408, 64418, 64420, 64421, 64425, 64430, 64435, 64450, 64455, 6XX07, 6XX08, 6XX09, 6XX10, 6XX11, 6XX12, 64505, 64600, 64605)

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*(77002 is included in all arthrography radiological supervision and interpretation codes. See **Administration of Contrast Material[s]** introductory guidelines for reporting of arthrography procedures)*

77012

*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)*

*(Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32408, 32554, 32555, 32556, 32557, 62270, 62272, 62328, 62329, 6XX07, 6XX08, 6XX09, 6XX10, 6XX11, 6XX12, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 0232T, 0481T, 0629T, 0630T)*

*(For harvesting, preparation, and injection[s] of platelet-rich plasma, use 0232T)*

77021

*Magnetic resonance imaging 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, 32408, 32554, 32555, 32556, 32557, 6XX07, 6XX08, 6XX09, 6XX10, 6XX11, 6XX12, 0232T, 0481T)*

*(For harvesting, preparation, and injection[s] of platelet-rich plasma, use 0232T)*

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:6XX07	Tracking Number	Original Specialty Recommended RVU: <b>1.50</b>
		Presented Recommended RVU: <b>1.50</b>
Global Period: 000	Current Work RVU:	RUC Recommended RVU: <b>1.50</b>

CPT Descriptor: Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old female undergoes breast surgery under general anesthesia. To provide post operative pain control and minimize opioid usage, a thoracic fascial plane block is placed.

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 typically 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 medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's thoracic region is prepped with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: An ultrasound transducer is placed over the target area for the thoracic fascial plane block. Using continuous ultrasound guidance, the layers of the thoracic wall are identified. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a needle is advanced into the interfascial plane. Local anesthetic (e.g., 0.25% bupivacaine) is injected.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the thoracic block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. If the patient is stable, she may be discharged home after meeting all appropriate discharge criteria. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	6XX07				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	51		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	9.00	<b>12.00</b>	50.00	150.00
<b>Survey RVW:</b>	1.00	1.50	<b>1.70</b>	1.77	20.00
<b>Pre-Service Evaluation Time:</b>			<b>12.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>4.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>4.00</b>		
<b>Intra-Service Time:</b>	3.00	6.00	<b>10.00</b>	12.00	29.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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)

<b>CPT Code:</b>	6XX07	<b>Recommended Physician Work RVU: 1.50</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>12.00</b>	<b>13.00</b>	<b>-1.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>4.00</b>	<b>6.00</b>	<b>-2.00</b>
<b>Intra-Service Time:</b>		<b>10.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>5.00</b>	<b>18.00</b>	<b>-13.00</b>



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0	99239x 0.0	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64461	000	1.75	RUC Time

CPT Descriptor Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64415	000	1.50	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51710	000	1.35	RUC Time	14,921

CPT Descriptor 1 Change of cystostomy tube; complicated

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 31      % of respondents: 61.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 14 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>6XX07</u>	Top Key Reference CPT Code: <u>64461</u>	2nd Key Reference CPT Code: <u>64415</u>
Median Pre-Service Time	17.00	19.00	18.00
Median Intra-Service Time	10.00	15.00	10.00
Median Immediate Post-service Time	5.00	10.00	7.00
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	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>32.00</b>	<b>44.00</b>	<b>35.00</b>
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.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	23%	55%	23%	0%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
38%	42%	19%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	32%	52%	16%

Physical effort required	6%	77%	16%
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**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

29%

58%

13%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

71%

14%

14%

**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%

67%

17%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

0%

57%

43%

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

43%

14%

43%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.*

**Survey**

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an Expert Panel to develop the practice expense (PE) recommendations. The Expert Panel also reviewed the survey data and the existing RVUs and PE inputs and previous RUC survey of TAP block codes data to inform their recommendations.

## Society Recommendations

### 6XX07

#### *Pre-Service Package*

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with the following adjustments:

- The societies recommend a 1 minute decrease in the pre-service evaluation time from the pre-service package time of 13 minutes to the survey median time of 12 minutes. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for positioning time. While this is below the survey median time of 4 minutes, the societies believe 1 minute is appropriate.
- The societies recommend a 2 minute decrease in the pre-service scrub, dress and wait time from the pre-service package time of 6 minutes to the survey median time of 4 minutes.

The total pre-service time based on the adjusted pre-service evaluation and pre-service SDW time is 17 minutes, which is a 3 minute decrease compared to the pre-service package 1 total time of 20 minutes.

### 6XX07

#### *Post-Service Package*

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect a 13 minute decrease from 18 minutes to the survey median time of 5 minutes.

### 6XX07

#### *Work RVU*

The societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.50 based on the following rationale:

- The recommended wRVU of 1.50 is appropriate relative to the recommended wRVU of 1.34 for the unilateral single injection lower extremity fascial plane block code (6XX11) and the recommended wRVU of 1.20 for the unilateral single injection TAP block code (64486).
- While the median intra-service time (10 minutes) is the same for all unilateral single injection codes (6XX07, 6XX11, 64486), the increased wRVU for 6XX07 is appropriate due to the increased intensity, complexity, and risk required to place a block in the thoracic region compared to the abdominal or lower extremity regions. **For additional information to support the recommended increased intensity for all four thoracic fascial plane block codes, please see the handout for Tab 8.**

### 6XX07

#### *KRS Codes*

- The first KRS, which was chosen by 61% of respondents, was 64461, *Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)*, which has a wRVU of 1.75 and times of 19/15/10.
- The second KRS, which was chosen by 14% of respondents, was, 64415, *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed*, which has a wRVU 1.50 of and times of 18/10/7.

**Summary:** For code 6XX07, the societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.50 and 17 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time.



Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,108  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that unilateral single injection thoracic blocks will account for 5% of the 2021 utilization of code 64999, as published in the RUC database. This estimate was based on input from the Expert Panel of RUC advisors that reviewed the survey data.

Specialty Anesthesiology	Frequency 754	Percentage 68.00 %
Specialty Pain Management	Frequency 44	Percentage 4.00 %
Specialty Interventional Pain Management	Frequency 22	Percentage 2.00 %

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

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### **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. 64486

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:6XX08	Tracking Number	Original Specialty Recommended RVU: <b>1.74</b>
		Presented Recommended RVU: <b>1.74</b>
Global Period: 000	Current Work RVU:	RUC Recommended RVU: <b>1.74</b>

CPT Descriptor: Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 59-year-old female undergoes cardiac surgery via a minimally invasive approach and limited right thoracotomy under general anesthesia. To provide post operative pain control and minimize opioid usage, a thoracic fascial plane block with catheter placement for continuous infusion is placed.

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 typically 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%

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Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's thoracic region is prepped with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: An ultrasound transducer is placed over the target area for the thoracic fascial plane block. Using continuous ultrasound guidance, the layers of the thoracic wall are identified. The placement needle is then inserted deep to the erector spinae muscle. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a catheter is inserted through the placement needle and the needle is removed. The catheter is secured and then a sterile occlusive dressing is applied. Local anesthetic (e.g., 0.25% bupivacaine) is infused unilaterally into the fascial plane.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the thoracic block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. The patient is educated on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process of catheter removal. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	6XX08				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	32		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	<b>10.00</b>	25.00	100.00
<b>Survey RVW:</b>	1.34	1.74	<b>1.80</b>	1.90	25.00
<b>Pre-Service Evaluation Time:</b>			<b>16.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>5.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>5.00</b>		
<b>Intra-Service Time:</b>	5.00	10.00	<b>15.00</b>	20.00	40.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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)

<b>CPT Code:</b>	6XX08	<b>Recommended Physician Work RVU: 1.74</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>13.00</b>	<b>13.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>5.00</b>	<b>6.00</b>	<b>-1.00</b>
<b>Intra-Service Time:</b>		<b>15.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>10.00</b>	<b>18.00</b>	<b>-8.00</b>



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0	99239x 0.0	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64416	000	1.80	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64448	000	1.68	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55876	000	1.73	RUC Time	22,062

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36556	000	1.75	RUC Time	340,702

CPT Descriptor 2 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 11      % of respondents: 34.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 4      % of respondents: 13.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>6XX08</u>	Top Key Reference CPT Code: <u>64416</u>	2nd Key Reference CPT Code: <u>64448</u>
Median Pre-Service Time	19.00	19.00	19.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	10.00	9.00
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
<b>Median Total Time</b>	<b>44.00</b>	<b>44.00</b>	<b>43.00</b>
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.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	18%	73%	9%	0%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
0%	90%	10%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	18%	82%	0%
Physical effort required	9%	91%	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

18%	82%	0%
-----	-----	----

**Survey Code Compared to 2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

<b>Overall intensity/complexity</b>	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

0%	100%	0%
----	------	----

**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required	25%	50%	25%
--------------------------	-----	-----	-----

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

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 IWP/UT 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.*

*Survey*

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an Expert Panel to develop the practice expense (PE) recommendations. The Expert Panel also reviewed the survey data and the existing RVUs and PE inputs and previous RUC survey of TAP block codes data to inform their recommendations.

## Society Recommendations

### 6XX08

#### Pre-Service Package

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with the following adjustments:

- The societies recommend no adjustment to the pre-service package time of 13 minutes for the pre-service evaluation time. While this is below the survey median time of 16 minutes, the societies believe 13 minutes is appropriate. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for pre-service positioning time. While this is below the survey median time of 5 minutes, the societies believe 1 minute is appropriate.
- The societies recommend a 1 minute decrease in the pre-service scrub, dress and wait time from the pre-service package time of 6 minutes to the survey median time of 5 minutes.

The total pre-service time based on the adjusted pre-service evaluation and pre-service SDW time is 19 minutes, which is a 1 minute decrease compared to the pre-service package 1 total time of 20 minutes.

### 6XX08

#### Post-Service Package

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect an 8 minute decrease from 18 minutes to the survey median time of 10 minutes. **For additional information to support the recommended post-service time for the continuous infusion fascial plane block codes, please see the handout for Tab 8.**

### 6XX08

#### Work RVU

The societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.74 based on the following rationale:

- The recommended wRVU of 1.74 is appropriate relative to the recommended wRVU of 1.67 for the unilateral continuous infusion lower extremity fascial plane block code (6XX12) and the recommended wRVU of 1.66 for the unilateral continuous infusion TAP block code (64487).
- While the median intra-service time (15 minutes) is the same for the thoracic and lower extremity unilateral continuous infusion fascial plane block codes, the increased wRVU for 6XX08 is appropriate due to the increased intensity, complexity, and risk required to place a block in the thoracic region compared to the lower extremity region. **For additional information to support the recommended increased intensity for all four thoracic fascial plane block codes, please see the handout for Tab 8.**
- An incremental increase of 0.24 wRVUs compared to unilateral single injection thoracic fascial plane block code (6XX07) splits the difference between the incremental difference for other single injection and continuous infusion codes, including 0.15 for 64461 and 64463, 0.23 for 62322 and 62326, 0.30 for 64415 and 64416, and 0.34 for 64447 and 64448. This is consistent with the approach the RUC took in 2014. **For additional information to support the recommended incremental increases between the single injection and continuous infusion fascial plane block codes, please see the handout for Tab 8.**

### 6XX08

#### KRS Codes

- The first KRS, which was chosen by 35% of respondents, was 64416, *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed*, which has a wRVU of 1.80 and times of 19/15/10.
- The second KRS was a tie between two codes, each of which was chosen by 4 of respondents.
  - 64461, *Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)*, has an wRVU of 1.75, and times of 19/15/10.
  - 64448, *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed*, has an wRVU of 1.68, and times of 19/15/9.
- The recommendation for 6XX08 is well supported by the 1<sup>st</sup> and two 2<sup>nd</sup> KRS codes. A majority of survey respondents said 6XX08 was either identical, somewhat or much more intense compared all three KRS codes on each metric evaluated with the exception of psychological stress for which one of the 2<sup>nd</sup> KRS codes (64461) was a 50/50 split.

**Summary:** For 6X008, the societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.74 and 19 minutes of pre-service time, 15 minutes of intra-service time, and 10 minutes of post-service time.

	6XX08 (survey median)	6XX08 (recommended)	1st KRS (64416)
Pre-Service Evaluation Time	16	13	13
Pre-Service Positioning Time	5	1	1

			CPT Code: 6XX08
Pre-Service SDW Time	5	5	5
Intra-Service Time	15	15	15
Immediate Post-Service Time	10	10	10
TOTAL TIME	51	44	44
Work RVU	1.80	1.74	1.80

## 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) 64999, Unlisted procedure, nervous system. Medicare frequency for 64999 was reviewed by the Expert Panel of RUC advisors that reviewed the survey data.

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 Anesthesiology How often? Sometimes

Specialty Pain Management How often? Sometimes

Specialty Interventional Pain Management 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 not available.

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? 1,108

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that unilateral continuous infusion thoracic blocks would account for

5% of the 2021 utilization of code 64999, as published in the RUC database. This estimate was based on input from the Expert Panel of RUC advisors that reviewed the survey data.

Specialty Anesthesiology	Frequency 754	Percentage 68.00 %
Specialty Pain Management	Frequency 44	Percentage 4.00 %
Specialty Interventional Pain Management	Frequency 22	Percentage 2.00 %

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

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### **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. 64486

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 6XX09	Tracking Number	Original Specialty Recommended RVU: <b>1.67</b>
		Presented Recommended RVU: <b>1.67</b>
Global Period: 000	Current Work RVU:	RUC Recommended RVU: <b>1.67</b>

CPT Descriptor: Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65-year-old female undergoes bilateral breast surgery under general anesthesia. To provide post operative pain control and minimize opioid usage, a bilateral thoracic fascial plane block is placed.

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 typically 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 medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's thoracic region is prepped with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: An ultrasound transducer is placed over the target area for the thoracic fascial plane block. Using continuous ultrasound guidance, the layers of the thoracic wall are identified. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a needle is advanced into the interfascial plane. Local anesthetic (e.g., 0.25% bupivacaine) is injected. A repeat procedure is then carried out in an identical fashion on the opposite side.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the thoracic block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. If the patient is stable, she may be discharged home after meeting all appropriate discharge criteria. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	6XX09				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	49		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	9.00	<b>20.00</b>	40.00	150.00
<b>Survey RVW:</b>	1.10	1.67	<b>1.90</b>	2.11	24.00
<b>Pre-Service Evaluation Time:</b>			<b>12.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>4.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>4.00</b>		
<b>Intra-Service Time:</b>	3.00	10.00	<b>14.00</b>	20.00	40.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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)

<b>CPT Code:</b>	6XX09	<b>Recommended Physician Work RVU: 1.67</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>12.00</b>	<b>13.00</b>	<b>-1.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>4.00</b>	<b>6.00</b>	<b>-2.00</b>
<b>Intra-Service Time:</b>		<b>14.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>5.00</b>	<b>18.00</b>	<b>-13.00</b>



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64461	000	1.75	RUC Time

CPT Descriptor Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64415	000	1.50	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
90945	000	1.56	RUC Time	123,896

CPT Descriptor 1 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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
62323	000	1.80	RUC Time	548,699

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 21      % of respondents: 44.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 13.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>6XX09</u>	Top Key Reference CPT Code: <u>64461</u>	2nd Key Reference CPT Code: <u>64415</u>
Median Pre-Service Time	17.00	19.00	18.00
Median Intra-Service Time	14.00	15.00	10.00
Median Immediate Post-service Time	5.00	10.00	7.00
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
<b>Median Total Time</b>	<b>36.00</b>	<b>44.00</b>	<b>35.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	14%	43%	43%	0%

**Mental Effort and Judgment**

- 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

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
	38%	24%	38%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	34%	43%	24%

Physical effort required	5%	52%	43%
--------------------------	----	-----	-----

**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

33%

38%

29%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More**

<b>Overall intensity/complexity</b>	0%	0%	50%	33%	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

33%

50%

17%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required	17%	50%	34%
--------------------------	-----	-----	-----

Physical effort required	17%	83%	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

33%

17%

50%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.*

**Survey**

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an Expert Panel to develop the practice expense (PE) recommendations. The Expert Panel also reviewed the survey data and the existing RVUs and PE inputs and previous RUC survey of TAP block codes data to inform their recommendations.

## Society Recommendations

### 6XX09

#### Pre-Service Package

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with the following adjustments:

- The societies recommend a 1 minute decrease in the pre-service evaluation time from the pre-service package time of 13 minutes to the survey median time of 12 minutes. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for pre-service positioning time. While this is below the survey median time of 4 minutes, the societies believe 1 minute is appropriate.
- The societies recommend a 2 minute decrease in the pre-service scrub, dress and wait time from the pre-service package time of 6 minutes to the survey median time of 4 minutes.

The total pre-service time based on the adjusted pre-service evaluation, and pre-service SDW time is 17 minutes, which is a 3 minute decrease compared to the pre-service package 1 total time of 20 minutes.

### 6XX09

#### Post-Service Package

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect a 13 minute decrease from 18 minutes to the survey median time of 5 minutes.

### 6XX09

#### Work RVU

The societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.67 based on the following rationale:

- The recommended wRVU of 1.67 is appropriate relative to the recommended wRVU of 1.40 for the bilateral single injection TAP block code (64488). This is appropriate due to the increased intensity, complexity, and risk required to place a block in the thoracic region compared to the abdominal region. **For additional information to support the recommended increased intensity for all four thoracic fascial plane block codes, please see the handout for Tab 8.**
- An incremental increase of 0.17 wRVUs compared to the unilateral single injection thoracic block code (6XX07) is appropriate based on the additional 4 minutes of intra-service time observed in the survey data, which appropriately reflects the additional time needed to place a second block during a bilateral service.

### 6XX09

#### KRS Codes

- The first KRS, which was chosen by 44% of respondents, was 64461, *Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)*, which has an RVW of 1.75, and times of 19/15/10.
- The second KRS, which was chosen by 13% of respondents was 64415, *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed*, which has an RVW of 1.50, and times of 18/10/7.

**Summary:** For 6X009, the societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.67 and 17 minutes of pre-service time, 14 minutes of intra-service time, and 5 minutes of post-service time.

	6XX09 (survey median)	6XX09 (recommended)	64461 (1 <sup>st</sup> KRS)
Pre-Service Evaluation Time	12	12	13
Pre-Service Positioning Time	4	1	1
Pre-Service SDW Time	4	4	5
Intra-Service Time	14	14	15
Immediate Post-Service Time	5	5	10
TOTAL TIME	39	36	44
Work RVU	1.90	1.67	1.75

**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) 64999, Unlisted procedure, nervous system. Medicare frequency for 64999 was reviewed by the Expert Panel of RUC advisors that reviewed the survey data.

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 Anesthesiology How often? Sometimes
- Specialty Pain Management How often? Sometimes
- Specialty Interventional Pain Management 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 not available.

Specialty Anesthesiology	Frequency	Percentage	%
Specialty Pain Management	Frequency	Percentage	%
Specialty Interventional Pain Management	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,108  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that bilateral single injection thoracic blocks would account for 5% of the 2021 utilization of code 64999, as published in the RUC database. This estimate was based on input from the Expert Panel of RUC advisors that reviewed the survey data.

Specialty Anesthesiology	Frequency 754	Percentage 68.00 %
Specialty Pain Management	Frequency 44	Percentage 4.00 %
Specialty Interventional Pain Management	Frequency 22	Percentage 2.00 %

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

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### **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. 64486

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:6XX10	Tracking Number	Original Specialty Recommended RVU: <b>1.83</b>
		Presented Recommended RVU: <b>1.83</b>
Global Period: 000	Current Work RVU:	RUC Recommended RVU: <b>1.83</b>

CPT Descriptor: Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old female undergoes cardiac surgery by median sternotomy under general anesthesia. To provide post operative pain control and minimize opioid usage, a bilateral thoracic fascial plane block with catheter placement for continuous infusion is placed.

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 typically 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%

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Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's thoracic region is prepped with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: An ultrasound transducer is placed over the target area for the thoracic fascial plane block. Using continuous ultrasound guidance, the layers of the thoracic wall are identified. The placement needle is then inserted deep to the erector spinae muscle. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a catheter is inserted through the placement needle and the needle is removed. The catheter is secured and then a sterile occlusive dressing is applied. A repeat procedure is then carried out in an identical fashion on the opposite side. Local anesthetic (e.g., 0.25% bupivacaine) is delivered via 2 separate infusion pumps.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the thoracic block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. The patient is educated on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process of catheter removal. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	6XX10				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	30		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	<b>10.00</b>	35.00	80.00
<b>Survey RVW:</b>	1.40	1.83	<b>2.20</b>	2.55	18.00
<b>Pre-Service Evaluation Time:</b>			<b>16.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>5.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>6.00</b>		
<b>Intra-Service Time:</b>	5.00	16.00	<b>20.00</b>	27.00	50.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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)

<b>CPT Code:</b>	6XX10	<b>Recommended Physician Work RVU: 1.83</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>13.00</b>	<b>13.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>6.00</b>	<b>6.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>20.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>10.00</b>	<b>18.00</b>	<b>-8.00</b>



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64416	000	1.80	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64461	000	1.75	RUC Time

CPT Descriptor Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36556	000	1.75	RUC Time	340,702

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64483	000	1.90	RUC Time	880,177

CPT Descriptor 2 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 8      % of respondents: 27.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 20 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>6XX10</u>	Top Key Reference CPT Code: <u>64416</u>	2nd Key Reference CPT Code: <u>64461</u>
Median Pre-Service Time	20.00	19.00	19.00
Median Intra-Service Time	20.00	15.00	15.00
Median Immediate Post-service Time	10.00	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	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>50.00</b>	<b>44.00</b>	<b>44.00</b>
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.*

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
<b>Overall intensity/complexity</b>	0%	38%	38%	13%	13%

**Mental Effort and Judgment**

- 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

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	14%	57%	28%

**Technical Skill/Physical Effort**

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	50%	38%	13%
Physical effort required	13%	63%	26%

**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%

63%

13%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

17%

33%

17%

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

17%

33%

50%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

33%

17%

50%

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

33%

33%

34%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.*

**Survey**

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an Expert Panel to develop the practice expense (PE) recommendations. The Expert Panel also reviewed the survey data and the existing RVUs and PE inputs and previous RUC survey of TAP block codes data to inform their recommendations.

## Society Recommendations

### 6XX10

#### Pre-Service Package

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with no adjustments, based on the following rationale:

- The societies recommend no adjustment to the pre-service package time of 13 minutes for the pre-service evaluation time. While this is below the survey median time of 16 minutes, the societies believe 13 minutes is appropriate. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for pre-service positioning time. While this is below the survey median time of 5 minutes, the societies believe 1 minute is appropriate.
- The societies recommend no adjustment to the pre-service scrub, dress and wait time of 6 minutes, which is the same as the survey median time.

The societies recommend a total pre-service time of 20 minutes, which is the same as the pre-service package 1 total time.

### 6XX10

#### Post-Service Package

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect an 8 minute decrease from 18 minutes to the survey median time of 10 minutes. **For additional information to support the recommended post-service time for the continuous infusion fascial plane block codes, please see the handout for Tab 8.**

### 6XX10

#### Work RVU

The societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.83 based on the following rationale:

- The recommended wRVU of 1.83 is appropriate relative to the recommended wRVU of 1.75 for the bilateral continuous infusion TAP block code (64489). **For additional information to support the recommended increased intensity for all four thoracic fascial plane block codes, please see the handout for Tab 8.**
- An incremental increase of 0.17 wRVU compared to the bilateral single injection thoracic block code splits the difference between the incremental difference for other single injection and continuous infusion codes, including 0.15 for 64461 and 64463, 0.23 for 62322 and 62326, 0.30 for 64415 and 64416, and 0.34 for 64447 and 64448. This is consistent with the approach the RUC took in 2014. **For additional information to support the recommended incremental increases between the single injection and continuous infusion fascial plane block codes, please see the handout for Tab 8.**
- An incremental increase of 0.09 wRVUs compared to the unilateral continuous infusion thoracic block code (6XX09) is appropriate based on the additional 5 minutes of intra-service time observed in the survey data, which appropriately reflects the additional time needed to place a second block during a bilateral service.

### 6XX10

#### KRS Codes

- The KRS, which was chosen by 27% of respondents, was 64416, *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed*, which has an RVW of 1.80, and times of 19/15/10.
- The second KRS was a tie between two services, each of which was chosen by 6 of respondents.
  - 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)*, has an RVW of 2.20, and times of 20/15/10
  - 64461, *Paravertebral block (PVB) (paraspinal block), thoracic; single injection site (includes imaging guidance, when performed)*, has an RVW of 1.75, and times of 19/15/10.
- The recommendation for 6XX10 is well supported by the 1<sup>st</sup> and two 2<sup>nd</sup> KRS codes. A majority of survey respondents said 6XX10 was either identical, somewhat or much more intense compared all three KRS codes on each metric evaluated with the exception of technical skill for which one of the 2<sup>nd</sup> KRS codes (64416) was a 50/50 split.

**Summary:** For 6X010, the societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.83 and 20 minutes of pre-service time, 20 minutes of intra-service time, and 10 minutes of post-service time.

	6XX10 (survey median)	6XX10 (recommended)	64416 (1 <sup>st</sup> KRS)
Pre-Service Evaluation Time	16	13	13
Pre-Service Positioning Time	5	1	1

			CPT Code: 6XX10
Pre-Service SDW Time	6	6	5
Intra-Service Time	20	20	15
Immediate Post-Service Time	10	10	10
TOTAL TIME	57	50	44
Work RVU	2.20	1.83	1.80

## 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) 64999, Unlisted procedure, nervous system. Medicare frequency for 64999 was reviewed by the expert panel of RUC advisors that reviewed the survey data.

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 Anesthesiology How often? Sometimes

Specialty Pain Management How often? Sometimes

Specialty Interventional Pain Management 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 not available.

Specialty Anesthesiology Frequency Percentage %

Specialty Pain Management Frequency Percentage %

Specialty Interventional Pain Management Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,108

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that bilateral continuous infusion thoracic blocks would account for 5%

of the 2021 utilization of code 64999, as published in the RUC database. This estimate was based on input from the expert panel of RUC advisors that reviewed the survey data.

Specialty Anesthesiology	Frequency 754	Percentage 68.00 %
Specialty Pain Management	Frequency 44	Percentage 4.00 %
Specialty Interventional Pain Management	Frequency 22	Percentage 2.00 %

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

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### **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. 64486

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:6XX11	Tracking Number	Original Specialty Recommended RVU: <b>1.34</b>
Global Period: 000	Current Work RVU:	Presented Recommended RVU: <b>1.34</b>
		RUC Recommended RVU: <b>1.34</b>

CPT Descriptor: Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 55-year-old female undergoes elective total hip arthroplasty under general anesthesia. To provide post operative pain control and minimize opioid usage, a lower extremity fascial plane block is placed.

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 typically 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 medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's lower extremity is prepped with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: An ultrasound transducer is placed over the target area for the lower extremity fascial plane block. Using continuous ultrasound guidance, the appropriate tissue plane for the fascia iliaca block is identified. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a needle is then inserted between the fascia iliaca and iliacus muscle. Local anesthetic (e.g., 0.25% bupivacaine) is injected.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the lower extremity block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. If the patient is stable, she may be discharged home after meeting all appropriate discharge criteria. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	6XX11				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	51		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	<b>20.00</b>	50.00	500.00
<b>Survey RVW:</b>	1.10	1.34	<b>1.40</b>	1.53	20.00
<b>Pre-Service Evaluation Time:</b>			<b>12.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>3.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>3.00</b>		
<b>Intra-Service Time:</b>	1.00	5.00	<b>10.00</b>	15.00	29.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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

<b>CPT Code:</b>	6XX11	<b>Recommended Physician Work RVU: 1.34</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>12.00</b>	<b>13.00</b>	<b>-1.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>3.00</b>	<b>6.00</b>	<b>-3.00</b>
<b>Intra-Service Time:</b>		<b>10.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>5.00</b>	<b>18.00</b>	<b>-13.00</b>



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64447	000	1.34	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64445	000	1.39	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
43450	000	1.28	RUC Time	54,759

CPT Descriptor 1 Dilation of esophagus, by unguided sound or bougie, single or multiple passes

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51710	000	1.35	RUC Time	14,921

CPT Descriptor 2 Change of cystostomy tube; complicated

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 28      % of respondents: 56.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 10.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>6XX11</u>	Top Key Reference CPT Code: <u>64447</u>	2nd Key Reference CPT Code: <u>64445</u>
Median Pre-Service Time	16.00	16.00	9.00
Median Intra-Service Time	10.00	8.00	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	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>31.00</b>	<b>29.00</b>	<b>24.00</b>
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.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	7%	71%	21%	0%

**Mental Effort and Judgment**

- 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

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	4%	69%	27%

**Technical Skill/Physical Effort**

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	11%	54%	36%
Physical effort required	4%	82%	15%

**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%

61%

18%

**Survey Code Compared to 2nd 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 and analyzed
- Urgency of medical decision making

0%

80%

20%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

20%

40%

40%

Physical effort required

0%

60%

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%

80%

20%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR 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.*

*Survey*

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an expert panel to develop the practice expense (PE) recommendations. The expert panel also reviewed the survey data and the existing RVUs and inputs and previous RUC survey of TAP block codes data to inform their recommendations.

**Society Recommendations****6XX11***Pre-Service Package*

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with the following adjustments:

- The societies recommend a 1 minute decrease in the pre-service evaluation time from the pre-service package time of 13 minutes to the survey median time of 12 minutes. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for pre-service positioning time. While this is below the survey median time of 3 minutes, the societies believe 1 minute is appropriate.
- The societies recommend a 3 minute decrease in the pre-service scrub, dress and wait time from the pre-service package time of 6 minutes to the survey median time of 3 minutes.

The total pre-service time based on the adjusted pre-service evaluation, and pre-service SDW time is 16 minutes, which is a 4 minute decrease compared to the pre-service package 1 total time of 20 minutes.

**6XX11***Post-Service Package*

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect a 13 minute decrease from 18 minutes to the survey median time of 5 minutes.

**6XX11***Work RVU*

The societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.34 based on the following rationale:

- The recommended wRVU of 1.34 is appropriate relative to the recommended wRVU of 1.5 for the unilateral single injection thoracic fascial plane block code (6XX07) and the recommended wRVU of 1.20 for the unilateral single injection TAP block code (64486).
- While the median intra-service time (10 minutes) is the same for all unilateral single injection codes (6XX07, 6XX11, 64486), the increase in wRVU (0.14) for the unilateral lower extremity single injection code (6XX11) relative to the unilateral TAP single injection code (64486) is appropriate due to the more intense physician work next to the femoral artery as opposed to the abdominis plane. In 2021, the RUC reviewed 64447, *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed*, (the first key reference service for 6XX11) and noted that an injection site next to a major vessel and nerve, as opposed to the abdominis plane, involves more intense physician work. The decrease in wRVU (-0.16) for the lower extremity single injection code (6XX11) relative to the thoracic single injection code (6XX07) is appropriate due to the more intense physician work of placing a thoracic block. **For additional information to support the recommended increased intensity for all four thoracic fascial plane block codes, please see the handout for Tab 8.**
- While the IWPUT for 6XX11 (0.0912) is at the higher end of the range compared to the other fascial plane block codes, it is lower than the 1<sup>st</sup> and 2<sup>nd</sup> KRS codes, which have IWPUTs ranging of 0.1141 (1<sup>st</sup> KRS, 64447), 0.1091 (tie for 2<sup>nd</sup> KRS, 6445), and 0.0997 (tie for 2<sup>nd</sup> KRS, 64415). Given that this is a low IST code, the IWPUT of 0.0912 is appropriate.

**6XX11***KRS Codes*

- The first key reference services, which was chosen by 56% of respondents, was 64447, *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed*, which has an RVW of 1.34, and times of 16/8/5.
- The second key reference service was a tie between two services, each of which was chosen by 5 of respondents.
  - 64415, *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed*, has an RVW of 1.50, and times of 18/10/7.
  - 64445, *Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed*, has an RVW of 1.39, and times of 9/10/5.
- The recommendation for 6XX11 is well supported by the 1<sup>st</sup> and two 2<sup>nd</sup> KRS codes. A majority of survey respondents said 6XX11 was either identical, somewhat or much more intense compared all three KRS codes on each metric evaluated.

**Summary:** For 6XX11, the societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.34 and 16 minutes of pre-service time, 10 minutes of intra-service time, and 5 minutes of post-service time.

	6XX11 (survey median)	6XX11 (recommended)	64447 (1 <sup>st</sup> KRS)
Pre-Service Evaluation Time	12	12	12
Pre-Service Positioning Time	3	1	1
Pre-Service SDW Time	3	3	3
Intra-Service Time	10	10	8
Immediate Post-Service Time	5	5	5
TOTAL TIME	33	31	29
Work RVU	1.40	1.34	1.34

## 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) 64999, Unlisted procedure, nervous system. Medicare frequency for 64999 was reviewed by the expert panel of RUC advisors that reviewed the survey data.

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 Anesthesiology How often? Sometimes

Specialty Pain Management How often? Sometimes

Specialty Interventional Pain Management 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 not available.

Specialty Anesthesiology Frequency Percentage %

Specialty Pain Management Frequency Percentage %

Specialty Interventional Pain Management                      Frequency                      CPT Code: 6XX11  
Percentage                      %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,433  
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that single injection lower extremity blocks would account for 20% of current utilization of code 64999. This estimate was based on input from the expert panel of RUC advisors that reviewed the survey data.

Specialty Anesthesiology                      Frequency 3015                      Percentage 68.00 %

Specialty Pain Management                      Frequency 177                      Percentage 4.00 %

Specialty Interventional Pain Management                      Frequency 89                      Percentage 2.00 %

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

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### **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. 64486

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:6XX12	Tracking Number	Original Specialty Recommended RVU: <b>1.67</b>
		Presented Recommended RVU: <b>1.67</b>
Global Period: 000	Current Work RVU:	RUC Recommended RVU: <b>1.67</b>

CPT Descriptor: Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: An 81-year-old female undergoes hip fracture repair under general anesthesia. To provide post operative pain control and minimize opioid usage, a lower extremity fascial plane block with catheter placement for continuous infusion is placed.

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 typically 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%

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Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patients lower extremity is prepped with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: An ultrasound transducer is placed in an axial (transverse) plane over the target area for the lower extremity fascial plane block. Using continuous ultrasound guidance, the appropriate tissue plane for the fascia iliaca block is identified. The placement needle is then inserted between the fascia iliaca and iliacus muscle. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a catheter is inserted through the placement needle and the needle is removed. The catheter is secured and then a sterile occlusive dressing is applied. Local anesthetic (e.g., 0.25% bupivacaine) is infused unilaterally into the fascial plane.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the lower extremity block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. The patient is educated on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process of catheter removal. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	6XX12				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	34		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	<b>18.00</b>	43.00	200.00
<b>Survey RVW:</b>	1.25	1.67	<b>1.70</b>	1.80	19.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>5.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>5.00</b>		
<b>Intra-Service Time:</b>	5.00	10.00	<b>15.00</b>	20.00	35.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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)

<b>CPT Code:</b>	6XX12	<b>Recommended Physician Work RVU: 1.67</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>13.00</b>	<b>13.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>5.00</b>	<b>6.00</b>	<b>-1.00</b>
<b>Intra-Service Time:</b>		<b>15.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>10.00</b>	<b>18.00</b>	<b>-8.00</b>



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64448	000	1.68	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64446	000	1.75	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
36556	000	1.75	RUC Time	340,702

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
				Most Recent

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 20      % of respondents: 56.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 17.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>6XX12</u>	Top Key Reference CPT Code: <u>64448</u>	2nd Key Reference CPT Code: <u>64446</u>
Median Pre-Service Time	19.00	19.00	19.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	9.00	10
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	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>44.00</b>	<b>43.00</b>	<b>44.00</b>
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.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	10%	60%	30%	0%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
5%	80%	15%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	10%	65%	25%
Physical effort required	5%	75%	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%	65%	25%
-----	-----	-----

**Survey Code Compared to 2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

<b>Overall intensity/complexity</b>	0%	17%	83%	0%	0%
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**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%	83%	0%
-----	-----	----

**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required	33%	67%	0%
--------------------------	-----	-----	----

Physical effort required	0%	83%	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

17%	83%	0%
-----	-----	----

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.*

*Survey*

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an Expert Panel to develop the practice expense (PE) recommendations. The Expert Panel also reviewed the survey data and the existing RVUs and inputs and previous RUC survey of TAP block codes data to inform their recommendations.

## Society Recommendations

### 6XX12

#### Pre-Service Package

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with the following adjustments:

- The societies recommend no adjustment to the pre-service package time of 13 minutes for the pre-service evaluation time. While this is below the survey median time of 15 minutes, the societies believe 13 minutes is appropriate. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for pre-service positioning time. While this is below the survey median time of 4 minutes, the societies believe 1 minute is appropriate.
- The societies recommend a 1 minute decrease in the pre-service scrub, dress and wait time from the pre-service package time of 6 minutes to the survey median time of 5 minutes.

The total pre-service time based on the adjusted pre-service evaluation, and pre-service SDW time is 19 minutes, which is a 1 minute decrease compared to the pre-service package 1 total time of 20 minutes.

### 6XX12

#### Post-Service Package

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect an 8 minute decrease from 18 minutes to the survey median time of 10 minutes. **For additional information to support the recommended post-service time for the continuous infusion fascial plane block codes, please see the handout for Tab 8.**

### 6XX12

#### Work RVU

The societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.67 based on the following rationale:

- The recommended wRVU of 1.67 is appropriate relative to the recommended wRVU of 1.74 for the unilateral continuous infusion thoracic fascial plane block code (6XX08) and the recommended wRVU of 1.39 for the unilateral continuous infusion TAP block code (64487).
- While the median intra-service time (15 minutes) is the same for the unilateral continuous infusion thoracic and lower extremity codes (6XX08, 6XX12), the decrease in wRVU (-0.07) for the unilateral continuous infusion lower extremity code (6XX12) relative to the unilateral continuous infusion thoracic code (6XX08) is appropriate due to the more intense physician work of placing a thoracic block. **For additional information to support the recommended increased intensity for all four thoracic fascial plane block codes, please see the handout for Tab 8.**
- The 3 minute increase in median intra-service time for the unilateral lower extremity continuous infusion code (6XX12) compared to the unilateral continuous infusion TAP code (64487) and the more intense physician work next to the femoral artery as opposed to the abdominis plane supports the increase in wRVU (0.28) for the unilateral continuous infusion lower extremity code (6XX12) relative to the unilateral continuous infusion TAP code (64487). In 2021, the RUC reviewed 64447, *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed*, and noted that an injection site next to a major vessel and nerve, as opposed to the abdominis plane, involves more intense physician work.

### 6XX12

#### KRS Codes

- The 1<sup>st</sup> KRS code, which was chosen by 56% of respondents, was 64448, *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed*, which has an RVW of 1.68, and times of 19/15/9.
- The 2<sup>nd</sup> KRS code, which was chosen by 17% of respondents, was 64446, *Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed*, which has an RVW of 1.75, and times of 19/15/10.

**Summary:** For 6XX12, the societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.67 and 19 minutes of pre-service time, 15 minutes of intra-service time, and 10 minutes of post-service time.

	6XX12 (survey median)	6XX12 (recommended)	1st KRS (64448)
Pre-Service Evaluation Time	15	13	13
Pre-Service Positioning Time	5	1	1
Pre-Service SDW Time	5	5	5
Intra-Service Time	15	15	15

			CPT Code: 6XX12
Immediate Post-Service Time	10	10	9
TOTAL TIME	50	44	43
Work RVU	1.70	1.67	1.68

## 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) 64999, Unlisted procedure, nervous system. Medicare frequency for 64999 was reviewed by the Expert Panel of RUC advisors that reviewed the survey data.

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 Anesthesiology How often? Sometimes

Specialty Pain Management How often? Sometimes

Specialty Interventional Pain Management 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 not available.

Specialty Anesthesiology Frequency Percentage %

Specialty Pain Management Frequency Percentage %

Specialty Interventional Pain Management Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,217  
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that continuous infusion lower extremity blocks would account for 10% of current utilization of code 64999. This estimate was based on input from the Expert Panel of RUC advisors that reviewed the survey data.

Specialty Anesthesiology	Frequency 1507	CPT Code: 6XX12 Percentage 68.00 %
Specialty Pain Management	Frequency 89	Percentage 4.00 %
Specialty Interventional Pain Management	Frequency 44	Percentage 2.00 %

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

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### **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. 64486

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:64486	Tracking Number	Original Specialty Recommended RVU: <b>1.20</b>
		Presented Recommended RVU: <b>1.20</b>
Global Period: 000	Current Work RVU: <b>1.27</b>	RUC Recommended RVU: <b>1.20</b>

CPT Descriptor: Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 25-year-old male undergoes open appendectomy under general anesthesia. He is at risk for postoperative pain. In order to provide postoperative pain control, a transversus abdominis plane (TAP) block is placed at the request of the surgeon.

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 typically 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%

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Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's abdomen is prepped from the costal margin to the iliac crest with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: An ultrasound transducer is placed over the target area for the abdominal fascial plane block. Using continuous ultrasound guidance, the layers of the abdominal wall are identified. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a needle is then inserted deep to the between the internal oblique and the transversus abdominis muscles. Local anesthetic (e.g., 0.25% bupivacaine) is injected.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the TAP block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. If the patient is stable, he may be discharged home after meeting all appropriate discharge criteria. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	64486				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	64		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	<b>10.00</b>	43.00	500.00
<b>Survey RVW:</b>	1.00	1.20	<b>1.39</b>	1.61	21.00
<b>Pre-Service Evaluation Time:</b>			<b>12.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>3.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>4.00</b>		
<b>Intra-Service Time:</b>	2.00	6.00	<b>10.00</b>	12.00	29.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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)

<b>CPT Code:</b>	64486	<b>Recommended Physician Work RVU: 1.20</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>12.00</b>	<b>13.00</b>	<b>-1.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>4.00</b>	<b>6.00</b>	<b>-2.00</b>
<b>Intra-Service Time:</b>		<b>10.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>5.00</b>	<b>18.00</b>	<b>-13.00</b>



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64447	000	1.34	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64425	000	1.00	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12002	000	1.14	RUC Time	126,288

CPT Descriptor 1 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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 23.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 14      % of respondents: 23.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: 64486	Top Key Reference CPT Code: 64447	2nd Key Reference CPT Code: 64425
Median Pre-Service Time	17.00	16.00	9.00
Median Intra-Service Time	10.00	8.00	11.00
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	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>32.00</b>	<b>29.00</b>	<b>25.00</b>
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.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	0%	93%	7%	0%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
15%	77%	8%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	14%	71%	14%
Physical effort required	7%	86%	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

29%	50%	21%
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**Survey Code Compared to 2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

<b>Overall intensity/complexity</b>	0%	21%	71%	7%	0%
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**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%	71%	14%
-----	-----	-----

**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required	21%	50%	29%
--------------------------	-----	-----	-----

Physical effort required	0%	71%	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

21%	79%	0%
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.*

*Survey*

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an Expert Panel to develop the practice expense (PE) recommendations. The Expert Panel also reviewed the survey data and the existing RVUs and inputs and previous RUC survey of TAP block codes data to inform their recommendations.

## Society Recommendations

### 64486

#### *Pre-Service Package*

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with the following adjustments:

- The societies recommend a 1 minute decrease in the pre-service evaluation time from the pre-service package time of 13 minutes to the survey median time of 12 minutes. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for pre-service positioning time. While this is below the survey median time of 3 minutes, the societies believe 1 minute is appropriate.
- The societies recommend a 2 minute decrease in the pre-service scrub, dress and wait time from the pre-service package time of 6 minutes to the survey median time of 4 minutes.

The total pre-service time based on the adjusted pre-service evaluation, and pre-service SDW time is 17 minutes, which is a 3 minute decrease compared to the pre-service package 1 total time of 20 minutes.

### 64486

#### *Post-Service Package*

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect a 13 minute decrease from 18 minutes to the survey median time of 5 minutes.

### 64486

#### *Work RVU*

The societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.20 based on the following rationale:

- The recommended wRVU of 1.20 is appropriate relative to the recommended wRVU of 1.50 for the unilateral single injection thoracic fascial plane block code (6XX07) and the recommended wRVU of 1.34 for the unilateral single injection lower extremity fascial plane block code (6XX11).
- While the median intra-service time (10 minutes) is the same for all unilateral single injection codes (6XX07, 6XX11, 64486), the decreased wRVU for the unilateral single injection TAP code (64486) relative to the unilateral single injection thoracic and lower extremity codes (6XX07, 6XX11) is appropriate. The injection plane for the thoracic blocks is deeper compared to the injection plane for the TAP blocks, and involves more complicated anatomy. **For additional information to support the recommended increased intensity for all four thoracic fascial plane block codes, please see the handout for Tab 8.**

### 64486

#### *KRS Codes*

- The 1<sup>st</sup> KRS code was a tie between two services, each of which was chosen by 23% of respondents.
  - 64447, *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed*, has an RVW of 1.34, and times of 16/8/5.
  - 64425, *Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves*, has an RVW of 1.00, and times of 9/11/5.
- The recommendation for 64486 is well supported by the two 1<sup>st</sup> KRS codes. A majority of survey respondents said 64486 was either identical, somewhat or much more intense compared all three KRS codes on each metric evaluated.

**Summary:** For 64486, the societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.20 and 17 minutes of pre-service time, 10 minutes of intra-service time, and 5 minutes of post-service time.



Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,204  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that single injection TAP blocks would account for 100% of current utilization of code 64486 as published in the RUC database. We do not anticipate any changes from how this service is currently reported.

Specialty Anesthesiology	Frequency 6481	Percentage 79.00 %
Specialty Pain Management	Frequency 328	Percentage 4.00 %
Specialty Interventional Pain Management	Frequency 82	Percentage 1 %

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

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### **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 64486

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**

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CPT Code:64487	Tracking Number	Original Specialty Recommended RVU: <b>1.39</b>
		Presented Recommended RVU: <b>1.39</b>
Global Period: 000	Current Work RVU: <b>1.48</b>	RUC Recommended RVU: <b>1.39</b>

CPT Descriptor: Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 58-year-old male undergoes partial nephrectomy under general anesthesia for renal cell carcinoma. In order to provide postoperative pain control, a transversus abdominis plane (TAP) block with catheter placement for continuous infusion is placed at the request of the surgeon.

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 typically 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%

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Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patients abdomen is prepped from the costal margin to the iliac crest with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: An ultrasound transducer is placed over the target area for the thoracic fascial plane block. Using continuous ultrasound guidance, the layers of the thoracic wall are identified. The placement needle is then inserted deep to the erector spinae muscle. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a catheter is inserted through the placement needle and the needle is removed. The catheter is secured and then a sterile occlusive dressing is applied. Local anesthetic (e.g., 0.25% bupivacaine) is infused unilaterally into the fascial plane.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the TAP block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. The patient is educated on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process of catheter removal. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	64487				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	40		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>3.00</b>	14.00	100.00
<b>Survey RVW:</b>	1.20	1.66	<b>1.70</b>	1.80	24.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>4.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>5.00</b>		
<b>Intra-Service Time:</b>	4.00	9.00	<b>12.00</b>	20.00	30.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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

<b>CPT Code:</b>	64487	<b>Recommended Physician Work RVU: 1.39</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>13.00</b>	<b>13.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>5.00</b>	<b>6.00</b>	<b>-1.00</b>
<b>Intra-Service Time:</b>		<b>12.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>10.00</b>	<b>18.00</b>	<b>-8.00</b>



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64448	000	1.68	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64416	000	1.80	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36556	000	1.75	RUC Time	340,702
<u>CPT Descriptor 1</u>				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 31.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 26.0 %

**TIME ESTIMATES (Median)**

	CPT Code: 64487	Top Key Reference CPT Code: 64448	2nd Key Reference CPT Code: 64416
Median Pre-Service Time	19.00	19.00	19.00
Median Intra-Service Time	12.00	15.00	15.00
Median Immediate Post-service Time	10.00	9.00	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	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>41.00</b>	<b>43.00</b>	<b>44.00</b>
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.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	8%	75%	17%	0%

**Mental Effort and Judgment**

- 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

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	8%	92%	0%

**Technical Skill/Physical Effort**

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	17%	67%	17%
Physical effort required	8%	75%	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

25%	58%	17%
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**Survey Code Compared to 2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

<b>Overall intensity/complexity</b>	0%	0%	70%	30%	0%
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**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%	67%	0%
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**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required	10%	80%	10%
--------------------------	-----	-----	-----

Physical effort required	0%	80%	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

40%	40%	20%
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.*

*Survey*

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an Expert Panel to develop the practice expense (PE) recommendations. The Expert Panel also reviewed the survey data and the existing RVUs and inputs and previous RUC survey of TAP block codes data to inform their recommendations.

**Society Recommendations****64487***Pre-Service Package*

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with the following adjustments:

- The societies recommend no adjustment to the pre-service package time of 13 minutes for the pre-service evaluation time. While this is below the survey median time of 15 minutes, the societies believe 13 minutes is appropriate. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for pre-service positioning time. While this is below the survey median time of 4 minutes, the societies believe 1 minute is appropriate.
- The societies recommend a 1 minute decrease in the pre-service scrub, dress and wait time from the pre-service package time of 6 minutes to the survey median time of 5 minutes.

The total pre-service time based on the adjusted pre-service evaluation, and pre-service SDW time is 19 minutes, which is a 1 minute decrease compared to the pre-service package 1 total time of 20 minutes.

**64487***Post-Service Package*

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect an 8 minute decrease from 18 minutes to the survey median time of 10 minutes. **For additional information to support the recommended post-service time for the continuous infusion fascial plane block codes, please see the handout for Tab 8.**

**64487***Work RVU*

The societies recommend a wRVU of 1.39 based on a crosswalk to 64445, *Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed*, based on the following rationale:

- The survey 25<sup>th</sup> percentile wRVU is 1.66 and the median intra-service time is 12 minutes. The survey 25<sup>th</sup> percentile wRVU is a 0.18 increase compared to the current wRVU of 1.48. The survey median intra-service time is a 3 minute decrease compared to the current intra-service time of 15. Based on 3 minute decrease in median intra-service time, the societies believe a crosswalk is appropriate.
- The societies selected code 64445 as a good crosswalk for 64887. 64445 has a global period of 000, a wRVU of 1.39, and times of 9/10/5. 64445 is a RUC Time code that was reviewed by the RUC in October 2021.
- A crosswalk to 64445 maintains an incremental increase of 0.19 compared to the unilateral single injection TAP block code (64486). This is consistent with the approach the RUC took in 2014 when it recommended an incremental increase of 0.21 between the unilateral single injection and continuous infusion TAP block codes (64488, 64487), and an incremental increase of 0.2 between the bilateral single injection and continuous infusion TAP block codes (64488, 64489). According to the RUC's rationale in 2014, this is consistent with the incremental difference for other single injection and continuous infusion codes, including 0.15 for 64461 and 64463, 0.23 for 62322 and 62326, 0.30 for 64415 and 64416, and 0.34 for 64447 and 64448. **For additional information to support the recommended incremental increases between the single injection and continuous infusion fascial plane block codes, please see the handout for Tab 8.**
- A crosswalk to 64445 with a wRVU of 1.39 is appropriate relative to the recommended wRVU of 1.74 for the unilateral continuous infusion thoracic fascial plane block code (6XX08) and the recommended wRVU of 1.67 for the unilateral continuous infusion lower extremity fascial plane block code (6XX12).

**64487***KRS Codes*

- The 1<sup>st</sup> KRS code, which was chosen by 31% of respondents, was 64448, *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed*, which has an RVW of 1.68, and times of 19/15/9.
- The 2<sup>nd</sup> KRS code, which was chosen by 26% of respondents, was 64416, *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed*, which has an RVW of 1.80, and times of 19/15/10.

**Summary:** For code 64487, the societies recommend a wRVU of 1.39 and 19 minutes of pre-service time, 12 minutes of intra-service time, and 10 minutes of post-service time.

	64487 (survey median)	64487 (recommended)	64487 (current)	1st KRS (64448)
Pre-Service Evaluation Time	15	13	5	13
Pre-Service Positioning Time	4	1	5	1
Pre-Service SDW Time	5	5	5	5



		CPT Code: 64487
Specialty Anesthesiology	Frequency 248	Percentage 82.00 %
Specialty Pain Management	Frequency 9	Percentage 3.00 %
Specialty Interventional Pain Management	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

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### **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 64487

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:64488	Tracking Number	Original Specialty Recommended RVU: <b>1.40</b>
		Presented Recommended RVU: <b>1.40</b>
Global Period: 000	Current Work RVU: <b>1.60</b>	RUC Recommended RVU: <b>1.40</b>

CPT Descriptor: Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old female undergoes laparoscopy cholecystectomy under general anesthesia. She is at risk for postoperative pain. In order to provide postoperative pain control, bilateral transversus abdominis plane (TAP) blocks are placed at the request of the surgeon.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they typically 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 medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patients abdomen is prepped from the costal margin to the iliac crest with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: An ultrasound transducer is placed over the target area for the abdominal fascial plane block. Using continuous ultrasound guidance, the layers of the abdominal wall are identified. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a needle is then inserted deep to the between the internal oblique and the transversus abdominis muscles. Local anesthetic (e.g., 0.25% bupivacaine) is injected. A repeat procedure is then carried out in an identical fashion on the opposite side.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the TAP block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. If the patient is stable, she may be discharged home after meeting all appropriate discharge criteria. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	64488				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	62		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	2.00	10.00	<b>25.00</b>	50.00	200.00
<b>Survey RVW:</b>	1.10	1.40	<b>1.66</b>	1.94	21.00
<b>Pre-Service Evaluation Time:</b>			<b>12.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>3.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>4.00</b>		
<b>Intra-Service Time:</b>	3.00	9.00	<b>12.00</b>	18.00	34.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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)

<b>CPT Code:</b>	64488	<b>Recommended Physician Work RVU: 1.40</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>12.00</b>	<b>13.00</b>	<b>-1.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>4.00</b>	<b>6.00</b>	<b>-2.00</b>
<b>Intra-Service Time:</b>		<b>12.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>5.00</b>	<b>18.00</b>	<b>-13.00</b>



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64461	000	1.75	RUC Time

CPT Descriptor Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64415	000	1.50	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51710	000	1.35	RUC Time	14,921

CPT Descriptor 1 Change of cystostomy tube; complicated

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 24.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 11      % of respondents: 19.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: 64488	Top Key Reference CPT Code: 64461	2nd Key Reference CPT Code: 64415
Median Pre-Service Time	17.00	19.00	18.00
Median Intra-Service Time	12.00	15.00	10.00
Median Immediate Post-service Time	5.00	10.00	7.00
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	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>34.00</b>	<b>44.00</b>	<b>35.00</b>
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.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	29%	43%	29%	0%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
38%	46%	15%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	28%	43%	29%
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

36%

29%

36%

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

18%

27%

45%

9%

**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

36%

45%

18%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

27%

36%

36%

Physical effort required

9%

55%

36%

**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

45%

18%

36%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.*

**Survey**

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an Expert Panel to develop the practice expense (PE) recommendations. The Expert Panel also reviewed the survey data and the existing RVUs and inputs and previous RUC survey of TAP block codes data to inform their recommendations.

**Society Recommendations****64488***Pre-Service Package*

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with the following adjustments:

- The societies recommend a 1 minute decrease in the pre-service evaluation time from the pre-service package time of 13 minutes to the survey median time of 12 minutes. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for pre-service positioning time. While this is below the survey median time of 3 minutes, the societies believe 1 minute is appropriate.
- The societies recommend a 2 minute decrease in the pre-service scrub, dress and wait time from the pre-service package time of 6 minutes to the survey median time of 4 minutes.

The total pre-service time based on the adjusted pre-service evaluation, and pre-service SDW time is 17 minutes, which is a 3 minute decrease compared to the pre-service package 1 total time of 20 minutes.

**64488***Post-Service Package*

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect a 13 minute decrease from 18 minutes to the survey median time of 5 minutes.

**64488***Work RVU*

The societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.40 based on the following rationale:

- The recommended wRVU of 1.40 is appropriate relative to the recommended wRVU of 1.20 for the unilateral single injection TAP block code (64486). It is also appropriate relative to the recommended wRVU of 1.67 for the bilateral single injection thoracic block code (6XX09). The physician work to place a block in the abdominis plane is less intense compared to the thoracic plane since the thoracic plane contains more complex anatomy and proximity to vulnerable structures. **For additional information to support the recommended increased intensity for all four thoracic fascial plane block codes, please see the handout for Tab 8.**

**64488***KRS Codes*

- The 1<sup>st</sup> KRS code, which was chosen by 24% of respondents, was 64461, *Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)*, which has an RVW of 1.75, and times of 19/15/10.
- The 2<sup>nd</sup> KRS code, which was chosen by 19% of respondents, was 64415, *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed*, which has an RVW of 1.50, and times of 18/10/7.

**Summary:** For 64488, the societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.40 and 17 minutes of pre-service time, 12 minutes of intra-service time, and 5 minutes of post-service time.

	64488 (survey median)	64488 (recommended)	64488 (current)	1st KRS (64461)
Pre-Service Evaluation Time	12	12	5	13
Pre-Service Positioning Time	3	1	5	1
Pre-Service SDW Time	4	4	5	5
Intra-Service Time	12	12	15	15
Immediate Post-Service Time	5	5	10	10
TOTAL TIME	36	34	40	44
Work RVU	1.66	1.40	1.60	1.75

**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) The AMA RUC Database Billed Together Percentages for 2022 shows that CPT code 64488 is billed with a non-facility office E/M code 77.8%.

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) There have been no changes to how this service is currently reported.

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 Anesthesiology How often? Sometimes

Specialty Pain Management How often? Sometimes

Specialty Interventional Pain Management 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 not available.

Specialty Anesthesiology	Frequency	Percentage	%
Specialty Pain Management	Frequency	Percentage	%
Specialty Interventional Pain Management	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 63,110 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that bilateral single injection TAP blocks would account for 100% of current utilization of this code, as published in the RUC database. We do not anticipate any changes from how this service is currently reported.

Specialty Anesthesiology	Frequency 54275	Percentage 86.00 %
Specialty Pain Management	Frequency 5680	Percentage 9.00 %
Specialty Interventional Pain Management	Frequency 1262	Percentage 2.00 %

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:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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### **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 64488

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**

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CPT Code:64489	Tracking Number	Original Specialty Recommended RVU: <b>1.75</b>
		Presented Recommended RVU: <b>1.75</b>
Global Period: 000	Current Work RVU: <b>1.80</b>	RUC Recommended RVU: <b>1.75</b>

CPT Descriptor: Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 64-year-old female undergoes hysterectomy under general anesthesia for uterine cancer. In order to provide postoperative pain control, bilateral transversus abdominis plane (TAP) blocks with catheter placement for continuous infusion are placed at the request of the surgeon.

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 typically 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%

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Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the pre-operative holding area, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patients abdomen is prepped from the costal margin to the iliac crest with a chlorhexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: Using continuous ultrasound guidance, the layers of the abdominal wall are identified. The placement needle is then inserted between the internal oblique and the transversus abdominis muscles. Correct needle location is visualized by hydrodissection. After identifying the appropriate anatomic structures, a catheter is inserted through the placement needle and the needle is removed. The catheter is secured and then a sterile occlusive dressing is applied. A repeat procedure is then carried out in an identical fashion on the opposite side. Local anesthetic (e.g., 0.25% bupivacaine) is delivered via 2 separate infusion pumps.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the TAP block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. The patient is educated on expectations related to the catheter infusion, including potential numbness, pump functions, signs of infection and the process of catheter removal. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Matthew Thames, MD, MBA				
<b>Specialty Society(ies):</b>	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA)				
<b>CPT Code:</b>	64489				
<b>Sample Size:</b>	4935	<b>Resp N:</b>	40		
<b>Description of Sample:</b>	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>4.00</b>	20.00	100.00
<b>Survey RVW:</b>	2.35	1.75	<b>1.95</b>	2.20	26.00
<b>Pre-Service Evaluation Time:</b>			<b>16.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>4.50</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>5.00</b>		
<b>Intra-Service Time:</b>	5.00	14.00	<b>20.00</b>	25.00	50.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x	

\*\*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

<b>CPT Code:</b>	64489	<b>Recommended Physician Work RVU: 1.75</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>13.00</b>	<b>13.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>5.00</b>	<b>6.00</b>	<b>-1.00</b>
<b>Intra-Service Time:</b>		<b>20.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>10.00</b>	<b>18.00</b>	<b>-8.00</b>



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64416	000	1.80	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64448	000	1.68	RUC Time

CPT Descriptor Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55876	000	1.73	RUC Time	22,062

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36514	000	1.81	RUC Time	21,488

CPT Descriptor 2 Therapeutic apheresis; for plasma pheresis

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 26.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 23.0 %**

**TIME ESTIMATES (Median)**

	CPT Code: 64489	Top Key Reference CPT Code: 64416	2nd Key Reference CPT Code: 64448
Median Pre-Service Time	19.00	19.00	19.00
Median Intra-Service Time	20.00	15.00	15.00
Median Immediate Post-service Time	10.00	10.00	9.00
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	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>49.00</b>	<b>44.00</b>	<b>43.00</b>
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.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	0%	40%	50%	10%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
33%	56%	11%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	10%	70%	20%
Physical effort required	0%	60%	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%	30%
-----	-----	-----

**Survey Code Compared to 2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

<b>Overall intensity/complexity</b>	0%	0%	44%	44%	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

0%	56%	44%
----	-----	-----

**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required	11%	44%	44%
--------------------------	-----	-----	-----

Physical effort required	0%	67%	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

11%	44%	44%
-----	-----	-----

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.*

*Survey*

Two societies (ASA and ASRA) indicated an interest in surveying all 10 fascial plane block codes. Both of the surveying societies sent a single survey instrument containing all 10 fascial plane block codes to 5000 randomly selected members. The societies established an Expert Panel to develop the practice expense (PE) recommendations. The Expert Panel also reviewed the survey data and the existing RVUs and inputs and previous RUC survey of TAP block codes data to inform their recommendations.

## Society Recommendations

### 64489

#### Pre-Service Package

The societies recommend pre-service package 1, straightforward patient/straightforward procedure, with the following adjustments:

- The societies recommend no adjustment to the pre-service package time of 13 minutes for the pre-service evaluation time. While this is below the survey median time of 16 minutes, the societies believe 13 minutes is appropriate. **For additional information to support the recommended pre-service times for all 10 fascial plane block codes, please see the handout for Tab 8.**
- The societies recommend no adjustment to the pre-service package time of 1 minute for pre-service positioning time. While this is below the survey median time of 4.5 minutes, the societies believe 1 minute is appropriate.
- The societies recommend a 1 minute decrease in the pre-service scrub, dress and wait time from the pre-service package time of 6 minutes to the survey median time of 5 minutes.

The total pre-service time based on the adjusted pre-service evaluation, and pre-service SDW time is 19 minutes, which is a 1 minute decrease compared to the pre-service package 1 total time of 20 minutes.

### 64489

#### Post-Service Package

The societies recommend immediate post-service package 7a, local anesthesia/ straightforward procedure adjusted to reflect an 8 minute decrease from 18 minutes to the survey median time of 10 minutes. **For additional information to support the recommended post-service time for the continuous infusion fascial plane block codes, please see the handout for Tab 8.**

### 64489

#### Work RVU

The societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.75 based on the following rationale:

- The recommended wRVU of 1.75 is appropriate relative to the recommended wRVU of 1.40 for the bilateral single injection TAP block code (64488). An incremental increase of 0.35 wRVU between the bilateral single injection and continuous infusion TAP block codes is higher than the incremental increase between other single injection and continuous infusion codes but supported by robust survey data.
- The recommended wRVU of 1.75 is also appropriate relative to the recommended wRVU of 1.83 for the bilateral continuous infusion thoracic block code (6XX10). The median intra-service time (20 minutes) is the same for the bilateral continuous infusion thoracic fascial plane block (6XX10) and TAP block (64489) codes. The 0.08 difference in wRVU between 6XX10 and 64489 is appropriate because the difference in physician work intensity to place a block in the thoracic plane compared to the abdominal plane. **For additional information to support the recommended increased intensity for all four thoracic fascial plane block codes, please see the handout for Tab 8.**

### 64489

#### KRS Codes

- The 1<sup>st</sup> KRS code, which was chosen by 26% of respondents, was 64416, *Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed*, which has an RVW of 1.80, and times of 19/15/10.
- The 2<sup>nd</sup> KRS code, which was chosen by 23% of respondents, was 64448, *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed*, which has an RVW of 1.68, and times of 19/15/9.

**Summary:** For 64489, the societies recommend the survey 25<sup>th</sup> percentile wRVU of 1.75 and 19 minutes of pre-service time, 20 minutes of intra-service time, and 10 minutes of post-service time.

	64489 (survey median)	64489 (recommended)	64489 (current)	1st KRS (64416)
Pre-Service Evaluation Time	16	13	5	13
Pre-Service Positioning Time	4.5	1	5	1
Pre-Service SDW Time	5	5	5	5
Intra-Service Time	20	20	20	15
Immediate Post-Service Time	10	10	10	10





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		
1	<b>ISSUE: Fascial Plane Blocks (6XX07, 6XX08, 6XX09, 6XX10, 6XX11, 6XX12, 64486, 64487, 64488, 64489)</b>																																									
2	<b>TAB: 8</b>																																									
3																																										
4					RUC																																					
5	Source	CPT	DESC	Global	Revie	Resp	IWPUT	Work	RVW					Total	PRE-TIME			INTRA-TIME			IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE										
6	1st REF	64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging	000	2015	79	0.078	0.040		25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX		
7	2nd REF	64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when	000	2021	86	0.100	0.043																																		
9	SVY	6XX07	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	000		51	0.120	0.049	1.00	1.50	1.70	1.77	20.00	35	12	4	4	3	6	10	12	29	5																			
10	REC	6XX07	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	000			0.106	0.047						32	12	1	4			10			5																			
11																																										
12					RUC																																					
13	Source	CPT	DESC	Global	Revie	Resp	IWPUT	Work	RVW					Total	PRE-TIME			INTRA-TIME			IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE										
14	1st REF	64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter	000	2021	76	0.081	0.041						44	13	1	5			15			10																			
15	2nd REF	64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter	000	2021	76	0.075	0.039						43	13	1	5			15			9																			
16	2nd REF	64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging	000	2015	76	0.078	0.040						44	13	1	5			15			10																			
18	SVY	6XX08	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when	000		32	0.071	0.035	1.34	1.74	1.80	1.90	25.00	51	16	5	5	5	10	15	20	40	10																			
19	REC	6XX08	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when	000			0.077	0.039						44	13	1	5			15			10																			
20																																										
21					RUC																																					
22	Source	CPT	DESC	Global	Revie	Resp	IWPUT	Work	RVW					Total	PRE-TIME			INTRA-TIME			IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE										
23	1st REF	64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging	000	2015	76	0.078	0.040						44	13	1	5			15			10																			
24	2nd REF	64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when	000	2021	76	0.100	0.043						35	13	1	4			10			7																			
26	SVY	6XX09	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	000		49	0.100	0.049	1.10	1.67	1.90	2.11	24.00	39	12	4	4	3	10	14	20	40	5																			
27	REC	6XX09	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	000			0.088	0.046						36	12	1	4			14			5																			
28																																										
29					RUC																																					
30	Source	CPT	DESC	Global	Revie	Resp	IWPUT	Work	RVW					Total	PRE-TIME			INTRA-TIME			IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE										
31	1st REF	64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter	000	2021	76	0.081	0.041						44	13	1	5			15			10																			
32	2nd REF	64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging	000	2015	76	0.078	0.040						44	13	1	5			15			10																			
33	2nd REF	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of	000	2015	76	0.107	0.049						45	10	5	5			15			10																			
35	SVY	6XX10	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when	000		30	0.073	0.039	1.40	1.83	2.20	2.55	18.00	57	16	5	6	5	16	20	27	50	10																			
36	REC	6XX10	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when	000			0.062	0.037						50	13	1	6			20			10																			
37																																										
38					RUC																																					
					Revie				RVW					Total	PRE-TIME			INTRA-TIME			IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE										





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	
4					RUC Revie w Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME			IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE									
5	Source	CPT	DESC	Global	Resp	IWPUT			MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
72					RUC Revie w Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME			IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE									
73	Source	CPT	DESC	Global	Resp	IWPUT			MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
74	1st REF	64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging	000	2015	79	0.078	0.040			1.75			44	13	1	5		15				10																		
75	2nd REF	64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when	000	2021	86	0.100	0.043			1.50			35	13	1	4		10				7																		
76	CURRENT	64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by	000	2014	37	0.074	0.040			1.60			40	5	5	5		15				10																		
77	SVY	64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by	000		62	0.098	0.046	1.10	1.40	1.66	1.94	21.00	36	12	3	4	3	9	12	18	34	5												2	10	25	50	200		
78	REC	64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by	000			0.080	0.041			1.40			34	12	1	4		12				5												2	10	25	50	200		
79																																									
80					RUC Revie w Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME			IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE									
81	Source	CPT	DESC	Global	Resp	IWPUT			MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
82	1st REF	64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter	000	2021	79	0.081	0.041			1.80			44	13	1	5		15				10																		
83	2nd REF	64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter	000	2021	62	0.075	0.039			1.68			43	13	1	5		15				9																		
84	CURRENT	64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by	000	2014	34	0.066	0.040			1.80			45	5	5	5		20				10																		
85	SVY	64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by	000		40	0.062	0.035	1.35	1.75	1.95	2.20	26.00	55	16	4.5	5	5	14	20	25	50	10												0	0	4	20	100		
86	REC	64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by	000			0.059	0.036			1.75			49	13	1	5		20				10												0	0	4	20	100		

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

<b>Meeting Date:</b> January 2024
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<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Global Period</b>
6XX07	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	000
6XX08	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	000
6XX09	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	000
6XX10	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed	000
6XX11	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	000
6XX12	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	000
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	000
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	000
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	000
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	000

**Vignette(s)** (*vignette required even if PE only code(s)*):

<b>CPT Code</b>	<b>Vignette</b>
6XX07	A 45-year-old female undergoes breast surgery under general anesthesia. To provide post operative pain control and minimize opioid usage, a thoracic fascial plane block is placed.
6XX08	A 59-year-old female undergoes cardiac surgery via a minimally invasive approach and limited right thoracotomy under general anesthesia. To provide post operative pain control and minimize opioid usage, a thoracic fascial plane block with catheter placement for continuous infusion is placed.
6XX09	A 65-year-old female undergoes bilateral breast surgery under general anesthesia. To provide post operative pain control and minimize opioid usage, a bilateral thoracic fascial plane block is placed.
6XX10	A 75-year-old female undergoes cardiac surgery by median sternotomy under general anesthesia. To provide post operative pain control and minimize opioid usage, a bilateral thoracic fascial plane block with catheter placement for continuous infusion is placed.
6XX11	A 55-year-old female undergoes elective total hip arthroplasty under general anesthesia. To provide post operative pain control and minimize opioid usage, a lower extremity fascial plane block is placed.
6XX12	An 81-year-old female undergoes hip fracture repair under general anesthesia. To provide post operative pain control and minimize opioid usage, a lower extremity fascial plane block with catheter placement for continuous infusion is placed.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

64486	A 25-year-old male undergoes open appendectomy under general anesthesia. He is at risk for postoperative pain. In order to provide postoperative pain control, a transversus abdominis plane (TAP) block is placed at the request of the surgeon.
64487	A 58-year-old male undergoes partial nephrectomy under general anesthesia for renal cell carcinoma. In order to provide postoperative pain control, a transversus abdominis plane (TAP) block with catheter placement for continuous infusion is placed at the request of the surgeon.
64488	A 45-year-old female undergoes laparoscopy cholecystectomy under general anesthesia. She is at risk for postoperative pain. In order to provide postoperative pain control, bilateral transversus abdominis plane (TAP) blocks are placed at the request of the surgeon.
64489	A 64-year-old female undergoes hysterectomy under general anesthesia for uterine cancer. In order to provide postoperative pain control, bilateral transversus abdominis plane (TAP) blocks with catheter placement for continuous infusion are placed at the request of the surgeon.

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 Expert Panel consisting of RUC advisors and subject matter experts from the surveying societies communicated via email and zoom to develop the practice expense recommendations. The consensus panel reviewed the (1) survey times, (2) existing inputs for the key reference service codes, (3) existing inputs for the current codes, (5) PE standards.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

The current direct PE inputs for the TAP block codes (64486-64489) are included on the PE spreadsheet as 'Current'. The Expert Panel recommends maintaining the current direct PE inputs for the TAP block codes with updates to reflect a 3 minute decrease in median intra-service time for 64487 and 64488.

The Expert Panel recommends using the current direct PE inputs for the TAP block codes as a reference for the recommended direct PE inputs for the new thoracic and lower extremity block codes. Specifically:

- The unilateral single injection TAP block code (64486) is recommended as a reference code for the unilateral single injection thoracic (6XX07) and lower extremity (6XX11) block codes.
- The unilateral continuous infusion TAP block code (64487) is recommended as a reference code for the unilateral continuous infusion thoracic (6XX08) and lower extremity (6XX12) block codes.
- The bilateral single injection TAP block code (64488) is recommended as a reference code for the bilateral single injection thoracic block code (6XX09).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- The bilateral continuous infusion TAP block code (64489) is recommended as a reference code for the bilateral continuous infusion thoracic block code (6XX10).

For all 10 codes surveyed, the Expert Panel also reviewed current direct PE inputs for the KRS codes that were selected by survey respondents. Specifically:

- 64461, *Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)*, was the 1<sup>st</sup> KRS for 6XX07, 6XX09, and 64488, and the 2<sup>nd</sup> KRS for 6XX10 (the 1<sup>st</sup> KRS for 6XX10 was 64416 which does not have nonfacility direct PE inputs).
- 64447, *Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed*, was the 1<sup>st</sup> KRS for 6XX11.
- 64425, *Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves*, was the 1<sup>st</sup> KRS for 64486.
- Neither the 1<sup>st</sup> nor 2<sup>nd</sup> KRS codes selected for 6XX08, 6XX12, 64487, and 64489 include nonfacility direct PE inputs. Accordingly, the corresponding TAP block code is the only reference codes included for these codes.

After reviewing the current direct PE inputs for each of the KRS codes, the Expert Panel reaffirmed that the current direct PE inputs for the TAP block codes (64486-64489) are the most appropriate reference for the new thoracic and lower extremity block codes (6XX07-6XX12). The TAP block codes appropriately capture the bupivacaine 0.25% inj (SH021) supply item compared to the KRS codes which include bupivacaine 0.5% inj (SH022), additional supplies required for bilateral services, and additional supplies required for continuous infusion services. The TAP block codes are also a more appropriate reference with respect to the pre-, intra-, and post-service times included in the equipment cost per minute formula. Accordingly, the Expert Panel recommends using the current direct PE inputs for the TAP block codes as a reference for the recommended direct PE inputs for the new thoracic and lower extremity block codes.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?  
Is this code(s) typically reported with the E/M service in the nonfacility?

No, these codes are not typically reported with an E/M service.  
No, these codes are not typically reported with an E/M service in the nonfacility setting.

See the *Billed Together* tab in the RUC Database.

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 than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Anesthesiology, pain management and interventional pain management are the dominant specialties in the nonfacility setting for 64486, 64488, 64489, and 64999 (64999 is an unlisted code that is currently used to report thoracic and lower extremity fascial plane block services). Physical medicine and rehabilitation the dominant specialty in the nonfacility setting for 64487.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The Expert Panel recommendations include SB019, drape-towel sterile 18in x 26in (quantity = 4) as a direct PE supply input for the unilateral single injection and continuous infusion thoracic, lower extremity, and TAP block codes (6XX07, 6XX08, 6XX11, 6XX12, 64486, 64487). This supply item is currently included as a direct PE supply input (quantity = 4) for the bilateral single injection and continuous infusion TAP block codes (64488, 64489). The Expert Panel recommends that SB019 (quantity = 4) be included as a direct PE supply input for all 10 fascial plane block codes.

4 sterile drape towels are currently accepted PE input for the bilateral abdominal codes but were not included as a supply input for the unilateral codes when reviewed in 2014. We believe this was an error and the request to add the 4 additional sterile drape towels for the unilateral codes is intended to correct that error since this supply item is necessary for both unilateral and bilateral fascial plane block codes, regardless of anatomic region or method of administration. The 4 sterile drapes have also been included as PE supply inputs for each of the new codes as the PE recommendations for the new codes are a crosswalk to the existing codes.

This supply is necessary in order to create a quadrant to block out the whole procedural field during all fascial plane block services, not just bilateral services as is currently the case for the TAP codes. A single barrier—like the one drape included in the basic injection pack—will not allow ultrasound imaging or a needle to be passed through it. In the majority of cases, a fenestrated drape is not appropriate for a single block as the small orifice does not allow sufficient room to scan to identify relevant anatomy for the block. In the case of bilateral blocks, the fenestration is far too small to allow the performance of two anatomically distant blocks.

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

## CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

No

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

3 minutes of clinical staff time was allocated to clinical activity, *obtain vital signs* (CA010) when the TAP block codes (64486-64489) were surveyed in 2014. 5 minutes of clinical staff time is currently allocated to clinical activity, *obtain vital signs* (CA010) for TAP block codes, according to the RUC database.

The Expert Panel recommends maintaining the currently accepted 5 minutes allocated to clinical activity, *obtain vital signs* (CA010) for the TAP block codes and the new thoracic and lower extremity block codes.

10. Please provide a brief description of the clinical staff work for the following:

- a. Pre-Service period:

- b. Service period (includes pre, intra and post):

Pre Time  
During the pre-time service period the clinical staff greets patient, provides gowning and ensures appropriate medical records are available; obtains vital signs; prepares room, equipment and supplies; and prepares room setup, initial positioning and monitors patient (standard times are requested)

Intra Time  
Staff (RN/LPN/MTA) is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure. (67% of physician time)

Post Time  
During the post-time the clinical staff monitors the patient, cleans the room, and checks dressings, catheter, wounds.



**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

c. Post-service period:

During the post-service period the clinical staff conducts patient communications.

11. 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 RN/LPN/MTA is present 67% of the physician work time for assisting with the injection and imaging guided portion of the procedure.

12. If you have used a percentage of the physician intra-service work time other than 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

13. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

No

14. If you wish to identify a new staff type, please include a very specific staff description, 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>.

No

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

15.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? **N/A**

16.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment? **N/A**

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

No

18. Are you recommending a PE supply pack for this recommendation? **Yes**

If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

Yes. The Expert Panel recommends the following two supply packs for all 10 codes:

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
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- SA048 pack, minimum multi-specialty visit
- SA041 pack, basic injection

These packs are both currently accepted direct PE supply inputs for the TAP block codes (64486-64498).

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty	Unit Price
<b>pack, basic injection</b>	<b>SA041</b>	<b>pack</b>		<b>\$10.45</b>
applicator, sponge-tipped		item	3	
bandage, strip 0.75in x 3in		item	1	
cap, surgical		item	1	
drape, sterile barrier 16in x 29in		item	1	
drape, sterile, for Mayo stand		item	1	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	2	
gown, staff, impervious		item	1	
gown, surgical, sterile		item	1	
lidocaine 1%-2% inj (Xylocaine)		ml	5	
mask, surgical		item	1	
needle, 18-27g		item	2	
povidone soln (Betadine)		ml	10	
syringe 3ml		item	1	
underpad 2ftx3ft (Chux)		item	1	
DESCRIPTION	Code	Unit	Item Qty	Unit Price
<b>pack, minimum multi-specialty visit</b>	<b>SA048</b>	<b>pack</b>		<b>\$5.02</b>
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A



**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
  - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

The Expert Panel recommends the following equipment items for all 10 codes:

- EF018 stretcher
- EQ250 ultrasound unit, portable
- EQ011 ECG, 3-channel (with SpO2, NIBP, temp, resp)

These equipment items are all currently accepted direct PE equipment inputs for the TAP block codes (64486-64498). We are recommending the “Default” equipment formula for the stretcher and ECG for all 10 codes. However, we are recommending intra time for the portable ultrasound for all codes.

**PE-ONLY CODES ADDITIONAL INFORMATION**

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

**ADDITIONAL INFORMATION**

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Yes. The Expert Panel recommendations include SB019, drape-towel sterile 18in x 26in (quantity = 4) as a direct PE supply input for the unilateral single injection and continuous infusion thoracic, lower extremity, and TAP block codes (6XX07, 6XX08, 6XX11, 6XX12, 64486, 64487). This supply item is currently included as a direct PE supply input (quantity = 4) for the bilateral single injection and continuous infusion TAP block codes (64488, 64489). The Expert Panel recommends that SB019 (quantity = 4) be included as a direct PE supply input for all 10 fascial plane block codes. This supply is necessary in order to create a quadrant to block out the whole procedural field during all fascial plane block services, not just bilateral services as is currently the case for the TAP codes.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)



ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***

During the PE Subcommittee meeting, we made the following modifications the PE spreadsheet:  
  
For all three unilateral single injection fascial plane block codes (6XX07, 6XX11, 64486), we updated the recommended number of minutes for clinical labor activity CA019 from 7 minutes to 7.5 minutes to correct a rounding error.

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).

A	B	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		
1	RUC Practice Expense Spreadsheet				REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	
2					64486	6XX07	64487	6XX08	64488	6XX09	64489	6XX10	64486	6XX11	64487	6XX12														
3	RUC Collaboration Website				Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) including imaging guidance, when performed	Thoracic fascial plane block unilateral; by injection(s) including imaging guidance, when performed	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	Thoracic fascial plane block unilateral; by continuous infusion(s), including imaging guidance, when performed	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	Thoracic fascial plane block bilateral; by injection(s), including imaging guidance, when performed	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	Thoracic fascial plane block bilateral; by continuous infusion(s), including imaging guidance, when performed	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	Lower extremity fascial plane block unilateral; by injection(s), including imaging guidance, when performed	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	Lower extremity fascial plane block unilateral; by continuous infusion(s), including imaging guidance, when performed														
4	Clinical Activity Code	Meeting Date: January 2024 Revision Date (if applicable): Jan 18, 2024 (At meeting) Tab: 8 Specialty: ASA, ASRA-PM	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	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	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
7	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 65.48	\$ -	\$ 67.42	\$ -	\$ 177.02	\$ -	\$ 178.90	\$ -	\$ 81.79	\$ -	\$ 80.83	\$ -	\$ 316.48	\$ -	\$ 316.15	\$ -	\$ 65.48	\$ -	\$ 67.42	\$ -	\$ 177.29	\$ -	\$ 178.90	\$ -	\$ -	\$ -
8	TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	35.0	0.0	35.5	0.0	38.0	0.0	38.0	0.0	38.0	0.0	37.0	0.0	41.0	0.0	41.0	0.0	35.0	0.0	35.5	0.0	38.0	0.0	38.0	0.0	38.0	0.0
9	TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
10	TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	32.0	0.0	32.5	0.0	35.0	0.0	35.0	0.0	35.0	0.0	34.0	0.0	38.0	0.0	38.0	0.0	32.0	0.0	32.5	0.0	35.0	0.0	35.0	0.0	35.0	0.0
11	TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
12	TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 17.43	\$ -	\$ 17.68	\$ -	\$ 18.92	\$ -	\$ 18.92	\$ -	\$ 18.92	\$ -	\$ 18.43	\$ -	\$ 20.42	\$ -	\$ 20.42	\$ -	\$ 17.43	\$ -	\$ 17.68	\$ -	\$ 18.92	\$ -	\$ 18.92	\$ -	\$ -	\$ -
13	PRE-SERVICE PERIOD																													
14	Start: Following visit when decision for surgery/procedure made																													
19	CA005 Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498																										
20	CA006 Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498																										
26	End: When patient enters office/facility for surgery/procedure																													
27	SERVICE PERIOD																													
28	Start: When patient enters office/facility for surgery/procedure:																													
29	Pre-Service (of service period)																													
30	CA009 Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.498	3		3		3		3		3		3		3		3		3		3		3		3		3	
31	CA010 Obtain vital signs	L037D	RN/LPN/MTA	0.498	5		5		5		5		5		5		5		5		5		5		5		5		5	
32	CA011 Provide education/obtain consent	L037D	RN/LPN/MTA	0.498																										
34	CA013 Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498	2		2		2		2		2		2		2		2		2		2		2		2		2	
37	CA016 Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.498	2		2		2		2		2		2		2		2		2		2		2		2		2	
42	Intra-service (of service period)																													
43	CA018 Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.498																										
44	CA019 Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.498	7		7.5		10		10		10		9		13		13		7		7.5		10		10		10	
50	Post-Service (of service period)																													
51	CA022 Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498	7		7		7		7		7		7		7		7		7		7		7		7		7	
53	CA024 Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498	3		3		3		3		3		3		3		3		3		3		3		3		3	
58	CA029 Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498	3		3		3		3		3		3		3		3		3		3		3		3		3	
59	CA030 Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.498																										
60	CA031 Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.498																										
61	CA032 Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.498																										
64	CA035 Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.498																										
69	End: Patient leaves office/facility																													
70	POST-SERVICE PERIOD																													
71	Start: Patient leaves office/facility																													
72	CA037 Conduct patient communications	L037D	RN/LPN/MTA	0.498	3		3		3		3		3		3		3		3		3		3		3		3		3	
87	End: with last office visit before end of global period																													
88	Supply Code MEDICAL SUPPLIES				PRICE	UNIT																								
89	TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 45.44	\$ -	\$ 47.32	\$ -	\$ 154.79	\$ -	\$ 156.67	\$ -	\$ 59.29	\$ -	\$ 59.29	\$ -	\$ 291.53	\$ -	\$ 291.53	\$ -	\$ 45.44	\$ -	\$ 47.32	\$ -	\$ 154.79	\$ -	\$ 156.67	\$ -	\$ -	\$ -
90	SA048 pack, minimum multi-specialty visit	5.02	pack		1		1		1		1		1		1		1		1		1		1		1		1		1	
91	SA041 pack, basic injection	10.45	pack		1		1		1		1		1		1		1		1		1		1		1		1		1	
92	SD050 electrode needle, injectable (Myoject)	25.09	item																											
93	SH022 bupivacaine 0.5% inj (Marcaine)	0.14	ml																											
94	SH021 bupivacaine 0.25% inj (Marcaine)	0.5	ml		20		20		20		20		40		40		40		40		20		20		20		20		20	
95	SC053 syringe 20ml	0.83	item		1		1		1		1		2		2		2		2		1		1		1		1		1	
96	SC101 ultrasound needle	13.54	item		1		1		1		1		1		1		1		1		1		1		1		1		1	
97	SB005 cover-condom, transducer or ultrasound probe	4.46	item		1		1		1		1		1		1		1		1		1		1		1		1		1	
98	SJ033 lubricating jelly (Surgilube)	0.57	oz		2		2		2		2		4		4		4		4		2		2		2		2		2	
99	SB019 drape-towel, sterile 18in x 26in	0.47	item				4						4		4		4		4		4		4		4		4		4	
100	SG037 dressing, 4in x 4.75in (Tegaderm)	0.6	item						1		1		1		1		2		2						1		1		1	
101	SA116 continuous peripheral nerve block tray	123.12	tray						1		1		1		1		2		2						1		1		1	
102	SC057 syringe 5-6ml	0.13	item																											
103	SC051 syringe 10-12ml	0.21	item																											
104	SG056 gauze, sterile 4in x 4in (10 pack uou)	1.2	item																											
105	SH023 chlorhexidine 0.12% (Peridex)	0.7	oz																											
106	SH047 lidocaine 1%-2% inj (Xylocaine)	0.06	ml																											
107	SK075 skin marking pen, sterile (Skin Scribe)	1.62	item																											
108	SM012 disinfectant spray (Transeptec)	0.05	ml																											
109	SC038 needle, epidural (RK)	11.3	item																											
110	SM021 sanitizing cloth-wipe (patient)	0.07	item																											
112	Equipment Code EQUIPMENT		Purchase Price	Equipment Formula	Cost Per Minute																									
113	TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 2.61	\$ -	\$ 2.42																							





## AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2024

### Magnetic Resonance Examination Safety Procedures – Tab 9

At the September 2023 CPT Editorial Panel meeting, a new code family was created to describe magnetic resonance (MR) examination safety procedures and capture the physician work involving patients with implanted medical devices that require access to MR diagnostic procedures. Implanted medical devices or foreign bodies can increase the risk of injury or death for a patient entering the MR environment, either for diagnostic procedures or for procedures utilizing MR imaging guidance. Technological advancements in both the MR imaging (MRI) scanner and the design and testing of electronic implanted medical devices have expanded access to patients who were previously contraindicated for MR diagnostic and interventional procedures. CPT code 7XX02 describes MR safety planning services performed in advance of the date of the MR procedure, while 7XX03, 7XX04 and 7XX05 describe MR safety planning services performed on the day of the MR examination under the supervision of a physician or other qualified health care professional (QHP). This code family was surveyed for the January 2024 RUC meeting.

Due to the wide range of implanted devices to consider with these safety procedures before an MR examination, the CPT Editorial Panel designed this code family to reflect the wide breadth of implanted device heterogeneity. In the preliminary discussion of this tab, the specialty societies explained that the complex structure of this code family is attributable to the codes being modular, in that each service is distinctly independent and completed separately from one another. The relationship of relative value within this code family is determined by the complexity of work, not its clinical description. The RUC agreed with this clarification and accounted for there not being a typical rank order within this code family in their analysis and valuation of each service.

The CPT Editorial Panel designated 7XX03, 7XX04 and 7XX05 to be Modifier -51 Exempt, as these procedures protect the patient from harm associated with the presence of an implanted device and are independent of the work associated with the performed MR examination. Likewise, the modular design of 7XX03, 7XX04 and 7XX05 ensures there is no duplicated work between the three codes in the occasional instances multiple codes might be required for a particular implanted device. The valuation, time and PE recommendations are above and beyond the MR service; any reduction for multiple procedures would be inappropriate. Furthermore, the RUC determined it most appropriate to break out the pre-, intra- and post-service times for all four surveyed codes in this family using the RUC survey results. The RUC recognized that this decision would help align the work RVU recommendations of physician work with the detailed descriptions of pre-, intra- and post-service work provided by the specialty societies.

***7XX00 MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes***

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

I=New code s=Revised code :=Add-on code H=Modifier 51 exempt \*=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

***7XX01 MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)***

CPT codes 7XX00 and 7XX01 are practice expense only services that represent the preparatory research and review completed by clinical staff (i.e., MRI technologist and/or a medical physicist) that will be utilized by the physician or QHP for the other four services in this code family.

***7XX02 MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report***

The RUC reviewed the results from 57 radiologists and neuroradiologists and determined the survey 25<sup>th</sup> percentile work RVU of 0.60 appropriately accounted for the physician work required to perform this service. The RUC recommends 15 minutes pre-service evaluation time, 5 minutes intra-service time and 5 minutes post-service, equaling 25 minutes total time.

This procedure involves MR safety determination by a physician or QHP responsible for the appropriateness and safety of the MR procedure. During the pre-service time period, preparation for the MR safety determination will occur. The MR technologist or MR Safety Officer will obtain the patient's clinical history, relevant implanted device details/instructions, and MR conditional labeling. The radiologist and medical physicist will conduct a comprehensive risk analysis assessing the potential risk to the patient versus clinical benefit using these materials based on several factors including but not limited to (1) information prepared in the pre-service time related to the implanted device limitations; (2) proximity of the implanted device/foreign body to sensitive tissues and; (3) evaluation of the potential clinical risk to the patient in the event of device malfunction or injury during the procedure. During the intra-service time period, the MR exam parameters are reviewed for conformance with the implanted device safety instructions, a decision regarding whether informed consent should be obtained before the MR exam is made and alternative recommendations or testing are considered that would utilize accessory equipment to safely perform the MR exam. During the post-service time period, communication with the patient and completion of a technical report will detail the recommendations, special precautions, and expectations for the MR exam as specified by the radiologist and medical physicist.

To support the recommended work RVU value of 0.60, the RUC compared the surveyed code to the top key reference service 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, or leadless pacemaker system* (work RVU = 0.30, 10 minutes intra-service time and 22 minutes total time) and second key reference service 99202 *Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.* (work RVU = 0.93, 15 minutes intra-service time and 20 minutes total time). While the surveyed code is like CPT code 93286 in that there is an assessment of a device before the procedure, the assessment required in 7XX02 is more complex due to the risk/benefit analysis and

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I=New code   s=Revised code   :=Add-on code   H=Modifier 51 exempt   \*=Telemedicine   X=Audio-only   ~=FDA approval pending   #=Resequenced code

overall breadth of medical decision-making. In comparison to CPT code 99202, the surveyed code is less intense but similar in that the physician will be reviewing the medical record for prior imaging, clinical history, and reason for study, which will lead to a decision regarding the risk/benefit of performing the MR scan. Thus, the work RVU valuation of CPT code 7XX02 is appropriately bracketed by the top two chosen key reference services, CPT codes 93286 and 99202.

The RUC referenced MPC codes 74220 *Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study* (work RVU = 0.60, 10 minutes intra-service time and 16 minutes total time) and 76830 *Ultrasound, transvaginal* (work RVU = 0.69, 10 minutes intra-service time and 23 minutes total time) and determined that these services require a similar amount of physician work and time to perform, thus support the recommended value of 0.60 for CPT code 7XX02. **The RUC recommends a work RVU of 0.60 for CPT code 7XX02.**

***7XX03 MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report***

The RUC reviewed the results from 38 radiologists and neuroradiologists and determined the survey 25<sup>th</sup> percentile work RVU of 0.76 appropriately accounted for the physician work required to perform this service. The RUC recommends 14 minutes pre-service evaluation time, 10 minutes intra-service time and 5 minutes post-service, equaling 29 minutes total time.

This procedure involves MR safety medical physics examination customization, preparatory planning, and intra-service performance monitoring. During the pre-service time period, a review of the implant-related MR exam constraints will take place between the radiologist and medical physicist or MR Safety Officer. In reviewing what the radiologist has protocolled, the medical physicist or MR safety expert will develop examination customization based on several factors including but not limited to (1) identification of potentially problematic imaging sequences that have too high of radiofrequency (RF) energy levels being deposited; (2) prioritization of select views and imaging sequences to ensure diagnostic quality and anatomical coverage and; (3) modification of customization mid-procedure based on back-and-forth feedback from the radiologist regarding image contrast or the patient's total scan time restrictions. During the intra-service time period, the radiologist will review imaging in real-time during the MRI acquisition, which has been customized and tailored to restrictive requirements based on the patient's condition and implant-related limitations as determined during the pre-service work. Scan parameter adjustments are conducted as necessary. During the post-service time period, the technical report from the medical physicist or MR safety expert will be recorded.

The RUC compared the surveyed code to MPC codes 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75, 20 minutes intra-service time and 26 minutes total time) and 88305 *Level IV - Surgical pathology, gross and microscopic examination...* (work RVU = 0.75, 25 minutes intra-service and total time). The RUC recognized that these services require similar physician work and time, thus supporting the recommended value of 0.76 for 7XX03. In comparison to the surveyed code, the RUC noted that both MPC reference services

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involve similar examination and assessment of a patient's clinical history and diagnostic studies when making case-specific medical decisions about the next steps in imaging or treatment.

For additional support, the RUC referenced the second key reference service 72125 *Computed tomography, cervical spine; without contrast material*. (work RVU = 1.00, 12 minutes intra-service time and 22 minutes total time). This reference service describes physician work that involves modification of MR imaging parameters and prioritization of the order of MR sequences to ensure a quality diagnostic exam. The RUC acknowledged that CPT code 72125 requires slightly less total time than the surveyed code, however, it is more intense since the typical patient is an emergency room (ER) patient with concern for neck injury. **The RUC recommends a work RVU of 0.76 for CPT code 7XX03.**

***7XX04 MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report***

The RUC reviewed the results from 38 radiologists and neuroradiologists and determined that a work RVU of 0.75 appropriately accounted for the physician work required to perform this service. The RUC recommends 12 minutes pre-service evaluation time, 8 minutes intra-service time and 5 minutes post-service, equaling 25 minutes total time.

This procedure involves MR safety implant electronics preparation, including MR-specific programming of a pulse generator and/or transmitter. During the pre-service time period, confirmation of the type, necessary configuration, and programming instructions for the patient's active electronic implanted device occurs. The MR-specific programming considers the risks of programming modes, implant malfunction, and interruption of therapy regarding patient tolerance. During the intra-service time period, real-time monitoring of the patient's tolerance and side effects of the modified therapies will occur to determine whether or not it is appropriate to proceed with the MR exam. During the post-service time period, the technical report from the medical physicist or MR Safety Officer will be recorded and follow-up with the patient's treating physician will be requested if the implanted device does not return to the status observed before the MR exam.

To support the recommended work RVU value of 0.75, the RUC compared the surveyed code to the top key reference service 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* (work RVU = 0.45, 10 minutes intra-service time and 25 minutes total time) and second key reference service 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*. (work RVU = 0.75, 10 minutes intra-service time and 23.5 minutes total time). While the surveyed code is like CPT code 93287 in that there is an assessment of a device before the procedure, there is a greater complexity and intensity of work involved with 7XX04 as an implanted device will be exposed to MRI rather than only a device check in pre- or post-procedure. In comparison to CPT code 93289, the surveyed code has the same work RVU valuation and requires similar time and almost identical intensity. Notably, 7XX04 is slightly more complex due to its interrogation of a device under normal conditions versus taking care of a device in a conditional mode inside a magnet

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that could potentially impact the device and the patient's condition. Thus, the work RVU valuation of CPT 7XX04 code is appropriately bracketed by the top two key reference services, CPT codes 93287 and 93289.

For additional support, the RUC referenced MPC codes 88305 *Level IV - Surgical pathology, gross and microscopic examination...* (work RVU = 0.75, 25 minutes intra-service and total time) and 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75, 20 minutes intra-service time and 26 minutes total time), which require the same physician work and time to perform. **The RUC recommends a work RVU of 0.75 for CPT code 7XX04.**

***7XX05 MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report***

The RUC reviewed the results from 32 radiologists and neuroradiologists and determined that a work RVU of 0.60 appropriately accounted for the physician work required to perform this service. The RUC recommends 15 minutes pre-service evaluation time, 10 minutes intra-service time and 5 minutes post-service, equaling 30 minutes total time.

This procedure involves MR safety implant positioning and immobilization under the supervision of a physician or QHP. During the pre-service time period, the physician or QHP will assess the risks and benefits associated with immobilization and if determined appropriate. Other preparatory actions are completed, notably, the physical location of the affected implant will be identified and/or marked on the patient's skin. During the intra-service time period, the application of physical protections to secure the implanted medical device from MR-induced translational or vibrational forces, magnetically induced changes, and/or prevent potential radiofrequency burns from inadvertent tissue contact while the MR room occurs. Assessing the patient's pain tolerance and discomfort at the site of the implant will determine MR exam discontinuation or completion. An inspection for evidence of implant migration, malfunction or tissue damage is conducted upon exiting of the MR scan room. During the post-service time period, the technical report from the medical physicist or MR Safety Officer will be recorded and follow-up with the patient's treating physician will be requested if the implanted device does not return to the status observed before the MR exam.

To support the recommended work RVU value of 0.60, the RUC compared the surveyed code to the second key reference service 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, or leadless pacemaker system* (work RVU = 0.30, 10 minutes intra-service time and 22 minutes total time) and CPT code 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* (work RVU = 0.45, 10 minutes intra-service time and 25 minutes total time). The RUC recognized that the surveyed code requires more physician work than CPT code 93286 attributable to preparing the patient and their implantable device before entering the magnet, ensuring appropriate patient positioning while

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in the magnet, and monitoring the safety of the implantable device during the scan. While the surveyed code is like CPT code 93287 in that there is an assessment of a device before the procedure, there is a greater complexity and intensity of work involved with 7XX05 as an implanted device will be exposed to MRI rather than there just being a device check pre- or post-procedure.

The RUC referenced MPC codes 74220 *Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study* (work RVU = 0.60, 10 minutes intra-service time and 16 minutes total time) and 76830 *Ultrasound, transvaginal* (work RVU = 0.69, 10 minutes intra-service time and 23 minutes total time) and determined that these services require similar physician work and time to perform, thus support the recommended value of 0.60 for CPT code 7XX05. **The RUC recommends a work RVU of 0.60 for CPT code 7XX05.**

### **Practice Expense**

The Practice Expense (PE) Subcommittee reviewed the practice expense inputs for CPT codes 7XX00–7XX05 and made one modification to adjust the clinical staff time involved with code 7XX01. For this code, CA021 *Perform procedure/service---NOT directly related to physician work time* has two clinical staff types, L047A *MRI Technologist* and L152A *Medical Physicist*. L047A increased from 26 to 27 minutes, resulting in 45 minutes of total clinical staff time for CA021. The specialty societies confirmed that both the technologist and the medical physicist are reviewing existing imaging on the technologist PACS workstation, sometimes sequentially on the same tech PACS workstation and sometimes in parallel at two separate PACS workstations. The PE Subcommittee also acknowledged the new equipment input, *Vitals monitoring system (MR Conditional)*, and the two new supply inputs, *Thermoplastic splint material 6"x9" (MR Safe)* and *Disposable oximeter probe and clip (MR Conditional)*, as recommended for codes 7XX04 and 7XX05. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Committee.**

### **New Technology**

CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

### **Modifier -51 Exempt**

The RUC recommends that CPT codes 7XX03, 7XX04 and 7XX05 be added to the Modifier -51 Exempt list. These procedures are typically performed with another procedure but may be stand-alone procedures and not always performed with other specified procedures. The valuation, time and PE recommendations provided by the specialty societies distinguished the work associated with these three codes from the work of the MR service and focused the work of each code on the distinct requirements of an implanted device. There are currently no identified implanted devices with FDA-approved labeling requiring both 7XX04 and 7XX05 procedures to be performed before an MRI.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Radiology</b>				
<b>Diagnostic Radiology (Diagnostic Imaging)</b>				
75989		<i>Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation</i>  <i>(Do not report 75989 in conjunction with 10030, 32554, 32555, 32556, 32557, 33017, 33018, 33019, 47490, 49405, 49406, 49407)</i>		
<b><u>Magnetic Resonance Safety Implant/Foreign Body Procedures (Red Heading)</u></b>				
<u>Implanted medical devices or foreign bodies can increase the risk of injury or death for a patient entering the magnetic resonance (MR) environment, either for diagnostic MR procedures or for procedures performed under MR imaging guidance.</u>				
<u>Implants may have FDA-approved labeling specifying conditions under which an MR exam could be safely performed. These conditions can specify the type of MR equipment to use, preparation of the implant before the MR procedure, anatomical regions that should be excluded from MR examination, limitations on MR scan time and energy deposition, and/or implant components that may contraindicate MR examination.</u>				
<u>Codes 7XX00, 7XX01, 7XX02 describe MR safety planning services performed in advance of the date of the MR procedure. For 7XX00, implant-safety conditions and additional procedures required to safely perform the requested MR examination are documented for inclusion in the medical record by a technologist or other MR safety-trained clinical staff. Contraindications to MR are also documented. For patients with complex, multiple, or incompletely documented implants, use 7XX01 to report prolonged MR safety implant/foreign body assessment by clinical staff. For an implant and/or foreign body that lacks MR conditional labeling, is contraindicated for MR, or may result in a “limited” MR exam, use 7XX02 to report the performance of an MR safety determination by a physician or other qualified health care professional (QHP) responsible for the safe performance of the MR procedure, with a written report.</u>				
<u>Codes 7XX03, 7XX04, 7XX05 describe MR safety services performed on the day of the MR examination under supervision of the physician or other QHP responsible for the safe performance of the MR procedure. The need for these services depends on the design of the medical implant, and the MR conditional labeling of the implant, if available. Use 7XX03 to report medical physics services provided during the MR exam, with a written report. Use 7XX04 to report the preparation and documentation of an electronic implant into an MR-protective mode. Use 7XX05 to report specified positioning or immobilization of an implant during the MR exam, with documentation for inclusion in the medical record.</u>				
<u>Cardiac devices (eg, pacemakers and defibrillators) may require interrogation or programming services before or after performance of the MR examination to put them in a mode safe for the MR scan. For cardiac device interrogation or programming, see the appropriate cardiac device evaluation code. Similarly, neurostimulation devices may require analysis-programming before being placed into an MR-protective mode, or</u>				

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after performance of the MR examination. For electronic analysis-programming of neurostimulation devices, see the appropriate analysis-programming code. If cardiac device evaluation or neurostimulator analysis-programming is performed on the same day, report 7XX04 only if a separate individual performs additional preparation of the electronic implant into an MR-protective mode immediately before patient entry to the MR environment. For reprogramming of programmable cerebrospinal shunt after performance of the MR examination, use 62252.

#●7XX00	N1	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	XXX	0.00 (PE Only)
#+●7XX01	N2	each additional 30 minutes (List separately in addition to code for primary procedure)  (Use 7XX01 in conjunction with 7XX00)  (Do not report 7XX01 more than three times per encounter)	ZZZ	0.00 (PE Only)
#●7XX02	N3	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report	XXX	0.60

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#☉●7XX03	N4	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report  (Use 7XX03 in conjunction with 7XX04, 7XX05, when implant requires electronics preparation or positioning and/or immobilization prior to MR)	XXX	0.76
#☉●7XX04	N5	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report  (Use 7XX04 in conjunction with 7XX03, when implant also requires medical physics examination customization)	XXX	0.75
#☉●7XX05	N6	MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report  (Use 7XX05 in conjunction with 7XX03, when implant also requires medical physics examination customization)	XXX	0.60

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 7XX02	Tracking Number N3	Original Specialty Recommended RVU: <b>0.60</b>
		Presented Recommended RVU: <b>0.60</b>
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: <b>0.60</b>

CPT Descriptor: MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 70-year-old male on anticoagulation with a pacemaker presents with elevated prostate-specific antigen and suspected prostate cancer. 3 tesla prostate MRI or 1.5 tesla prostate MRI with an endorectal coil is considered as an alternative to standard prostate biopsy. Magnetic resonance (MR) safety assessment demonstrates a pacemaker that is not a complete MR conditional pacemaker system, lacking MR conditional labeling and programming modes.

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 typically 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%

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Description of Pre-Service Work: Review the request for appropriateness, review the clinical history and any prior applicable studies. Implant details and MR conditional labeling, if available, are obtained from the MR technologist or MR Safety Officer. Location(s) and description(s) of foreign bodies are identified. The radiologist then reviews the implant instructions for MR exam restrictions or contraindications. The requested MR procedure is analyzed for expected diagnostic quality and feasibility when performed according to implant instructions.

The radiologist and medical physicist discuss the implanted device limitations and potential risk to the patient. The medical physicist provides information on the feasibility of mitigating the risk and provides recommendations for special equipment to perform the MR exam. The radiologist assesses proximity of the implanted device/foreign body to sensitive tissues and evaluates clinical risk to the patient in the event device malfunction, thermal injury, or displacement forces are induced by the MR exam procedure.

Description of Intra-Service Work: The MR exam parameters are reviewed for conformance with implanted device safety instructions, and if not, the radiologist decides whether informed consent should be obtained prior to the MR exam. Alternative diagnostic tests are considered for appropriateness and relative risk. The radiologist may make recommendations for alternate diagnostic tests or procedures, or MR requirements including MR equipment, accessory equipment, and the required expertise of qualified health care providers or clinical staff supervising the preparations or execution of the MR exam are provided in a written report.

Description of Post-Service Work: Recommendations, special precautions, and expectations for the MR exam are communicated to the patient. A report is finalized, signed, and placed in the medical record. Follow-up with the patient's treating physician is ensured.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Lauren Nicola, MD, FACR Melissa Chen, MD Jacob Ormsby, MD, MBA Heidi Edmonson, PhD				
<b>Specialty Society(ies):</b>	American College of Radiology, American Society of Neuroradiology				
<b>CPT Code:</b>	7XX02				
<b>Sample Size:</b>	7318	<b>Resp N:</b>	57		
<b>Description of Sample:</b>	The ACR performed a random sample of 4,600 members. The ASNR performed a random sample of 2,718 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	6.00	<b>18.00</b>	50.00	500.00
<b>Survey RVW:</b>	0.20	0.60	<b>1.00</b>	1.75	7.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	2.00	<b>5.00</b>	10.00	60.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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

<b>CPT Code:</b>	7XX02	<b>Recommended Physician Work RVU: 0.60</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>15.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>5.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>5.00</b>	<b>0.00</b>	<b>0.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0	99239x 0.0	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93286	XXX	0.30	RUC Time

CPT Descriptor 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, or leadless pacemaker system

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99202	XXX	0.93	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74220	XXX	0.60	RUC Time	101,875

CPT Descriptor 1 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76830	XXX	0.69	RUC Time	386,332

CPT Descriptor 2 Ultrasound, transvaginal

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 11      % of respondents: 19.2 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 17.5 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>7XX02</u>	Top Key Reference CPT Code: <u>93286</u>	2nd Key Reference CPT Code: <u>99202</u>
Median Pre-Service Time	15.00	5.00	2.00
Median Intra-Service Time	5.00	10.00	15.00
Median Immediate Post-service Time	5.00	7.00	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
<b>Median Total Time</b>	<b>25.00</b>	<b>22.00</b>	<b>20.00</b>
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.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	18%	36%	45%	0%

**Mental Effort and Judgment**

- 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

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	9%	36%	55%

**Technical Skill/Physical Effort**

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	27%	45%	27%

Physical effort required	36%	64%	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%	45%	55%
----	-----	-----

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More**

<b>Overall intensity/complexity</b>	0%	0%	70%	30%	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%	70%	30%
----	-----	-----

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required	10%	30%	60%
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Physical effort required	50%	50%	0%
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**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%	20%	70%
-----	-----	-----

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 CPT Editorial Panel recently approved the creation of six new codes to describe MR Safety protocols. These new CPT codes:

- **7XX00** MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report.
- **7XX01+** MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes.
- **7XX02** MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report.
- **7XX03** MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report.
- **7XX04** MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report.
- **7XX05** MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report.

are designed to capture the work for patients with implanted medical devices that require access to magnetic resonance (MR) diagnostic procedures. Codes 7XX00, 7XX01, 7XX02 describe MR safety planning services performed in advance of the date of the magnetic resonance procedure. Codes 7XX03, 7XX04, 7XX05 describe MR safety services performed on the day of the MR examination under supervision of the physician or other qualified health care professional responsible for the safe performance of the MR procedure. The need for these services depends on the design of the medical implant, and (if available) the MR conditional labeling of the implant.

Implanted medical devices or foreign bodies can increase risk of injury or death for a patient entering the magnetic resonance environment, either for diagnostic magnetic resonance procedures or for procedures performed under magnetic resonance imaging guidance.

Patients with implanted medical devices now have expanded access to magnetic resonance (MR) diagnostic and interventional procedures due to recent developments of international test methods and standards for MR safety and MR conditional labeling. The MR conditions of an implanted device can limit anatomical regions eligible for magnetic resonance imaging (MRI) or impose strict energy deposition requirements or total MRI exam time. Additionally, foreign bodies or implanted medical devices without MR conditional labeling (including abandoned, incomplete, or non-functional devices) need to be evaluated for suitability of an MR procedure. All of the current MRI codes have safety screening built in (such as for implants, joint replacements, clips, permanent eyeliner, tattoos, etc.), but that screening is intended to determine from the patient if they have anything in their body which would preclude MRI. At the time the MRI codes were designed, a positive answer to any of these screening questions was a hard stop, and the procedure was not performed. With technological advancements in both the MRI scanner and in the design and testing of

implants it has become possible to perform an MRI examination in the presence of some of these devices and implants. These codes capture the work performed once a potential contraindication is discovered and the exam is modified, or additional steps are required to safely get the patient through the exam.

CPT codes 7XX00 and 7XX01 are PE-only codes. The specialties surveyed the remaining four codes, 7XX02-7XX05.

## Survey Process

The American College of Radiology and the American Society of Neuroradiology conducted a combined total random sample of 7,318 society members. Both societies assembled an expert panel to review the data and develop the following recommendations.

## Work RVU Recommendation

We recommend a work RVU of 0.60, which is the survey 25<sup>th</sup> percentile value.

## Time Recommendation

The expert panel recommends the median survey times: pre-service time of 15 mins, intra-service time of 5 mins, and post-service time of 5 minutes, for a total of 25 minutes.

## Key Reference Services

Our recommendation is bracketed by our top two chosen key reference services (KRS), CPT codes **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, or leadless pacemaker system*) and CPT code **99202** (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter*). The service is similar to CPT code **93286** in that there is assessment of a device prior to a procedure. However, the assessment required in our code is somewhat more complex because the physician will need to assess the risk / benefit of performing the procedure given that the device has non conditional components. In addition, the physician will assess what the limitations of scanning the device will be and consider whether the parameters of the MRI scan required to answer the diagnostic question will fit within the limitations. The service is similar to CPT code **99202** in that the physician will be reviewing the medical record for prior imaging, clinical history and reason for the study, and make a decision regarding risk/benefit of performing the MRI scan.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
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, or leadless pacemaker system	0.30	22	5	10	7	0.0031
<b>7XX02</b>	<b>MR safety determination by a physician or other qualified health care professional</b>	<b>0.60</b>	<b>25</b>	<b>15</b>	<b>5</b>	<b>5</b>	<b>0.0304</b>

	<b>responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report</b>						
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	0.93	20	2	15	3	0.0465

## MPC Codes

CPT code 7XX02 compares well with MPC codes, CPT code **74220** (*Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study*) and CPT code **76830** (*Ultrasound, transvaginal.*). The codes have a similar total time and are similar in work.

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
<b>7XX02</b>	<b>MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report</b>	<b>0.60</b>	<b>25</b>	<b>15</b>	<b>5</b>	<b>5</b>	<b>0.0304</b>
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	0.60	16	3	10	3	0.0466
76830	Ultrasound, transvaginal	0.69	23	5	10	8	0.0399

## Conclusion

The survey results and comparisons to the KRS and MPC codes support the specialties' recommendation of pre-service time of 15 minutes, intra-service time of 5 minutes, and immediate post service time of 5 minutes, for a total of 25 minutes and 0.60 RVU for CPT code 7XX02.

## Please note:

- Repeat MRs on the same patient with the same implant should not require 7XX00, 7XX01 or 7XX02 if the implanted device has not changed.
- The codes are modular to account for many different types of implants and reflect typical manufacturer instructions to safely perform MR in the presence of the implant.

Example scenarios are included below, although other scenarios exist:

- **Scenario one:** simple implant, research done in 15 mins
  - CPT code 7XX00 – 15 mins implant research
- **Scenario two:** Complex implant, additional 30 mins needed
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX01 – Complicated implant + 30 mins
  - *Examples: patient has multiple electronic implants, implant has undergone surgical revision*
- **Scenario three:** MR contraindicated, risk/benefit analysis ordered
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX02 – Risk/benefit analysis
- **Scenario four:** Implant has risk of thermal injury, RF is restricted
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - *Example: Deep brain stimulators*
- **Scenario five:** Implant requires programming prior to MR
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX04 – Implant programming
  - *Examples: Certain models of Spinal Cord Stimulators, vagal nerve stimulators, MR conditional pacemakers*
- **Scenario six:** Implant requires programming prior to MR *and* has risk of thermal injury
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - CPT code 7XX04 – Implant programming
  - *Examples: Certain models of Spinal Cord Stimulators, nerve stimulators (phrenic, sacral, hypoglossal)*
- **Scenario seven:** Implant requires immobilization for MR *and* has risk of thermal injury
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - CPT code 7XX05 – Implant immobilization
  - *Examples: Certain models of Cochlear or Auditory Brainstem Implants (internal magnet that may dislodge, leads that may heat)*

## 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 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? 154000  
 If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 7XX02 is estimated to be provided 154,000 times nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 45000                      Percentage 29.22 %

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? 51,300  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 7XX02 is estimated to be provided 51,300 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology                      Frequency 46179                      Percentage 90.01 %

Specialty                      Frequency                      Percentage                      %

Specialty                      Frequency                      Percentage                      %

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

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. 71275



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 7XX03	Tracking Number N4	Original Specialty Recommended RVU: <b>0.76</b>
		Presented Recommended RVU: <b>0.76</b>
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: <b>0.76</b>

CPT Descriptor: MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 67-year-old female with a fully implanted deep brain stimulation (DBS) system for treatment of Parkinson's disease presents with new-onset seizures and right-sided weakness. MRI is ordered. MR safety assessment demonstrates all DBS components are part of a complete MR conditional DBS system, with MR conditions restricting scan time and energy deposition. DBS analysis and programming is performed by the patient's neurologist prior to reporting for the MR exam. Patient's tremor returns with system programmed to MR mode. A medical physicist is scheduled to interactively customize and monitor performance of the MR examination to meet restrictive MR conditions of the DBS system.

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 typically 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%

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Description of Pre-Service Work: Radiologist reviews exam indications and implant-related MR exam constraints with medical physicist or MR safety expert including radiofrequency (RF) energy deposition limits, total active scan time, implant cooling time between sequences, and anticipated artifacts. Prioritize scan order and planes of image acquisition, minimum slice thickness, resolution, and anatomical coverage. Advise on suitability of reduced-RF sequences and RF coil selection for exam indication.

Description of Intra-Service Work: The radiologist reviews images in real-time during exam acquisition for diagnostic quality. Provide feedback to the technologist and medical physicist whether image contrast looks correct, and if scan parameter adjustments or additional views are necessary. Confirm patient compliance with prolonged scan times and scanner idle times for implant cooling, revise technique for patient non-compliance or motion artifact. Radiologist will consider additional views to cut from protocol to avoid exceeding implant total scan time restrictions. Dictate implant-related limitations to diagnostic quality and interpretation of performed exam.

Description of Post-Service Work: Confirm technical report from medical physicist or MR safety expert is in medical record.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Lauren Nicola, MD, FACR Melissa Chen, MD Jacob Ormsby, MD, MBA Heidi Edmonson, PhD				
<b>Specialty Society(ies):</b>	American College of Radiology, American Society of Neuroradiology				
<b>CPT Code:</b>	7XX03				
<b>Sample Size:</b>	7318	<b>Resp N:</b>	38		
<b>Description of Sample:</b>	The ACR performed a random sample of 4,600 members. The ASNR performed a random sample of 2,718 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	3.00	<b>5.00</b>	20.00	300.00
<b>Survey RVW:</b>	0.30	0.76	<b>1.18</b>	2.20	7.00
<b>Pre-Service Evaluation Time:</b>			<b>14.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	5.00	<b>10.00</b>	19.00	33.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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

<b>CPT Code:</b>	7XX03	<b>Recommended Physician Work RVU: 0.76</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>14.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>10.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>5.00</b>	<b>0.00</b>	<b>0.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72125	XXX	1.00	RUC Time

CPT Descriptor Computed tomography, cervical spine; 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
93015	XXX	0.75	RUC Time	851,302

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
88305	XXX	0.75	RUC Time	15,994,812

CPT Descriptor 2 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 7      % of respondents: 18.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 4      % of respondents: 10.5 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>7XX03</u>	<b>Top Key Reference CPT Code:</b> <u>70553</u>	<b>2nd Key Reference CPT Code:</b> <u>72125</u>
Median Pre-Service Time	14.00	5.00	5.00
Median Intra-Service Time	10.00	25.00	12.00
Median Immediate Post-service Time	5.00	7.00	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
<b>Median Total Time</b>	<b>29.00</b>	<b>37.00</b>	<b>22.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	0%	43%	57%	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

14%	29%	57%
-----	-----	-----

**Technical Skill/Physical Effort**

**Less**                      **Identical**                      **More**

Technical skill required

14%	14%	71%
-----	-----	-----

Physical effort required

0%	71%	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

0%	29%	71%
----	-----	-----

**Survey Code Compared to  
2nd Key Reference Code**

**Much Less**                      **Somewhat Less**                      **Identical**                      **Somewhat More**                      **Much More**

Overall intensity/complexity

0%	0%	25%	75%	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%	25%	75%
----	-----	-----

**Technical Skill/Physical Effort**

**Less**                      **Identical**                      **More**

Technical skill required

0%	25%	75%
----	-----	-----

Physical effort required

50%	25%	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

0%	25%	75%
----	-----	-----

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 CPT Editorial Panel recently approved the creation of six new codes to describe MR Safety protocols. These new CPT codes:

- **7XX00** MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report.
- **7XX01+** MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes.
- **7XX02** MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report.
- **7XX03** MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report.
- **7XX04** MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report.
- **7XX05** MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report.

are designed to capture the work for patients with implanted medical devices that require access to magnetic resonance (MR) diagnostic procedures. Codes 7XX00, 7XX01, 7XX02 describe MR safety planning services performed in advance of the date of the magnetic resonance procedure. Codes 7XX03, 7XX04, 7XX05 describe MR safety services performed on the day of the MR examination under supervision of the physician or other qualified health care professional responsible for the safe performance of the MR procedure. The need for these services depends on the design of the medical implant, and (if available) the MR conditional labeling of the implant.

Implanted medical devices or foreign bodies can increase risk of injury or death for a patient entering the magnetic resonance environment, either for diagnostic magnetic resonance procedures or for procedures performed under magnetic resonance imaging guidance.

Patients with implanted medical devices now have expanded access to magnetic resonance (MR) diagnostic and interventional procedures due to recent developments of international test methods and standards for MR safety and MR conditional labeling. The MR conditions of an implanted device can limit anatomical regions eligible for magnetic resonance imaging (MRI) or impose strict energy deposition requirements or total MRI exam time. Additionally, foreign bodies or implanted medical devices without MR conditional labeling (including abandoned, incomplete, or non-functional devices) need to be evaluated for suitability of an MR procedure. All of the current MRI codes have safety screening built in (such as for implants, joint replacements, clips, permanent eyeliner, tattoos, etc.), but that screening is intended to determine from the patient if they have anything in their body which would preclude MRI. At the time the MRI codes were designed, a positive answer to any of these screening questions was a hard stop, and the procedure was not performed. With technological advancements in both the MRI scanner and in the design and testing of implants it has become possible to perform an MRI examination in the presence of some of these devices and implants. These codes capture the work performed once a potential contraindication is discovered and the exam is modified, or additional steps are required to safely get the patient through the exam.

CPT codes 7XX00 and 7XX01 are PE-only codes. The specialties surveyed the remaining four codes, 7XX02-7XX05.

### Survey Process

The American College of Radiology and the American Society of Neuroradiology conducted a combined total random sample of 7,318 society members. Both societies assembled an expert panel to review the data and develop the following recommendations.

### Work RVU Recommendation

We recommend a work RVU of 0.76, which is the survey 25<sup>th</sup> percentile value.

### Time Recommendation

The expert panel recommends the median survey times: pre-service time of 14 mins, intra-service time of 10 mins, and post-service time of 5 minutes, for a total of 29 minutes.

### Key Reference Services

Our recommendation compares well to the top two chosen key reference services (KRS), CPT codes **70553** (*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences*) and CPT code **72125** (*Computed tomography, cervical spine; without contrast material*). MR imaging parameters will be modified based on the patient's clinical history and any prior imaging obtained, alternative sequences will be created, consideration of which sequences are most important and prioritization of the order of sequences that will be obtained to ensure a diagnostic quality exam. This work is overall slightly more in total time to 72125 given the amount of decision making required but may be less intense given that the typical patient for 72125 is an ER patient with concern for neck injury. The technical knowledge required to perform CPT code 70553 is similar to that of our code, which includes the understanding of MR sequences and MR physics. The time required to perform the service is less given that MR images are not being interpreted.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
7XX03	MR safety medical physics examination	0.76	29	14	10	5	0.0334

	<b>customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report</b>						
72125	Computed tomography, cervical spine; without contrast material	1.00	22	5	12	5	0.0647
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.29	37	5	25	7	0.0808

### MPC Codes

CPT code **7XX03** compares well with the MPC codes including CPT code **93015** (*Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report*) and CPT code **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).*

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUP
88305	Level IV - Surgical pathology, gross and microscopic examination.	0.75	25		25		0.0300
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	0.75	26	2	20	4	0.0308
<b>7XX03</b>	<b>MR safety medical physics examination customization, planning and performance</b>	<b>0.76</b>	<b>29</b>	<b>14</b>	<b>10</b>	<b>5</b>	<b>0.0334</b>



	<b>monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report</b>						
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## Conclusion

The survey results and comparisons to the KRS and MPC codes support the specialties' recommendation of pre-service time of 14 minutes, intra-service time of 10 minutes, and immediate post service time of 5 minutes, for a total of 29 minutes and 0.76 RVU for CPT code 7XX03.

## Please note:

- Repeat MRs on the same patient with the same implant should not require 7XX00, 7XX01 or 7XX02 if the implanted device has not changed.
- The codes are modular to account for many different types of implants and reflect typical manufacturer instructions to safely perform MR in the presence of the implant.

Example scenarios are included below, although other scenarios exist:

- **Scenario one:** simple implant, research done in 15 mins
  - CPT code 7XX00 – 15 mins implant research
- **Scenario two:** Complex implant, additional 30 mins needed
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX01 – Complicated implant + 30 mins
  - *Examples: patient has multiple electronic implants, implant has undergone surgical revision*
- **Scenario three:** MR contraindicated, risk/benefit analysis ordered
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX02 – Risk/benefit analysis
- **Scenario four:** Implant has risk of thermal injury, RF is restricted
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - *Example: Deep brain stimulators*
- **Scenario five:** Implant requires programming prior to MR
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX04 – Implant programming
  - *Examples: Certain models of Spinal Cord Stimulators, vagal nerve stimulators, MR conditional pacemakers*
- **Scenario six:** Implant requires programming prior to MR *and* has risk of thermal injury
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - CPT code 7XX04 – Implant programming
  - *Examples: Certain models of Spinal Cord Stimulators, nerve stimulators (phrenic, sacral, hypoglossal)*
- **Scenario seven:** Implant requires immobilization for MR *and* has risk of thermal injury
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - CPT code 7XX05 – Implant immobilization
  - *Examples: Certain models of Cochlear or Auditory Brainstem Implants (internal magnet that may dislodge, leads that may heat)*

**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 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? 19000  
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 7XX03 is estimated to be provided 19,000 times nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 18100                      Percentage 95.26 %

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? 6,300  
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 7XX03 is estimated to be provided 6,300 times nationally in a one-year period. For Medicare utilization

Specialty Diagnostic Radiology                      Frequency 6000                      Percentage 95.23 %

Specialty                      Frequency 0                      Percentage %

Specialty                      Frequency 0                      Percentage %

Do many physicians perform this service across the United States?

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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

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**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. 74183

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code: 7XX04	Tracking Number N5	Original Specialty Recommended RVU: <b>0.75</b>
		Presented Recommended RVU: <b>0.75</b>
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: <b>0.75</b>

CPT Descriptor: MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 55-year-old female with a neurostimulation system complains of new symptoms of low back pain, with persistent symptoms following 6 weeks of conservative treatment. A diagnostic magnetic resonance (MR) exam of the lumbar spine is ordered. Patient reports to MR department with the fully charged patient controller for her sacral nerve modulation system.

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 typically 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%

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Description of Pre-Service Work: Confirm the active implantable medical device type, configuration, and programming instructions for MR environment. Review implant status and system integrity. Consider risks of programming modes and interruption/discontinuation of therapy. Discuss the nature and risks of implant malfunction and obtain informed consent where applicable. Specify patient vitals monitors to be connected to the patient while implant electronics are prepared for or in the MR environment. Specify duration of patient vitals monitoring.

Description of Intra-Service Work: Supervise MR-specific programming, monitoring patient tolerance and side effects of modified therapies. If available, interrogation results are reviewed for battery voltage and lead impedances. Assess patient condition and whether appropriate to proceed with MR exam. MR conditional status and implant programming is verified prior to patient entrance to the MR scan room.

Confirm lack of complication from implant exposure to MR environment. Evaluate out-of-range parameters.

Description of Post-Service Work: A final report is prepared, signed, and placed in the medical record. If implant does not return to status observed prior to MR exam, follow-up with the patient's treating physician is ensured.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Lauren Nicola, MD, FACR Melissa Chen, MD Jacob Ormsby, MD, MBA Heidi Edmonson, PhD				
<b>Specialty Society(ies):</b>	American College of Radiology, American Society of Neuroradiology				
<b>CPT Code:</b>	7XX04				
<b>Sample Size:</b>	7318	<b>Resp N:</b>	38		
<b>Description of Sample:</b>	The ACR performed a random sample of 4,600 members. The ASNR performed a random sample of 2,718 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>5.00</b>	20.00	1000.00
<b>Survey RVW:</b>	0.23	0.75	<b>1.30</b>	2.00	7.00
<b>Pre-Service Evaluation Time:</b>			<b>12.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	4.00	<b>8.00</b>	15.00	30.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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

<b>CPT Code:</b>	7XX04	<b>Recommended Physician Work RVU: 0.75</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>12.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>8.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>

Immediate Post Service-Time:	5.00	0.00	0.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93287	XXX	0.45	RUC Time

CPT Descriptor 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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93289	XXX	0.75	RUC Time

CPT Descriptor 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

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
88305	XXX	0.75	RUC Time	15,994,812

CPT Descriptor 1 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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93015	XXX	0.75	RUC Time	851,302

CPT Descriptor 2 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

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<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

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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: 7      % of respondents: 18.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 13.1 %**

**TIME ESTIMATES (Median)**

	<u>CPT Code:</u> <u>7XX04</u>	<u>Top Key Reference CPT Code:</u> <u>93287</u>	<u>2nd Key Reference CPT Code:</u> <u>93289</u>
Median Pre-Service Time	12.00	5.00	5.00
Median Intra-Service Time	8.00	10.00	10.00
Median Immediate Post-service Time	5.00	10.00	8.50
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
<b>Median Total Time</b>	<b>25.00</b>	<b>25.00</b>	<b>23.50</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
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<b>Overall intensity/complexity</b>	0%	29%	43%	29%	0%
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**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%

43%

29%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

14%

43%

43%

Physical effort required

29%

57%

14%

**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%

43%

43%

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity**

0%

0%

80%

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

0%

20%

80%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

20%

40%

40%

Physical effort required

40%

60%

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%

80%

20%



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## Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 CPT Editorial Panel recently approved the creation of six new codes to describe MR Safety protocols. These new CPT codes:

- **7XX00** MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report.
- **7XX01+** MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes.
- **7XX02** MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report.
- **7XX03** MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report.
- **7XX04** MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report.
- **7XX05** MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report.

are designed to capture the work for patients with implanted medical devices that require access to magnetic resonance (MR) diagnostic procedures. Codes 7XX00, 7XX01, 7XX02 describe MR safety planning services performed in advance of the date of the magnetic resonance procedure. Codes 7XX03, 7XX04, 7XX05 describe MR safety services performed on the day of the MR examination under supervision of the physician or other qualified health care professional responsible for the safe performance of the MR procedure. The need for these services depends on the design of the medical implant, and (if available) the MR conditional labeling of the implant.

Implanted medical devices or foreign bodies can increase risk of injury or death for a patient entering the magnetic resonance environment, either for diagnostic magnetic resonance procedures or for procedures performed under magnetic resonance imaging guidance.

Patients with implanted medical devices now have expanded access to magnetic resonance (MR) diagnostic and interventional procedures due to recent developments of international test methods and standards for MR safety and MR conditional labeling. The MR conditions of an implanted device can limit anatomical regions eligible for magnetic resonance imaging (MRI) or impose strict energy deposition requirements or total MRI exam time. Additionally, foreign bodies or implanted medical devices without MR conditional labeling (including abandoned, incomplete, or non-functional devices) need to be evaluated for suitability of an MR procedure. All of the current MRI codes have safety screening built in (such as for implants, joint replacements, clips, permanent eyeliner, tattoos, etc.), but that screening is intended to determine from the patient if they have anything in their body which would preclude MRI. At the time the MRI codes were designed, a positive answer to any of these screening questions was a hard stop, and the procedure was not performed. With technological advancements in both the MRI scanner and in the design and testing of implants it has become possible to perform an MRI examination in the presence of some of these devices and implants. These codes capture the work performed once a potential contraindication is discovered and the exam is modified, or additional steps are required to safely get the patient through the exam.

CPT codes 7XX00 and 7XX01 are PE-only codes. The specialties surveyed the remaining four codes, 7XX02-7XX05.

### Survey Process

The American College of Radiology and the American Society of Neuroradiology conducted a combined total random sample of 7,318 society members. Both societies assembled an expert panel to review the data and develop the following recommendations.

### Work RVU Recommendation

We recommend a work RVU of 0.75, which is the survey 25<sup>th</sup> percentile value.

### Time Recommendation

The expert panel recommends the median survey times: pre-service time of 12 mins, intra-service time of 8 mins, and post-service time of 5 minutes, for a total of 25 minutes.

### Key Reference Services

Our recommendation is bracketed by our top two chosen key reference services (KRS), CPT codes **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*) and CPT code **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*). Compared to CPT code **93287**, our code is more complex and intense because this service occurs when device will be exposed to MRI rather than a device check pre or post procedure. The physician is ensuring that device is in the appropriate safe mode, assessing patient's status and ensuring the patient will be safe while inside the magnet. Our service is also more complex than 93289 which is focused on interrogation of device under normal conditions, versus taking care of a device in a conditional mode inside a magnet that could potentially impact the device and patient's condition.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
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	0.45	25	5	10	10	0.0114
<b>7XX04</b>	<b>MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report</b>	<b>0.75</b>	<b>25</b>	<b>12</b>	<b>8</b>	<b>5</b>	<b>0.0462</b>
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	0.75	23.5	5	10	8.5	0.0448

## MPC Codes

CPT code 7XX04 compares well with CPT code **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*) and CPT code **93015** (*Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report.*).

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
88305	Level IV - Surgical pathology, gross and microscopic examination.	0.75	25		25		0.0300
7XX04	<b>MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report</b>	<b>0.75</b>	<b>25</b>	<b>12</b>	<b>8</b>	<b>5</b>	<b>0.0462</b>
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	0.75	26	2	20	4	0.0308

## Conclusion

The survey results and comparisons to the KRS and MPC codes support the specialties' recommendation of pre-service time of 12 minutes, intra-service time of 8 minutes, and immediate post service time of 5 minutes, for a total of 25 minutes and 0.60 RVU for CPT code 7XX04.

### Please note:

- Repeat MRs on the same patient with the same implant should not require 7XX00, 7XX01 or 7XX02 if the implanted device has not changed.
- The codes are modular to account for many different types of implants and reflect typical manufacturer instructions to safely perform MR in the presence of the implant.

Example scenarios are included below, although other scenarios exist:

- **Scenario one:** simple implant, research done in 15 mins
  - CPT code 7XX00 – 15 mins implant research
- **Scenario two:** Complex implant, additional 30 mins needed
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX01 – Complicated implant + 30 mins
  - *Examples: patient has multiple electronic implants, implant has undergone surgical revision*
- **Scenario three:** MR contraindicated, risk/benefit analysis ordered
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX02 – Risk/benefit analysis
- **Scenario four:** Implant has risk of thermal injury, RF is restricted
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - *Example: Deep brain stimulators*
- **Scenario five:** Implant requires programming prior to MR
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX04 – Implant programming
  - *Examples: Certain models of Spinal Cord Stimulators, vagal nerve stimulators, MR conditional pacemakers*
- **Scenario six:** Implant requires programming prior to MR *and* has risk of thermal injury
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - CPT code 7XX04 – Implant programming

- *Examples: Certain models of Spinal Cord Stimulators, nerve stimulators (phrenic, sacral, hypoglossal)*
- **Scenario seven:** Implant requires immobilization for MR and has risk of thermal injury
  - **CPT code 7XX00** – 15 mins implant research
  - **CPT code 7XX03** – Exam customization
  - **CPT code 7XX05** – Implant immobilization
  - *Examples: Certain models of Cochlear or Auditory Brainstem Implants (internal magnet that may dislodge, leads that may heat)*

## 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 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? 140000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 7XX04 is estimated to be provided 140,000 times nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 91000                      Percentage 65.00 %

Specialty                      Frequency                      Percentage                      %

Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 47,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 7XX04 is estimated to be provided 47,000 times nationally in a one-year period. For Medicare utilization.

Specialty Diagnostic Radiology	Frequency 31000	Percentage 65.95 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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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

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### **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. 75557

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 7XX05	Tracking Number N6	Original Specialty Recommended RVU: <b>0.60</b>
		Presented Recommended RVU: <b>0.60</b>
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: <b>0.60</b>

CPT Descriptor: MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 26-year-old male diagnosed with neurofibromatosis type II with an auditory brainstem implant (ABI) requires MRI of the brain and entire spine for annual surveillance of CNS tumors. Magnetic resonance (MR) safety assessment demonstrates all internal ABI components are part of a complete MR conditional system, with MR conditions requiring application of a head-wrap immobilization kit to secure an internal magnet within the ABI, or surgical resection of the internal magnet.

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 typically 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: Records are reviewed to confirm the need for special implant positioning and/or immobilization for MR procedures. The physician or QHP discusses risks and benefits of the implant positioning and/or immobilization plan and obtains consent from the patient to proceed. Under the supervision of a physician or QHP, the physical location of the affected implant is identified and/or marked on the patient's skin. External components of the implant are detached, and any externalized conductive components of the implant are electrically isolated from the patient's skin, according to clinical guidance or the MR instructions. Earplugs are applied.

Description of Intra-Service Work: For implants requiring immobilization, a secure compression bandage is applied over the implant, with a bracing splint directly over the components, Kerlix bandage, and a self-adherent elastic wrap. The physician or QHP monitors the patient's condition during positioning and introduction to the MR scan room. The patient is positioned on the MR scanner bed outside of the MR scan room, with attention to the implant manufacturer's MR conditional positioning instructions and exclusion zones. The scanner bed is slowly wheeled into the MR scan room, docked to the scanner, and advanced to the imaging volume with slow table speed to reduce translational forces and discomfort at the site of the implant. If the patient cannot tolerate the pain, the patient is slowly removed from the MR scanner on the MR scanner bed and brought back outside the MR scan room. Following exit of the MR scan room, either from MR exam discontinuation or completion, the compression wrap is removed. The implant location is inspected for evidence of implant migration, malfunction, or tissue damage. Patient is provided with educational materials for when to seek follow-up for their implant should pain persist.

Implant positioning and immobilization precautions are documented in a written report along with positioning/immobilization recommendations for future MR exam orders.

Description of Post-Service Work: Report is finalized, signed, and placed in the medical record. If implant does not return to status observed prior to MR exam, follow-up with the patient's treating physician is ensured.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Lauren Nicola, MD, FACR Melissa Chen, MD Jacob Ormsby, MD, MBA Heidi Edmonson, PhD				
<b>Specialty Society(ies):</b>	American College of Radiology, American Society of Neuroradiology				
<b>CPT Code:</b>	7XX05				
<b>Sample Size:</b>	7318	<b>Resp N:</b>	32		
<b>Description of Sample:</b>	The ACR performed a random sample of 4,600 members. The ASNR performed a random sample of 2,718 members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	<b>5.00</b>	10.00	20.00
<b>Survey RVW:</b>	0.22	0.60	<b>1.53</b>	2.00	7.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	5.00	<b>10.00</b>	25.00	60.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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

<b>CPT Code:</b>	7XX05	<b>Recommended Physician Work RVU: 0.60</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>15.00</b>	<b>0.00</b>	<b>15.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>10.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>

<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>
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<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0	99239x 0.0	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93286	XXX	0.30	RUC Time

CPT Descriptor 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, or leadless pacemaker system

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74220	XXX	0.60	RUC Time	101,875

CPT Descriptor 1 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76830	XXX	0.69	RUC Time	386,332

CPT Descriptor 2 Ultrasound, transvaginal

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 7      % of respondents: 21.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 15.6 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>7XX05</u>	Top Key Reference CPT Code: <u>70553</u>	2nd Key Reference CPT Code: <u>93286</u>
Median Pre-Service Time	15.00	5.00	5.00
Median Intra-Service Time	10.00	25.00	10.00
Median Immediate Post-service Time	5.00	7.00	7.00
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
<b>Median Total Time</b>	<b>30.00</b>	<b>37.00</b>	<b>22.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	14%	14%	29%	43%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
14%	0%	86%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	29%	0%	71%

Physical effort required	29%	29%	43%
--------------------------	-----	-----	-----

**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%	71%
-----	-----	-----

**Survey Code Compared to 2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More**

<b>Overall intensity/complexity</b>	0%	20%	80%	0%	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%	60%	20%
-----	-----	-----

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required	20%	60%	20%
--------------------------	-----	-----	-----

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%	80%	20%
----	-----	-----

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 CPT Editorial Panel recently approved the creation of six new codes to describe MR Safety protocols. These new CPT codes:

- **7XX00** MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report.
- **7XX01+** MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes.
- **7XX02** MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report.
- **7XX03** MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report.
- **7XX04** MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report.
- **7XX05** MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report.

are designed to capture the work for patients with implanted medical devices that require access to magnetic resonance (MR) diagnostic procedures. Codes 7XX00, 7XX01, 7XX02 describe MR safety planning services performed in advance of the date of the magnetic resonance procedure. Codes 7XX03, 7XX04, 7XX05 describe MR safety services performed on the day of the MR examination under supervision of the physician or other qualified health care professional responsible for the safe performance of the MR procedure. The need for these services depends on the design of the medical implant, and (if available) the MR conditional labeling of the implant.

Implanted medical devices or foreign bodies can increase risk of injury or death for a patient entering the magnetic resonance environment, either for diagnostic magnetic resonance procedures or for procedures performed under magnetic resonance imaging guidance.

Patients with implanted medical devices now have expanded access to magnetic resonance (MR) diagnostic and interventional procedures due to recent developments of international test methods and standards for MR safety and MR conditional labeling. The MR conditions of an implanted device can limit anatomical regions eligible for magnetic resonance imaging (MRI) or impose strict energy deposition requirements or total MRI exam time. Additionally, foreign bodies or implanted medical devices without MR conditional labeling (including abandoned, incomplete, or non-functional devices) need to be evaluated for suitability of an MR procedure. All of the current MRI codes have safety screening built in (such as for implants, joint replacements, clips, permanent eyeliner, tattoos, etc.), but that screening is intended to determine from the patient if they have anything in their body which would preclude MRI. At the time the MRI codes were designed, a positive answer to any of these screening questions was a hard stop, and the procedure was not performed. With technological advancements in both the MRI scanner and in the design and testing of

implants it has become possible to perform an MRI examination in the presence of some of these devices and implants. These codes capture the work performed once a potential contraindication is discovered and the exam is modified, or additional steps are required to safely get the patient through the exam.

CPT codes 7XX00 and 7XX01 are PE-only codes. The specialties surveyed the remaining four codes, 7XX02-7XX05.

## Survey Process

The American College of Radiology and the American Society of Neuroradiology conducted a combined total random sample of 7,318 society members. Both societies assembled an expert panel to review the data and develop the following recommendations.

## Work RVU Recommendation

We recommend a work RVU of 0.60, which is the survey 25<sup>th</sup> percentile value.

## Time Recommendation

The expert panel recommends the median survey times: pre-service time of 15 mins, intra-service time of 10 mins, and post-service time of 5 minutes, for a total of 30 minutes.

## Key Reference Services

Our recommendation is bracketed by our top two chosen key reference services (KRS), CPT codes **70553** (*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences*) and CPT code **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, or leadless pacemaker system*). Our code is more complex than 93286 because our procedure involves preparation of a patient and their device prior to entering the magnet, ensuring appropriate patient positioning while in the magnet and safety of device during scanning. CPT code 93286 is related to interrogation of a device in standard setting. The code is less complex and takes less time than CPT code 70553 because 70553 requires evaluation of assessment and evaluation of MR images. All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
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, or leadless pacemaker system	0.30	22	5	10	7	0.0031
<b>7XX05</b>	<b>MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes,</b>	<b>0.60</b>	<b>30</b>	<b>15</b>	<b>10</b>	<b>5</b>	<b>0.0152</b>

	<b>and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report.</b>						
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.29	37	5	25	7	0.0808

## MPC Codes

CPT code 7XX05 compares well with CPT code **74220** (*Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study*) and CPT code **76830** (*Ultrasound, transvaginal.*). The codes have a similar total time and are similar in work.

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
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	0.60	16	3	10	3	0.0466
<b>7XX05</b>	<b>MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report.</b>	<b>0.60</b>	<b>30</b>	<b>15</b>	<b>10</b>	<b>5</b>	<b>0.0152</b>
76830	Ultrasound, transvaginal	0.69	23	5	10	8	0.0399

## Conclusion

The survey results and comparisons to the KRS and MPC codes support the specialties' recommendation of pre-service time of 15 minutes, intra-service time of 10 minutes, and immediate post service time of 5 minutes, for a total of 30 minutes and 0.60 RVU for CPT code 7XX05.

### Please note:

- Repeat MRs on the same patient with the same implant should not require 7XX00, 7XX01 or 7XX02 if the implanted device has not changed.
- The codes are modular to account for many different types of implants and reflect typical manufacturer instructions to safely perform MR in the presence of the implant.

Example scenarios are included below, although other scenarios exist:

- **Scenario one:** simple implant, research done in 15 mins
  - CPT code **7XX00** – 15 mins implant research
- **Scenario two:** Complex implant, additional 30 mins needed
  - CPT code **7XX00** – 15 mins implant research
  - CPT code **7XX01** – Complicated implant + 30 mins
  - *Examples: patient has multiple electronic implants, implant has undergone surgical revision*

- **Scenario three:** MR contraindicated, risk/benefit analysis ordered
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX02 – Risk/benefit analysis
- **Scenario four:** Implant has risk of thermal injury, RF is restricted
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - *Example: Deep brain stimulators*
- **Scenario five:** Implant requires programming prior to MR
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX04 – Implant programming
  - *Examples: Certain models of Spinal Cord Stimulators, vagal nerve stimulators, MR conditional pacemakers*
- **Scenario six:** Implant requires programming prior to MR *and* has risk of thermal injury
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - CPT code 7XX04 – Implant programming
  - *Examples: Certain models of Spinal Cord Stimulators, nerve stimulators (phrenic, sacral, hypoglossal)*
- **Scenario seven:** Implant requires immobilization for MR *and* has risk of thermal injury
  - CPT code 7XX00 – 15 mins implant research
  - CPT code 7XX03 – Exam customization
  - CPT code 7XX05 – Implant immobilization
  - *Examples: Certain models of Cochlear or Auditory Brainstem Implants (internal magnet that may dislodge, leads that may heat)*

## 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 Diagnostic Radiology

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? 1200

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 7XX05 is estimated to be provided 1200 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 660 Percentage 55.00 %

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? 400

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 7XX05 is estimated to be provided 400 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 220 Percentage 55.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage %

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

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. 77001

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	AJ	AK	AL	AM	AN			
1	<b>ISSUE: Magnetic Resonance Examination Safety Procedures</b>																														
2	<b>TAB: 09</b>																														
3					RUC																										
4	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE							
5	1st REF	93286	Peri-procedural device evaluation (in person) and programming of device system	XXX	Oct-16	11	0.003	0.014							22	5							10				7				
6	2nd REF	99202	Office or other outpatient visit for the evaluation and management of a new	XXX	Apr-19	10	0.047	0.047							20	2							15				3				
10	SVY	7XX02	MR safety determination by a physician or other qualified health care professional	XXX		57	0.110	0.040	0.20	0.60	1.00	1.75	7.00		25	15			0	2	5	10	60		5	0	6	18	50	500	
11	REC	7XX02	MR safety determination by a physician or other qualified health care professional responsible	XXX			0.030	0.024	0.60						25	15						5				5					
12																															
13					RUC																										
14	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE							
15	1st REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	XXX	Jan-13	7	0.081	0.062							37	5							25				7				
16	2nd REF	72125	Computed tomography, cervical spine; without contrast material	XXX	Apr-18	4	0.065	0.045							22	5							12				5				
20	SVY	7XX03	MR safety medical physics examination customization, planning and performance	XXX		38	0.075	0.041	0.30	0.76	1.18	2.20	7.00		29	14			0	5	10	19	33		5	0	3	5	20	300	
21	REC	7XX03	MR safety medical physics examination customization, planning and performance	XXX			0.033	0.026	0.76						29	14						10				5					
22																															
23					RUC																										
24	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE							
25	1st REF	93287	Peri-procedural device evaluation (in person) and programming of device system	XXX	Oct-16	7	0.011	0.018							25	5							10				10				
26	2nd REF	93289	Interrogation device evaluation (in person) with analysis, review and report by a	XXX	Oct-16	5	0.045	0.032							23.5	5							10				8.5				
30	SVY	7XX04	MR safety implant electronics preparation under supervision of physician or other	XXX		38	0.115	0.052	0.23	0.75	1.30	2.00	7.00		25	12			0	4	8	15	30		5	0	0	5	20	1000	
31	REC	7XX04	MR safety implant electronics preparation under supervision of physician or other qualified health	XXX			0.046	0.030	0.75						25	12						8				5					
32																															
33					RUC																										
34	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE							
35	1st REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	XXX	Jan-13	7	0.081	0.062							37	5							25				7				
36	2nd REF	93286	Peri-procedural device evaluation (in person) and programming of device system	XXX	Oct-16	5	0.003	0.014							22	5							10				7				
40	SVY	7XX05	MR safety implant positioning and/or immobilization under supervision of	XXX		32	0.108	0.051	0.22	0.60	1.53	2.00	7.00		30	15			0	5	10	25	60		5	0	1	5	10	20	
41	REC	7XX05	MR safety implant positioning and/or immobilization under supervision of physician or	XXX			0.015	0.020	0.60						30	15						10				5					

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 7XX00, 7XX01, 7XX02, 7XX03, 7XX04, 7XX05**  
**SPECIALTY SOCIETY(IES): American College of Radiology, American Society of Neuroradiology**  
**PRESENTER(S): Lauren Nicola, MD, FACR, Melissa Chen, MD, Jacob Ormsby, MD, MBA, Heidi Edmonson, PhD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

<b>Meeting Date: January 2024</b>
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<b>Surveyed CPT Code</b>	<b>7XX00</b>	<b>Global Period: XXX</b>
<b>CPT Code Descriptor</b>	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	
<b>Typical Patient/Service</b>	A 36-year-old female with a vagus nerve neurostimulator for control of drug-resistant epilepsy presents with neck pain after a fall. A magnetic resonance (MR) of the cervical spine is ordered. Eligibility for MR examination of the cervical spine depends on implant model.	

<b>Surveyed CPT Code</b>	<b>7XX01</b>	<b>Global Period: ZZZ</b>
<b>CPT Code Descriptor</b>	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)  (Use 7XX01 in conjunction with 7XX00) (Do not report 7XX01 more than three times per encounter)	
<b>Typical Patient/Service</b>	A 72-year-old male with a spinal cord neurostimulator for pain management presents with radiculopathy. MRI of the lumbar spine is ordered. Model information for implanted leads is missing from the local medical record. Magnetic resonance (MR) conditions for the implant are dependent on lead model, and certain lead models have anatomical exclusion zones over the implant. [ <b>Note:</b> This is an add-on code for the additional prolonged work when multiple implants, implant components, surgical revisions to the implant, or undocumented implants must be assessed for MR conditional status. The work associated with the first 15 minutes of MR safety implant/foreign body assessment is reported separately as the primary procedure and not included in the work of this add-on code. The work associated with each additional 30 minutes of MR safety implant/foreign body assessment is reported with this add-on code.	

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 7XX00, 7XX01, 7XX02, 7XX03, 7XX04, 7XX05**  
**SPECIALTY SOCIETY(IES): American College of Radiology, American Society of Neuroradiology**  
**PRESENTER(S): Lauren Nicola, MD, FACR, Melissa Chen, MD, Jacob Ormsby, MD, MBA, Heidi Edmonson, PhD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

	This add-on code may be reported maximum of three times per encounter.]
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<b>Surveyed CPT Code</b>	<b>7XX02</b>	<b>Global Period: XXX</b>
<b>CPT Code Descriptor</b>	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report	
<b>Typical Patient/Service</b>	A 70-year-old male on anticoagulation with a pacemaker presents with elevated prostate-specific antigen and suspected prostate cancer. 3 tesla prostate MRI or 1.5 tesla prostate MRI with an endorectal coil is considered as an alternative to standard prostate biopsy. Magnetic resonance (MR) safety assessment demonstrates a pacemaker that is not a complete MR conditional pacemaker system, lacking MR conditional labeling and programming modes.	

<b>Surveyed CPT Code</b>	<b>7XX03</b>	<b>Global Period: XXX</b>
<b>CPT Code Descriptor</b>	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report  (Use 7XX03 in conjunction with 7XX04, 7XX05, when implant requires electronics preparation or positioning and/or immobilization prior to MR)	
<b>Typical Patient/Service</b>	A 67-year-old female with a fully implanted deep brain stimulation (DBS) system for treatment of Parkinson’s disease presents with new-onset seizures and right-sided weakness. MRI is ordered. MR safety assessment demonstrates all DBS components are part of a complete MR conditional DBS system, with MR conditions restricting scan time and energy deposition. DBS analysis and programming is performed by the patient’s neurologist prior to reporting for the MR exam. Patient’s tremor returns with system programmed to MR mode. A medical physicist is scheduled to interactively customize and monitor performance of the MR examination to meet restrictive MR conditions of the DBS system.	

**NONFACILITY DIRECT PE INPUTS**

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 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

<b>Surveyed CPT Code</b>	<b>7XX04</b>	<b>Global Period: XXX</b>
<b>CPT Code Descriptor</b>	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report  (Use 7XX04 in conjunction with 7XX03, when implant also requires medical physics examination customization)	
<b>Typical Patient/Service</b>	A 55-year-old female with a neurostimulation system complains of new symptoms of low back pain, with persistent symptoms following 6 weeks of conservative treatment. A diagnostic magnetic resonance (MR) exam of the lumbar spine is ordered. Patient reports to MR department with the fully charged patient controller for her sacral nerve modulation system.	

<b>Surveyed CPT Code</b>	<b>7XX05</b>	<b>Global Period: XXX</b>
<b>CPT Code Descriptor</b>	MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report  (Use 7XX05 in conjunction with 7XX03, when implant also requires medical physics examination customization)	
<b>Typical Patient/Service</b>	A 26-year-old male diagnosed with neurofibromatosis type II with an auditory brainstem implant (ABI) requires MRI of the brain and entire spine for annual surveillance of CNS tumors. Magnetic resonance (MR) safety assessment demonstrates all internal ABI components are part of a complete MR conditional system, with MR conditions requiring application of a head-wrap immobilization kit to secure an internal magnet within the ABI, or surgical resection of the internal magnet.	

**NONFACILITY DIRECT PE INPUTS**

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)**  
**PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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 the American Society of Neuroradiology (ASNR) convened a consensus panel to finalize the practice expense for MR Safety codes 7XX00-7XX05.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

The specialties have included CPT codes 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, or leadless pacemaker system*) and 70543 (*Magnetic resonance (eg, proton imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences*) as reference codes.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?  
Is this code(s) typically reported with the E/M service in the nonfacility?

No

See the *Billed Together* tab in the RUC Database.

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 than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

For all six codes, Radiology is expected to be the dominant provider of this service. As this is a new service, the percentage of time is unknown.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A. These are new procedures; there are no current costs.

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

## NONFACILITY DIRECT PE INPUTS

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### AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

#### CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

N/A.

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A.

10. Please provide a brief description of the clinical staff work for the following:

- a. Pre-Service period:

**7XX00**

*CA007 Review patient clinical extant information and questionnaire*

MRI department receives an order for a MR exam indicating presence of implant and/or foreign body requiring assessment prior to scheduling. The technologist verifies the order is correct for the region of interest ordered. The technologist reviews patient chart for extant implant details including manufacturer, model number, and date of implant.

*CA006 Confirm availability of prior images/studies*

Technologist confirms availability of prior images/studies.

- b. Service period (includes pre, intra and post):

**7XX00**

*CA009 Greet patient, ensure appropriate medical records available*

Technologist contacts patient to obtain implant information cards, manufacturer and/or facility where implanted. Asks if implant(s) are still functional and if implant has ever been modified. The technologist

## NONFACILITY DIRECT PE INPUTS

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### **AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

reviews medical records to identify prior imaging exams on a technologist PACS workstation that document implant location, type, and integrity.

#### *CA021 Perform procedures/service – NOT directly related to physician work time*

Technologist positively identifies relevant implant components from surgical reports, implant manufacturer patient databases, or radiographic identification on a technologist PACS workstation. Technologist investigates MR conditional labeling for each high-risk implant and/or foreign body and documents directly from manufacturer instructions or other MR safety databases. Technologist reviews images or surgical reports for acceptable implant configuration. For implants or foreign bodies lacking MR conditional labeling, technologist assesses against clinical guidelines and proximity to sensitive tissue. Technologist calls patient with special instructions for implant, including components to bring to MR appointment and charging instructions. Technologist communicates special scheduling requirements. Answers patient questions about exam.

#### *CA034 Document procedure*

The technologist's written report will typically include list of evaluated implant components, MR conditions for requested exam, implant programming requirements, special positioning requirements, acceptable radiofrequency coils, and necessary personnel for the exam. The written report will also typically include assessment of eligibility to schedule MR exam including whether exam is declined or requires risk/benefit analysis, with rationale.

#### **7XX01**

##### *CA021 Perform procedures/service – NOT directly related to physician work time*

Additional service time required due to multiple, complex implants, or implants with long history of surgical revision or unknown history. Technologist continues work beyond 7XX00 to positively identify relevant implant components and investigate MR conditional labeling. Medical physicist is engaged to assess probability of interactions between implants and to determine the combination of MR conditional labeling acceptable for all implants within an individual patient. For implants with exclusion zones, medical physicist estimates distance of implant from center of magnet. For abandoned or retained components, medical physicist provides analysis of scenarios presenting negligible risk. **Both the technologist and physicist are reviewing existing imaging on the technologist PACS workstation, sometimes sequentially on the same tech PACS workstation and sometimes at their individual PACS workstations.**

##### *CA034 Document procedure*

Technologist's written report additionally contains entries for multiple or complex implants, reviewed for accuracy by medical physicist, with summary of medical physicist recommendations, if applicable.

#### **7XX02**

##### *CA021 Perform procedure/service – NOT directly related to physician work time*

The medical physicist reviews MR conditional labeling, if available. Medical physicist reviews prior imaging on a technologist PACS workstation for location, configuration, and proximity to other implants, measures distance between implants, measures size of implant, foreign body, or associated artifact. Medical physicist reviews materials used in implant or foreign body.

Medical physicist reviews available types of MR scanners at the site and availability of local transmit/receive coils to limit extent of radiofrequency exposure.



## NONFACILITY DIRECT PE INPUTS

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### **AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Medical physicist analyzes expected location of implant or foreign body within the MR scanner and anticipated interactions with 1) strong magnetic field and potential for displacement force or torque, 2) magnetic sensors on active implants that may cause reprogramming or malfunction, 3) electronics that may malfunction due to induced electric fields during MRI, 4) conductive components that may heat and cause thermal injury in the radiofrequency field, or 5) unintended stimulation from induced electric fields or radiofrequency.

The medical physicist discusses the implanted device limitations and potential risks to the patient with the radiologist. The medical physicist provides information on feasibility of mitigating the risk and provides recommendations for special equipment or imaging sequences to perform the MR exam.

#### *CA034 Document procedure*

The technologist updates clinical staff records with results of risk/benefit analysis and eligibility to schedule MR exam, referencing the radiologist risk/benefit written report.

#### **7XX03**

##### *CA012 Review requisition, assess for special needs:*

The medical physicist reviews MR conditional labeling and MR exam constraints for all implants and/or foreign bodies. Medical physicist reviews radiologist protocol for sequences with high radiofrequency (RF) energy deposition and total scan time.

Technologist confirms implant components, MR eligibility, radiofrequency coil, and MR exam constraints with medical physicist on MR safety procedural checklist. Medical physicist and technologist confirm location of RF specific absorption rate (SAR) and B1+rms values displayed on scanner console, and determine whether average head SAR or whole body SAR should be monitored based on radiofrequency coil and location of implant. Auto scan features are turned off to allow cooling time between sequences.

##### *CA021 Perform procedure/service – NOT directly related to physician work time*

Medical physicist and radiologist discuss exam indications and implant-related MR exam constraints including RF energy deposition limits, total active scan time, implant cooling time between sequences, and anticipated artifacts. Radiologist prioritizes scan order and planes of image acquisition, minimum slice thickness, resolution, and anatomical coverage. Medical physicist requests advice on suitability of reduced-RF sequences and RF coil selection. Prior to contrast administration, medical physicist seeks feedback from radiologist on adjusted sequences; checks if motion artifact is problematic, and whether any sequences need to be repeated. Reports remaining active scan time budget for additional views or need to cut views. After post-contrast sequences complete medical physicist checks with radiologist that exam is of sufficient quality prior to ending exam.

A procedural pause with technologist and physicist to verify completion of MR safety procedural checklist is performed. The medical physicist works with the technologist to adjust sequence parameters to meet implant MR exam constraints, which slows down RF deposition and increases the total MR exam scan time. Medical physicist observes power monitor during each sequence to verify predicted SAR matches measured SAR. Medical physicist observes image quality and considers metal artifact reduction techniques if implant hardware is in the field of view. Medical physicist tracks elapsed active scan time and evaluates need for additional cooling time.

##### *CA034 Document procedure*

The medical physicist's written report will typically include description of implant, field strength, RF transmit coil, RF energy deposition limit (SAR or B1+rms) and total active scan time limit. Any other specific

## NONFACILITY DIRECT PE INPUTS

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### **AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

precautions related to implant safety in the MR environment should also be indicated. Finalized after exam completion.

#### **7XX04**

##### *CA011 Provide education/obtain consent*

Technologist reviews implant programming procedure and obtains patient consent to proceed.

##### *CA013 prepare room, equipment and supplies*

Technologist prepares MR conditional patient vitals monitor system and obtains supplies. Technologist undocks MR scanner bed and brings out to control room.

##### *CA019 Assist physician or other qualified healthcare professional ---directly related to physician work time (67%)*

Technologist assists with application of MR conditional monitoring supplies and assists physician with MR-specific programming to MR protective mode.

Technologist moves patient from programming position to scanning position. Procedural pause to verify completion of MR safety procedural checklist for active implant prior to entering MR scan room. Following MR exam, implant is returned to pre-MRI settings. Technologist reports concerns or out-of-range parameters to physician.

##### *CA024 Clean room/equipment by clinical staff*

Technologist cleans MR-conditional patient vitals monitor system.

##### *CA034 Document procedure*

The technologist updates clinical staff records with information about the program settings and outputs used during the MR procedure, and status of implant after the exam.

##### *CA035 Review home care instructions*

Technologist provides educational materials and local resources for follow-up should patient have concerns about implant function following the procedure.

#### **7XX05**

##### *CA011 Provide education/obtain consent*

Technologist discusses communication plan with patient and educates patient on use of patient alarm button/squeezeball to indicate need to stop exam. Technologist describes steps of marking implant location and headwrap procedure, and obtains agreement to begin headwrap procedure prior to removing external speech processor component of cochlear implant.

##### *CA013 prepare room, equipment and supplies*

Technologist prepares MR conditional patient vitals monitor system and obtains compression bandage and splint kit supplies. Technologist undocks MR scanner bed and brings out to control room. A patient chair is moved adjacent to scanner bed for use during head wrap procedure. Additional positioning aids are identified to immobilize the head.

##### *CA019 Assist physician or other qualified healthcare professional ---directly related to physician work time (67%)*

Technologist provides MR safety screening of physician personnel within the MR control room. Patient is positioned in chair for application of the compression bandage. Technologist assists with application of MR

**NONFACILITY DIRECT PE INPUTS**

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

conditional monitoring supplies and assists physician with applying compression bandage; four hands are required. Technologist ensures no MR Unsafe speech processor(s) or miscellaneous supplies are introduced into the MR scan room.

Technologist moves patient from chair position to scanner table outside of the MR scan room. Additional wedges or straps are placed as necessary to avoid head rotation. Procedural pause to verify completion of MR safety procedural checklist for active implant prior to entering MR scan room. Technologist helps remove compression bandage, and returns speech processor(s) to see if they still connect to internal receiver.

*CA024 Clean room/equipment by clinical staff*  
Technologist cleans MR conditional patient vitals monitor system.

*CA034 Document procedure*  
The technologist updates clinical staff records with information regarding patient tolerance of head wrap and implant status post procedure to inform future scheduling of MR procedures.

*CA035 Review home care instructions*  
Technologist provides educational materials and local resources for follow-up should pain persist.

c. Post-service period:

11. 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*:

Please see **Service Period (intra)** language above.

12. If you have used a percentage of the physician intra-service work time other than 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.

13. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

N/A.

14. If you wish to identify a new staff type, please include a very specific staff description, 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.

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

**NONFACILITY DIRECT PE INPUTS**

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)**  
**PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

15.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
16.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

- 1) **Disposable oximeter probe and clip (MR Conditional)** - This is a required pulse oximeter connection from the patient to the MR conditional vitals monitoring system. All components are non-ferrous, safe to reside in the MR magnet room, and designed for application to patient during MR exam.
- 2) **Thermoplastic splint material 6"x9" (MR Safe)** - Provides rigid support to brace and immobilize disk magnet within internal cochlear implant receiver.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.  
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

No.

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A.

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

- 1) **Vitals monitoring system (MR Conditional)** - This equipment enables monitoring of patient vitals while the patient is in the MR environment. The Expression MR400 Accessories are designed and MR safety verified for patient application to reduce patient burns from excessive heat generated by the MR system. The Expression 400 Patient Monitor is designed with limited ferrous content to be within the MR scan room and not become a projectile hazard, with alarm if positioned too close to MR scanner; it is designed for wireless communications through the radiofrequency-shielded MR room enclosure with the MR Patient Care Portal to enable monitoring from the remote position at the MR scanner console.

## NONFACILITY DIRECT PE INPUTS

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### AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

5 years

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

- d. If yes, please explain how the computer is used for this service(s).
- e. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
- f. Does the computer include code specific software that is typically used to provide the service(s)?

No.

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

**Technologist PACS Workstation (ED050)** – PACS formula

**Professional PACS Workstation (ED053)** – Other – (1/2 physician pre time) + physician intra time  
**Room, MR (EL008-90)** – Highly Technical formula, except for CPT code 7XX03, where the room time equals the MRI tech CA021 time.

**Vitals Monitoring System (MR-Conditional)** – Other. This equipment is also used to monitor the patient during the MR exam. We used the Highly Technical formula and then added 45 minutes (using the tech assist physician time for reference code 70543).

## PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

The service described by CPT code 7XX00 is estimated to be provided 154,000 times nationally in a one-year period and 51,000 times to Medicare patients nationally in a one-year period.

The service described by CPT code 7XX01 is estimated to be provided 46,000 times nationally in a one-year period and 15,000 times to Medicare patients nationally in a one-year period.

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

70543

## ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

**Please note:**

## NONFACILITY DIRECT PE INPUTS

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### AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- Repeat MRs on the same patient with the same implant should not require 7XX00, 7XX01 or 7XX02 if the implanted device has not changed.
- The codes are modular to account for many different types of implants and reflect typical manufacturer instructions to safely perform MR in the presence of the implant.

Example scenarios are included below, although other scenarios exist:

- **Scenario one:** simple implant, research done in 15 mins
  - CPT code **7XX00** – 15 mins implant research
- **Scenario two:** Complex implant, additional 30 mins needed
  - CPT code **7XX00** – 15 mins implant research
  - CPT code **7XX01** – Complicated implant + 30 mins
  - *Examples: patient has multiple electronic implants, implant has undergone surgical revision*
- **Scenario three:** MR contraindicated, risk/benefit analysis ordered
  - CPT code **7XX00** – 15 mins implant research
  - CPT code **7XX02** – Risk/benefit analysis
- **Scenario four:** Implant has risk of thermal injury, RF is restricted
  - CPT code **7XX00** – 15 mins implant research
  - CPT code **7XX03** – Exam customization
  - *Example: Deep brain stimulators*
- **Scenario five:** Implant requires programming prior to MR
  - CPT code **7XX00** – 15 mins implant research
  - CPT code **7XX04** – Implant programming
  - *Examples: Certain models of Spinal Cord Stimulators, vagal nerve stimulators, MR conditional pacemakers*
- **Scenario six:** Implant requires programming prior to MR and has risk of thermal injury
  - CPT code **7XX00** – 15 mins implant research
  - CPT code **7XX03** – Exam customization
  - CPT code **7XX04** – Implant programming
  - *Examples: Certain models of Spinal Cord Stimulators, nerve stimulators (phrenic, sacral, hypoglossal)*
- **Scenario seven:** Implant requires immobilization for MR and has risk of thermal injury
  - CPT code **7XX00** – 15 mins implant research
  - CPT code **7XX03** – Exam customization
  - CPT code **7XX05** – Implant immobilization
  - *Examples: Certain models of Cochlear or Auditory Brainstem Implants (internal magnet that may dislodge, leads that may heat)*



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 7XX00, 7XX01, 7XX02, 7XX03, 7XX04, 7XX05**  
**SPECIALTY SOCIETY(IES): American College of Radiology, American Society of Neuroradiology**  
**PRESENTER(S): Lauren Nicola, MD, FACR, Melissa Chen, MD,**  
**Jacob Ormsby, MD, MBA, Heidi Edmonson, PhD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***

CA021 (Perform procedure/service NOT directly related to physician time) for 7XX01 was revised to 27 minutes. This reduced the technologist PACS workstation time to 45 minutes.

The professional PACS workstation times were revised to reflect the updated physician times approved by the RUC.

Additional detail on the supplies was requested at the meeting:

**7XX04:**

- card stock for printed educational materials
- 2 pair of gloves for manipulating device before and after procedure

**7XX05:**

- cardstock for printed educational materials
- 4 pairs of gloves for 2 people wrapping and unwrapping the head
- SG014, SG016, SL042 for wrapping

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).









## AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2024

### Genetic Counseling Services (PE Only) – Tab 10

In September 2023, the CPT Editorial Panel deleted CPT code 96040 and created a new CPT code for medical genetics and genetic counseling services to be provided by the genetic counselor. CPT code 9X100 describes medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter. For CPT code 9X100, the services are provided by trained genetic counselors and may include obtaining a structured family genetic history, pedigree construction, analysis for genetic risk assessment and counseling of the patient and family. A physician or other qualified healthcare professional (QHP) who may report evaluation and management services would not be able to report 9X100. Instead, these physicians and QHPs would use the appropriate evaluation and management code.

Genetic counselors are not recognized as qualified healthcare professionals by CMS and consequently cannot bill Medicare directly. Therefore, 9X100 is a practice expense only code. Practice expense recommendations were developed for the January 2024 RUC meeting accordingly.

#### *Practice Expense Only Custom RUC Survey*

In preparation for the January 2024 RUC meeting, the American College of Medical Genetics, collaborating with the National Society of Genetic Counselors, determined that it would be appropriate to conduct a practice expense survey for 9X100 and submitted a proposal for the Research Subcommittee's consideration. The societies noted that Genetic counselors (GCs) are regularly assisted by genetic counselor assistants (GCAs) and that they wanted to use the survey to help determine whether the use of a GCA is typical.

The Research Subcommittee agreed that the PE-only custom survey template should capture both GC time and GCA time. The custom survey template instructed survey respondents to estimate their time for an entire patient encounter, so the survey respondents would not be asked to prorate their time estimates across multiple units of the code. The custom template also only included clinical activities that the societies believed to be typical. The service period was defined as the entire date of the patient encounter, mirroring other CPT codes that are reported based on time on the date of the patient encounter (i.e. E/M services). The survey results were adjusted to reflect a single unit of 9X100, which is reported for each 30 minutes of total time provided by the genetic counselor on the date of the encounter. These data were also used to help determine the typical number of units for 9X100.

#### *Compelling Evidence*

The Practice Expense (PE) Subcommittee initially agreed with the specialty society that there is compelling evidence to support an increase over the aggregate current cost of the direct inputs for new code 9X100 as compared to deleted code 96040. The PE Subcommittee concurred that the main drivers for compelling evidence are changes in genetic counselor work due to changes in knowledge/technology and patient population. From 2006 to 2023, the predominant genetic counselor practice setting shifted from prenatal to oncology, indicating a change in the patient

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population. The specialty attested to the modernization of equipment costs since the valuation of code 96040 in 2005. A contributing factor to the change in technology is the utilization of pedigree software; however, the PE Subcommittee removed the software from the recommended inputs as it is considered an overhead/indirect expense.

#### *New Clinical Labor Staff Type*

The PE Subcommittee agreed that CPT code 9X100 represents the increased complexity of genetic counseling, requiring slightly more clinical staff time and a new additional typical clinical staff type. The new staff type, a genetic counseling assistant, performs different activities than the genetic counselor and the genetic counseling assistant's time is not included in the number of units of 9X100 that the genetic counselor will report. The genetic counseling assistant clinical staff type was not typical in 2005 but survey data now support this clinical staff type as part of the typical genetic counseling service with 54% of respondents reporting genetic counseling assistant time. The genetic counselor and the genetic counseling assistant work in tandem with the genetic counseling assistant supporting the genetic counselor practice. Genetic counseling assistant activities may fit in the same clinical activity code as genetic counselor activities, but the level and detail of these tasks are different. For example, the genetic counseling assistant will review medical records to identify missing information, begin summarizing pertinent information and build a patient specific pedigree, while the genetic counselor also reviews records, expands details in the pedigree before, during, and/or after the patient encounter, and documents all findings, observations, risk assessments and plans. The specialty provided supportive documentation for the new clinical labor staff type, and the PE Subcommittee recommends the use of a Genetic Counseling Assistant using L039B *Physical Therapy Assistant* as an appropriate proxy that is listed by the Bureau of Labor Statistics (BLS).

Considering the typical number of units of 9X100 reported per session is three, the PE Subcommittee discussed the direct practice expense inputs with the understanding that the clinical activity minutes will be multiplied by three when the typical number of units is reported. The Subcommittee detailed the clinical activities to determine the exact work of the genetic counselor versus the genetic counseling assistant and to ensure there was no duplication in the standard inputs. Since both staff types are considered "clinical staff," the Subcommittee worked to ensure there is no overlap in clinical staff activities and subsequently made several reductions to the pre-service and post-service times. For example, the number of post-service phone calls was reduced from 6 minutes to 2 minutes given the multiplier of 3 ( $2 \times 3 = 6$  minutes), providing for the equivalent of two standard 3-minute phone calls or one complex call, as described by the specialty, in the post-service period. The intra-service time for the genetic counselor was increased from 14 to 20 minutes such that the total genetic counselor time for the service period would equal 30 minutes. The PE Subcommittee recommends a total clinical staff time of 57 minutes per unit of CPT code 9X100 including 46 minutes of genetic counselor time and 11 total minutes of genetic counseling assistant time.

#### *New Clinical Staff Activities*

The reference code 96040 predated the use of clinical activities (CA) codes. The PE custom survey was mapped to existing CAs; however, there was one clinical activity in the survey instrument that did not map to any existing activity, *Collect/Update personal and family history/pedigree*. The specialty explained that constructing a genetic family history and developing a pedigree is very different from obtaining a regular family history. The PE Subcommittee agreed with the specialty's request that a new CA code be created for this pre-service period activity:

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- *Collect/Update personal and family history/pedigree*: Collecting a genetic personal and family history is a distinct clinical activity from typical family history collection performed by other specialists. Multiple societies including the American College of Medical Genetics, National Society of Genetic Counselors, and the National Comprehensive Cancer Network have recommendations that include typical family history collection for genetic evaluation extending to 2<sup>nd</sup> & 3<sup>rd</sup>-degree relatives (aunts/uncles, cousins, great aunts/uncles, etc.) which is not common practice amongst non-genetics specialties. Additionally, family history collection performed via pedigree is more detailed, as it involves collection and analysis per-relative instead of per-condition. History collection this way is known to increase the identification of appropriate patients for genetic testing, however, it is time intensive compared to the typical family history taken for non-genetics specialties.

In addition, during the discussion of the post-service activities, it became apparent that two additional new CA codes were needed to delineate the post-service of the service period activities, CA028 *Review/read post-procedure x-ray, lab and pathology reports* and CA034 *Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)*, from the post-service period activities in this service. The PE Subcommittee agreed to create new CA codes for the following activities in the post-service period and designated 4 minutes for each of these new activities to the genetic counselor:

- *Review Genetic/Follow Up Test Results*: This new clinical activity includes review of genetic and other follow-up test results received after the date of service. Genetic test results typically identify one or more variants, which require further evaluation by the genetic counselor. This includes researching and assessing these findings in clinical databases (e.g. ClinVar, ClinGen, gnomAD) prior to communicating results to the patient, family, and medical team. This review determines the presence or absence of prior reports of the identified variant(s), and when present, also includes the associated classification of such variant(s) as these classifications may vary between laboratories. Critically, this review includes comparison to any other interpretations of identified variant(s) that may differ from that of the patient's report and/or have been previously provided to the patient's family. Variant interpretation and classification directly impact clinical management.
- *Correspondence Regarding Genetic/Follow Up Test Results*: This new clinical activity was created to help clarify that this type of correspondence and documentation is specifically related to that which occurs after genetic testing and other results are completed, received, and reviewed in the post-service period. This includes medical documentation, communicating the results to the healthcare team, and writing patient/family letters to facilitate communication of results amongst at-risk family members. Genetic counseling documentation is noted to be particularly detailed given the comprehensive review occurring in the new clinical activity described above and therefore, requires significant time.

The PE Subcommittee also reviewed the medical supply and equipment inputs and made several modifications. The typical patient was confirmed to be an adult patient, so SK048 *measuring tape, paper* for head circumference was removed as was SA048 *pack, minimum multi-specialty visit* which is not typical for this service in the non-facility office setting. Moreover, the new supply recommendation for *Pedigree Subscription, Cloud Based* software was removed as it is not allocable to a single patient and the Subcommittee concurred that the annual subscription is an

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overhead/indirect expense like a variety of other licenses, subscriptions, etc. Similarly, equipment input ED038 *notebook (Dell Latitude D600)* was removed as it is deemed an indirect expense that is generically usable for a broad range of services. Equipment item EF023 *table, exam* is also not typical for this counseling service and was deleted.

The specialty society confirmed that genetic counselors often contract with hospitals. Ultimately, the PE Subcommittee determined that the facility inputs should be removed completely from the recommendation for CPT code 9X100 as the genetic counselor/private practice would need to contract with the institution when the service is performed in the facility setting.

**The RUC recommends the non-facility direct practice expense inputs as modified by the Practice Expense Subcommittee including a request for a new clinical labor type, *Genetic Counseling Assistant*.**

**The RUC also approved the creation of the following 3 new clinical staff activity codes:**

*Collect/Update personal and family history/pedigree (pre-service period)*

*Review Genetic/Follow Up Test Results (post-service period)*

*Correspondence Regarding Genetic/Follow Up Test Results (post-service period)*

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation		
<p><b>Medicine</b>  <b>Medical Genetics and Genetic Counseling Services</b></p> <p>These services are provided by trained genetic counselors and may include obtaining a structured family genetic history, pedigree construction, analysis for genetic risk assessment, and counseling of the patient and family. <del>These activities may be provided during one or more sessions and may include review of medical data and family information, face to face interviews, and counseling services.</del></p> <p><del>Code 96040 is reported for each 30 minute increment of face to face time. Do not report 96040 for 15 minutes or less of face to face time. Report 96040 once for 16 to 30 minutes of face to face time.</del></p> <table border="1" data-bbox="205 1182 1371 1312"> <tr> <td data-bbox="205 1182 785 1312"> <u>Total Time of Medical Genetics and Genetic Counseling Services on the Date of the Encounter</u> </td> <td data-bbox="785 1182 1371 1312"> <u>Code(s)</u> </td> </tr> </table>					<u>Total Time of Medical Genetics and Genetic Counseling Services on the Date of the Encounter</u>	<u>Code(s)</u>
<u>Total Time of Medical Genetics and Genetic Counseling Services on the Date of the Encounter</u>	<u>Code(s)</u>					

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<u>Less than 16 minutes</u>		<u>Not reported separately</u>		
<u>16-45 minutes</u>		<u>9X100 X 1</u>		
<u>46-75 minutes</u>		<u>9X100 X 2</u>		
<u>76-105 minutes</u>		<u>9X100 X 3</u>		
<u>106-135 minutes</u>		<u>9X100 X 4</u>		
D96040	-	<p><del>Medical genetics and genetic counseling services, each 30 minutes in person or by synchronous audio-video or by synchronous audio only with patient/family</del></p> <p><del>(96040 has been deleted. To report medical genetics and genetic counseling services, use 9X100)</del></p> <p><del>(For genetic counseling and education provided to an individual by a physician or other qualified health care professional who may report evaluation and management services, see the appropriate Evaluation and Management codes)</del></p> <p><del>(For genetic counseling and education to a group by a physician or other qualified health care professional, use 99078)</del></p> <p><del>(For education regarding genetic risks by a nonphysician to a group, see 98961, 98962)</del></p> <p><del>(For genetic counseling and/or risk factor reduction intervention provided to patient(s) without symptoms or established disease, by a physician or other qualified health care professional who may report evaluation and management services, see 99401-99412)</del></p>	XXX	(2024 Work RVU = 0.00) (PE Only)

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★◀●9X100	O1	<p>Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter</p> <p>(Do not report 9X100 for less than 16 minutes of genetic counselor time)</p> <p>(For genetic counseling and education provided to an individual by a physician or other qualified health care professional who may report evaluation and management services, see the appropriate evaluation and management codes)</p> <p>(For genetic counseling and/or risk factor reduction intervention provided to patient(s) without symptoms or established disease, by a physician or other qualified health care professional who may report evaluation and management services, see 99401-99412)</p> <p>(For education regarding genetic risks by a nonphysician to a group, see 98961, 98962)</p> <p>(For genetic counseling and education to a group by a physician or other qualified health care professional, use 99078)</p>	XXX	0.00 (PE Only)
<p><b>Behavior Management Services</b></p> <p><i>(For health behavior assessment and intervention that is not part of a standardized curriculum, see 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</i></p> <p><i>(For educational services that use a standardized curriculum provided to patients with an established illness/disease, see 98960, 98961, 98962)</i></p> <p>(For education provided as genetic counseling services, use <u>9X100</u> 96040. For education to a group regarding genetic risks, see 98961, 98962)</p> <p>96202 <i>Multiple-family group behavior management/ modification training for parent(s)/guardian(s)/ caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/ caregiver(s); initial 60 minutes</i></p> <p><b>Education and Training for Patient Self-Management</b></p>				

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(For education provided as genetic counseling services, use 9X100 ~~96040~~. For education to a group regarding genetic risks, see 98961, 98962)

\*98960

*Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient*

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 17th, 2024

CPT Code	Long Descriptor	Global Period		
9X100	<p><b>Medicine</b>  <b>Medical Genetics and Genetic Counseling Services</b>                      These services are provided by trained genetic counselors and may include obtaining a structured family genetic history, pedigree construction, analysis for genetic risk assessment, and counseling of the patient and family.</p>	XXX		
	<table border="1"> <tr> <td data-bbox="332 745 820 882">Total Time of Medical Genetics and Genetic Counseling Services on the Date of the Encounter</td> <td data-bbox="820 745 1299 882">Code(s)</td> </tr> </table>		Total Time of Medical Genetics and Genetic Counseling Services on the Date of the Encounter	Code(s)
	Total Time of Medical Genetics and Genetic Counseling Services on the Date of the Encounter		Code(s)	
	Less than 16 minutes		Not reported separately	
	16-45 minutes		9X100 X 1	
	46-75 minutes		9X100 X 2	
	76-105 minutes		9X100 X 3	
106-135 minutes	9X100 X 4			
	<p>(96040 has been deleted. To report medical genetics and genetic counseling services, use 9X100)</p> <p>Medical genetics and genetic counseling services, <b>each 30 minutes</b> of total time provided <b>by the genetic counselor</b> on the <b>date of the encounter</b></p> <p>(Do not report 9X100 for less than 16 minutes of genetic counselor time)</p> <p>(For genetic counseling and education provided to an individual by a physician or other qualified health care professional who may report evaluation and management services, see the appropriate evaluation and management codes)</p> <p>(For genetic counseling and/or risk factor reduction intervention provided to patient(s) without symptoms or established disease, by a physician or other qualified health care professional who may report evaluation and management services, see 99401-99412)</p> <p>(For education regarding genetic risks by a nonphysician to a group, see 98961, 98962) (For genetic counseling and education to a group by a physician or other qualified health care professional, use 99078)</p>			

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	(For education regarding genetic risks by a nonphysician to a group, see 98961, 98962)	
	(For genetic counseling and education to a group by a physician or other qualified health care professional, use 99078)	

**Vignette(s)** (*vignette required even if PE only code(s)*):

CPT Code	Vignette
9X100	A 31-year-old female presents with a strong family history of both colon cancer and breast cancer. She is interested in discussing genetic testing and the best ways to assess her future cancer risk and inform her personal medical decision making. She also has questions regarding inheritance and genetic information privacy. Individual genetic counseling services are provided.

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 Medical Genetics (ACMG) and the National Society of Genetic Counselors (NSGC) used a two-tiered approach to determining practice expenses for the Genetic Counseling Services code. The final arbiter for the inputs on the submitted forms was an RVS Work Group of the ACMG Economics Committee and members of the NSGC Access and Service Delivery committee. The work group’s recommendations are derived from two data sources- a RUC Research Committee-approved survey of NSGC membership using a random sample of applicable subset(s) and NSGC’s annual Professional Status Survey.

The AMA research subcommittee-approved survey was sent to 219 actively practicing genetic counselors in patient facing care locations and yielded **56** completed responses for a response rate of **25.6%**. NSGC’s membership represents approximately 85% of all certified genetic counselors in the United States, and the annual professional status survey performed annually by NSGC elicits between a 45-50% response rate year-over-year. The work group used these data to establish and provide documentation of the time required for the various components of the service. The survey respondents were diverse geographically and reflect a breadth of practice settings.

**Survey Response Overview**

- 25.6% survey response rate (56/219 surveyed)
- 1.8% of clinical GCs nationwide
- 94.6% of respondents were from different facilities/systems

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

9X100 will replace existing CPT code 96040 making 96040 the most suitable reference code, it was **last updated in 2005**.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)**  
**PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at *rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?  
 Is this code(s) typically reported with the E/M service in the nonfacility?

No for both.

See the *Billed Together* tab in the RUC Database.

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 than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Genetic counselors are the only provider type who will report this code in the non-facility setting.

Genetic counselors will provide this code 100% of the time in the non-facility setting.

There is no difference in the dominant provider type in the non facility vs. the global.

Genetic counselors do not have specialty certifications. For the purposes of this SoR all genetic counselors were considered in the same provider category.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Code 9X100 is a new code presented for valuation, so there is no 1:1 baseline for this code. However, this code is replacing 96040 for reporting genetic counseling service. This new code shows an increase in aggregate current cost compared to 96040 which we attribute to increased complexity of genetic counseling service requiring additional clinical staff time, additional typical clinical staff type, and modernization of equipment (pedigree software) costs since 96040’s valuation in 2005.

Reviewers asked the Expert Panel to contemplate how the changes in practice may be tied to the RUC compelling evidence guidelines. The main drivers for compelling evidence are changes in genetic counselor work due to knowledge/technology and patient population.

From 2012 to 2023 the NIH Genetic Testing Registry (GTR) shows the following evolution:

**Table 1. NIH Genetic Test Registry Data**

	2012	2023
Genes (#)	966	18,711

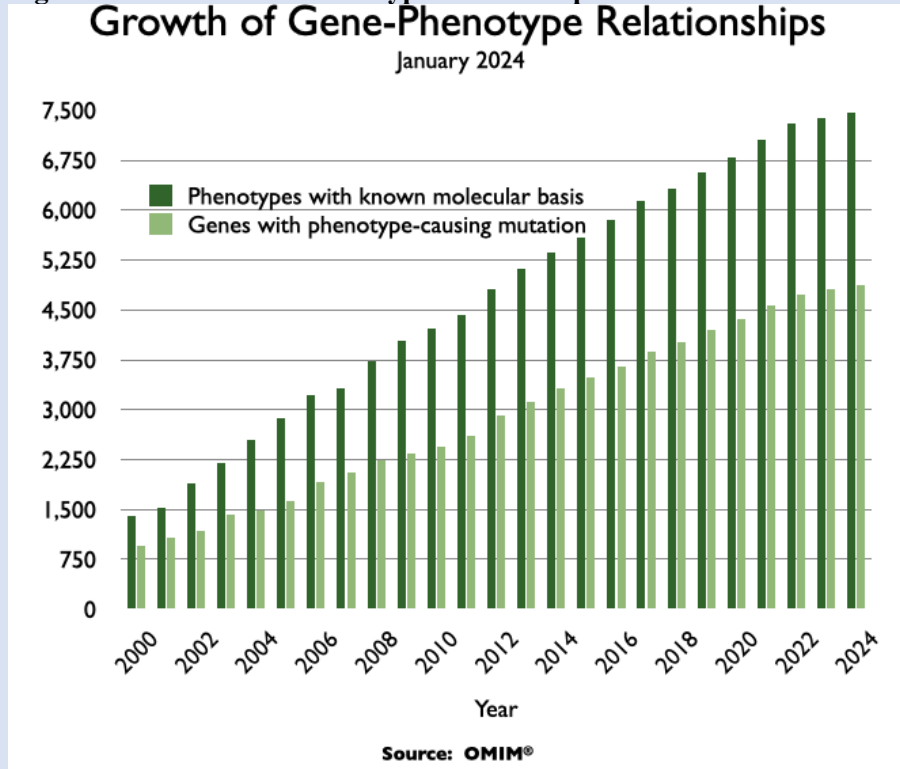
AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Conditions (#)	785	11,012
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<https://www.ncbi.nlm.nih.gov/gtr/>

From 2005 to 2023 Online Mendelian Inheritance in Man (OMIM) shows the following evolution:

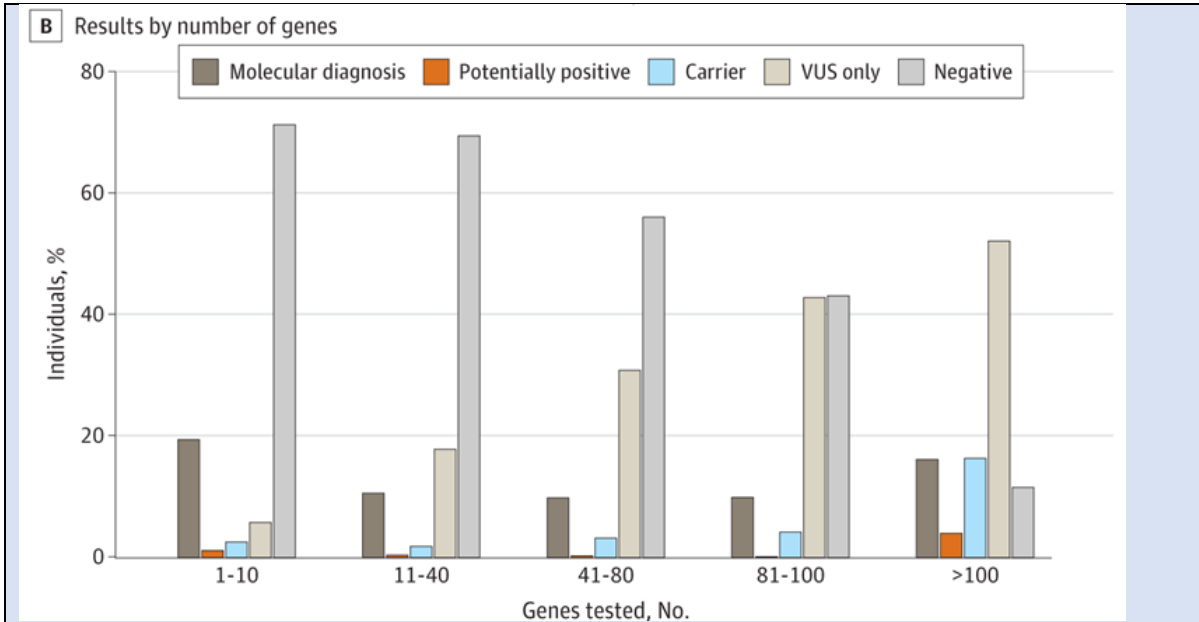
Figure 1. OMIM Gene-Phenotype relationships over time  
**Growth of Gene-Phenotype Relationships**  
January 2024



omim.org

Figure 2. Genetic Testing Results by Number of Genes tested, Chen et al (2023)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)



Simultaneously genetic testing technology has rapidly evolved to include next generation sequencing, whole genome and exome testing, and a wide variety of supplemental genetic tests that help observe specific parts of the genome (e.g. telomere testing, trinucleotide repeat expansion testing, multiplex ligation-dependent probe amplification). These changes are reflected in current clinical practice. From 2006 to 2023 the predominant genetic counselor practice setting shifted from prenatal to oncology.

In addition to the increased complexity in genetic testing and genetic counseling, the uptake of genetic testing in healthcare is growing rapidly in the United States with genetic testing now existing within nearly every clinical specialty and over 175,000 genetic tests on the market as of 2022. Given the complexity of these tests and implications for patients and family members, genetic counseling is frequently recommended pre- and post- genetic testing. Due to this increase in complexity, the time required in the pre- and post-service period has expanded to collect/evaluate patient data and document/communicate the complexities of the patient’s genetic evaluation.

From 2015 to 2022 Concert Genetics highlighted the following evolution:

**Table 2. Concert Genetics Market Data, Hooker et al. (2021), Concert Genetics (2022)**

	2015	2022
Genetic tests on the market	65,893	over 175,000

Additionally, the RUC data available for review suggests that typical clinical staff time in 2005 was significantly higher than what was adopted by the RUC for the final 96040 valuation. RUC September 2005 Recommendations show the total typical clinical staff time per unit of 96040 was 107 minutes, including 21 minutes pre-service, 30 minutes intra-service, and 56 minutes post-

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

service. Ultimately, only 5 minutes pre-service and 20 minutes post-service of genetic counselor time were captured in 96040 (55 minutes total). This historic data is useful in comparison to the clinical staff time presented for 9X100. Additionally, this data is useful to compare to the 2023 published NSGC society data from the Professional Status Survey in which the 2023 data of 1,960 genetic counselor respondents reported the typical clinical pre-service time was 18.4 minutes and 24.2 minutes of post-service time per 30 minute unit of face-to-face patient interaction. Please see the clinical staff time breakdown below (Table 3).

Since the development and valuation of 96040, genetic counseling assistants have become a part of the typical clinical genetic counseling practice. Genetic counseling assistants support the efficiency of genetic counselors in practice. This clinical staff type was not typical in 2005 but survey (54% of respondents reported genetic counseling assistant time) and NSGC Professional Status Survey data (53%) now support this clinical staff type as part of the typical genetic counseling service.

**Table 3. Clinical Staff Time Breakdown from 2023 AMA Research Subcommittee Practice Expense Survey - Including all Respondents (n=56)**

	Low	25th	Median	Avg.	75th	High
Total Staff Time (GC + GCA)	62	121	159	190	242	550
Total Staff Time (GC)	62	121	147	168	200	475
Pre-Service Time (GC)	0	5	18	20	30	75
Intra-Service Time (GC)	43	73	93	103	123	235
Post-Service Time (GC)	0	30	44	46	54	180
Total Staff Time (GCA)	0	0	12	22	42	95
Pre-Service Time (GCA)	0	13	20	11	25	75
Intra-Service Time (GCA)	0	5	9	5	15	25
Post-Service Time (GCA)	0	0	6	6	15	36

Note each row represents percentiles/medians and cannot be summed down a column, with the exception of the Avg. column  
 Yellow cells highlighted to denote the time genetic counselors will use to determine increment for the code 30/60/90 etc.

**Table 4. Clinical Staff Time Breakdown from 2023 AMA Research Subcommittee Practice Expense Survey - Accounting for Respondents who did Report Using a GCA (n=31)**

	Low	25th	Median	Avg.	75th	High
Total Staff Time (GC + GCA)	84	138	168	181	204	565
Total Staff Time (GC)	62	106	130	141	160	475
Pre-Service Time (GC)	0	2	15	16	25	75

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Intra-Service Time (GC)	43	66	78	84	93	220
Post-Service Time (GC)	5	30	40	41	45	180
Total Staff Time (GCA)	5	26	34	40	53	95
Pre-Service Time (GCA)	0	12	20	20	25	75
Intra-Service Time (GCA)	0	5	8	9	15	25
Post-Service Time (GCA)	0	0	5	10	15	36

Note each row represents percentiles/medians and cannot be summed down a column, with the exception of the Avg. column

**Table 5. Clinical Staff Time Breakdown from 2023 AMA Research Subcommittee Practice Expense Survey - Accounting for Respondents who did not Report Using a GCA (n=25)**

	Low	25th	Median	Avg.	75th	High
Total Staff Time (GC)	115	143	200	202	235	365
Pre-Service Time (GC)	0	10	25	24	30	70
Intra-Service Time (GC)	55	100	120	126	153	235
Post-Service Time (GC)	0	32	45	52	62	120

Note each row represents percentiles/medians and cannot be summed down a column, with the exception of the Avg. column

To summarize the calculation of time and unit increments, 9X100 is a 30 minute total time code where the number of units is determined by the total genetic counselor time spent on the day of the encounter. This code has a XXX global period. The numbers provided on the PE Spreadsheet for the RUC have an adjustment factor applied. The adjustment factor/unit modifier is the unit time (30 minutes) over the median total genetic counselor time on the date of service (93 minutes), which equates to an adjustment factor of 0.3225. Applying this adjustment to the times provided on the PE spreadsheet is necessary to prevent double dipping (counting) of clinical activities in a code billed by unit.

**References:**

1. Hooker GW. Building an infrastructure to enable delivery of genomic medicine. *Am J Med Genet C Semin Med Genet.* 2021;187(1):95-99.
2. Concert Genetics. "2022 Genetic Test Price Transparency Report." 2022. Available from <https://www.concertgenetics.com/wp-content/uploads/2022/09/2022-Genetic-Test-Price-Transparency-Report.pdf>. Accessed December 3, 2023.
3. Chen E, Facio FM, Aradhya KW, et al. Rates and Classification of Variants of Uncertain Significance in Hereditary Disease Genetic Testing. *JAMA Netw Open.* 2023;6(10):e2339571. doi:10.1001/jamanetworkopen.2023.39571

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.



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CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

- Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

The global period of the code is not transitioning.

- If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A - recommended standards were followed

- If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

The reference code, 96040, predated the use of clinical activities codes. The RUC Research Committee mapped the existing CAs to the clinical activities included in the survey instrument. There was one clinical activity in the survey instrument, approved by the RUC research committee during creation of the survey, that did not map to any existing CAs, "Collect/Update personal and family history/pedigree," for which we are requesting a new CA be created for this activity.

- How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

Obtaining vital signs is not a typical part of this procedure/code.

- Please provide a brief description of the clinical staff work for the following:

**Table 6. Clinical Staff Time Breakdown from 2023 AMA Research Subcommittee Approved Genetic Counselor & Genetic Counseling Assistant Practice Expense Survey**

	Low	25th	Median	75th	High
Total Staff Time (GC + GCA)	62	121	159	242	550
Total Staff Time (GC)	62	121	147	200	475
Pre-Service Time (GC)	0	5	18	30	75

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Intra-Service Time (GC)	43	73	93	123	235
Post-Service Time (GC)	0	30	44	54	180
Total Staff Time (GCA)	0	0	12	42	95
Pre-Service Time (GCA)	0	13	20	25	75
Intra-Service Time (GCA)	0	5	9	15	25
Post-Service Time (GCA)	0	0	6	15	36

a. Pre-Service period:

- Reviews the physician referral, and communicates with referring physician and other relevant experts and specialists
- Reviews patient’s medical record for relevant personal medical and family history
- Coordinates collection of familial genetic testing/genetic counseling records as needed
- Reviews relevant medical literature and genetic testing resources\*
- Sends, receives, and records pre-visit patient and family history questionnaires in pedigree software
- Performs preliminary assessment of family history, genetic risk factors and relevant genetics tests\*
- Provides patient/family pre-visit education
- Completes necessary insurance prior authorizations for service and testing, and begins care coordination as needed

\*Denotes work appropriate for completion by GC clinical staff only

b. Service period (includes pre, intra and post):

Pre-service

- Greets patient, establishes expectations for visit and visit agenda

Intra-Service

- Assesses the individual’s psychological, social, environmental factors, lifestyle habits, health literacy, and learning styles;
- Elicits family, medical, developmental, environmental and psychosocial histories
- Constructs and analyzes genetic pedigree of at least three generations
- Performs comprehensive risk assessment and inheritance risk counseling
- Discusses natural history and management, or surveillance and prevention strategies, with regard to genetic diagnosis or risk
- Identifies and offers relevant genetic testing
- Counsels patient/family about risks, benefits, limitations and other nuances of genetic testing, as well as implications of possible test results
- Assesses readiness for testing and facilitates decision making
- Explores psychosocial issues and provides support

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- Answers patient’s/family’s questions
  - Makes referrals to relevant health professionals, support groups, etc.
- Post-Service
- Establishes a plan for follow-up evaluation and management, and ongoing assessment of outcomes
  - Documents the counseling provided and describes the plan for follow-up\*
- \*Denotes work appropriate for completion by GC clinical staff only

- c. Post-service period:
- Reviews further medical records on patient and other family members, and laboratory reports as needed
  - Completes final changes and updates to pedigrees based on data collected intra-service.
  - Completes necessary insurance authorizations, approvals, appeals to denials, and follow-up for coverage of testing services
  - Continues coordination of care, facilitation of genetic testing, resource identification
  - Receives, interprets and communicates genetic test results to patient/family and referring physician
  - Engages in other follow-up communication with patient, family, other health professionals as needed for patient management\*
  - Provides psychosocial support as indicated\*
- \*Denotes work appropriate for completion by GC clinical staff only

11. 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*:

This is a genetic counselor only PE code and will not be reported by physicians or other QHPs. Services performed during this period by a genetic counselor are typical genetic counseling services: taking a personal & family history, developing a pedigree, performing a risk assessment, discussing risk assessment with the patient, discussing genetic testing benefits, limitations, and risk.

While clinical activity CA021 (Perform genetic counseling service) is only performed by the genetic counselor, genetic counseling assistants are still active during the service period. Genetic counseling assistants typically perform CA009, CA013, and CA027. Genetic counseling assistants are utilized for greeting and rooming the patient, preparing medical records for the genetic counselor, and facilitating laboratory orders.

For a granular description of what the clinical staff are doing during the intra-service period, see Table 4 under question 5.

**Table 7. Clinical Staff Time Breakdown by Clinical Activity (CA)**

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Clinical Activity	GC	GCA
<b>PRE-SERVICE PERIOD</b>		
CA001 Complete pre-service diagnostic and referral forms	<ul style="list-style-type: none"> <li>-Review the physician referral for clinical data</li> <li>-Communicate with referring physician and other relevant experts and specialists</li> <li>-Review relevant medical literature and genetic testing resources</li> <li>-Provide patient/family pre-visit education</li> </ul>	<ul style="list-style-type: none"> <li>-Review records to ensure appropriate records received</li> <li>-Complete clinical information for necessary insurance prior authorizations for service</li> </ul>
CA004 Provide pre-service education/obtain consent	n/a	-Answer pre-appt patient clinical questions and pre-education
New* Collect/Update personal and family history/pedigree	<ul style="list-style-type: none"> <li>-Review patient's medical record for relevant personal medical and family history</li> <li>-Perform preliminary assessment of family history, genetic risk factors and relevant genetics tests*</li> </ul>	<ul style="list-style-type: none"> <li>-Coordinate collection of familial genetic testing/genetic counseling records as needed</li> <li>-Begin constructing pedigree in software</li> </ul>
<b>INTRA-SERVICE PERIOD (DAY OF SERVICE)</b>		
CA009 Greet patient, provide gowning, ensure appropriate medical records are available	- Greet and room patient	n/a
CA011 Provide education/obtain consent	-Counsels patient/family about risks, benefits, limitations and other nuances of genetic testing, as well as implications of possible test results	n/a
CA012 Review requisition, assess for special needs	-Assess need for alternate sample types/special sampling needs	n/a
CA013 Prepare room, equipment and supplies	n/a	-Clean & prepare room

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CA021 Perform procedure/service---NOT directly related to physician work time	-Perform genetic counseling & risk assessment	n/a
CA024 Clean/room equipment by clinical staff	n/a	Included with CA013
CA027 Complete post-procedure diagnostic forms, lab and x-ray requisitions	-Review and make determinations on testing criteria, complete letters of medical necessity	-Draft and complete test requisition forms, complete prior-authorizations for genetic testing, communicate clinical data into the laboratory portal
CA028 Review/read post-procedure x-ray, lab and pathology reports (Service Period)	-Review genetic variant databases  -Assess variants of uncertain significance	n/a
CA034 Document procedure (nonPACS) (e.g. mandated reporting, registry) (Service Period)	-Document the encounter  -Run risk models	n/a
<b>POST-SERVICE PERIOD</b>		
CA028 Review/read post-procedure x-ray, lab and pathology reports (Post-Service Period)	- Receive and interprets genetic test results  - Review further medical records on patient and other family members, and laboratory reports as needed	n/a
CA034 Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.) (Post-Service Period)	- Complete final changes and updates to pedigrees based on additional data collected (i.e. genetic testing results)  - Communicate genetic test results to referring physician  - Establish and document plan for follow-up evaluation and management and ongoing assessment of outcomes	n/a
CA037 Conduct patient communications	-Phone communication of results and variants of uncertain significance	-Draft clinical communications and performing communication

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	- Write family letters related to genetic testing results and/or risk assessment	of genetic testing results via text/email  - Field patient communications regarding sample follow-up
CA038 Coordinate post-procedure services	- Coordination of care, facilitation of genetic testing, resource identification  - Complete clinical justification for insurance authorizations, approvals, appeals to denials, and follow-up for coverage of testing services	- Facilitate laboratory communications related to sample quality and necessary follow-up

12. If you have used a percentage of the physician intra-service work time other than 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 - 100% was used.

13. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

The RUC Research Subcommittee approved “pedigree collection/analysis” as a new CA when we developed the survey. The Research Subcommittee felt that this activity was distinct from other CA categories and necessary to accurately describe the clinical activities covered by this code.

Collecting a genetic personal and family history is a distinct clinical activity from typical family history collection performed by other specialists. Multiple societies including NSGC & ACMG and the National Comprehensive Cancer Network (NCCN) have recommendations that include typical family history collection for genetic evaluation extending to 2nd & 3rd-degree relatives (aunts/uncles, cousins, great aunts/uncles, etc) which is not common practice amongst non-genetics specialties. Additionally, family history collection performed via pedigree is more detailed, as it involves collection and analysis per-relative instead of per-condition. History collection this way is known to increase identification of appropriate patients for genetic testing (PMID: 35948032), however is time intensive compared to family history taking typical for non-genetics specialties.

14. If you wish to identify a new staff type, please include a very specific staff description, 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>.

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We are introducing a new staff type- genetic counseling assistants (GCAs). This staff type is not listed by the Bureau of Labor Statistics. GCAs assist genetic counselors in providing genetic counseling and genetic testing services through collecting personal and family history, coordinating genetic test sample collection and ordering, and facilitating communication between patients, laboratories, and the healthcare team. To estimate salary, we identified four actively-recruiting GCA job postings that included salary ranges from multiple regions of the US. This identified low-end salary ranges of \$38,396-\$66,352 to high-end ranges of \$60,923-\$79,581. In reviewing these job postings, there is clear delineation of service provision and scope that is consistent with what we believe a GCA is qualified to provide as part of the genetic counseling team.

The GCA and genetic counselor work in tandem with the GCA supporting the genetic counselor practice. GCAs activities may fit in the same clinical activity code as genetic counselor activities, but the level and detail of these tasks is different. Similarly, the GCA is a clinical (non-administrative) role whose tasks are distinct from office administrative staff. For example, the administrative staff may request medical records while the GCA would review medical records to identify missing information, begin summarizing pertinent information and build pedigree. The genetic counselor also reviews records, expands details in the pedigree during the patient encounter and documents all findings, observations, risk assessment and plan.

We believe that Physical Therapy Assistants (PTAs) is an appropriate proxy for Genetic Counseling Assistants (GCAs). The qualifications, education, and job duties and responsibilities of a PTA align with the GCA. GCA jobs all require Bachelor's degree or equivalent education and experience while the BLS and review of PTA job postings require graduation from an accredited PTA program, which is typically an associate-degree level. The BLS states that PTAs "assist physical therapists in providing physical therapy treatment and procedures." PTAs help patients perform specific exercises as part of the plan of care and educate patients and families about what to do after treatment. Similarly, GCAs collect medical and family history information, disclose negative genetic test results using standardized scripts and engage with patients throughout genetic counseling services provision. PTAs and GCAs duties and responsibilities both involve direct interaction with patients and medical record documentation under the supervision of an advanced practice provider. Both professions require knowledge and skills that are specific to the specialty and not part of standard medical training. For example, PTAs have training to perform physical therapy-specific activities, such as treatment through massage and stretching, as well as the proper use of devices and equipment. Likewise, GCAs have knowledge of the use and application of genetic technologies, understand genetic test results and reports, and have the skills to discuss this information with patients in consultation with the GC and other healthcare professionals. The BLS reports PTA median salary ranges of \$43,340 (10%) to \$85,230 (90%) with a mean annual wage of \$64,510, which directly overlaps with the salary ranges we identified for GCAs. For these reasons, we crosswalked the proposed GCA salary with the PTA salary provided on the Tab 10 - PE Spreadsheet.

Necessary Knowledge for GCA Positions:

- Basic genetic concepts, such as DNA, genes, and chromosomes
- Genetic contributions to disease, such as multifactorial inheritance
- Patterns of Mendelian Inheritance
- Introductory cell biology
- Genetic Information Nondiscrimination Act of 2008 and its protections/limitations



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- Genetic testing methodologies, such as sequencing or microarrays
- Basic information about human subject research protections
- Diversity, inclusion, and sensitivity training
- Roles and responsibilities of genetics team members

Clinical Skills/Tasks for Typical GCA Position

- Collecting family histories
- Constructing pedigrees
- Finding and abstracting relevant clinical information from medical charts
- Identifying relevant clinical information from patients' records from other clinics
- Identifying relevant clinical information from patients' relatives' records
- Triaging patients for visits (e.g., determine how quickly an appointment is needed or to which clinic to assign the patient)
- Making phone calls and leaving messages in accordance with the HIPAA Privacy Rule
- Filling out clinical information on genetic test requisition forms
- Reviewing lab orders (e.g., is the correct test ordered based on clinical information provided?)
- Calling patients with results
- Providing relevant clinical information in letters of medical necessity

Reference: Rider RA, Cubano L, Madden EB, Rowley RK, Manolio TA. Survey of the training needs of genetic assistants supports the creation of genetic assistant training programs. *J Genet Couns*. Published online September 1, 2023. doi:10.1002/jgc4.1780

**Table 8.** Review of GCA Education/Degree from Publications

Reference	Degree requirements
Gagne C et al. (2023)	Both a majority of clinical ( $n = 63, 86.3\%$ ) and laboratory ( $n = 59, 90.8\%$ ) GCAs indicated their highest level of education was a Bachelor of Science/Arts.
Hnatiuk MJ et al. (2019)	The highest level of education obtained was a bachelor's degree ( $n = 89, 78\%$ )
Krutish A et al. (2023)	The majority of GAs reported an undergraduate degree ( $n = 128, 83\%$ ), most of which were in biology, genetics, or psychology/social science (Table 2). Similarly, the majority of participants who worked with GAs reported that they required GAs to have an undergraduate degree at minimum ( $n = 88, 72\%$ ; Appendix S1).



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MEDICAL SUPPLIES & EQUIPMENT/INVOICES

- 15.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
- 16.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
- 17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Equipment code (ED040) was previously included in the valuation of 96040 to denote pedigree software. Survey data supports that pedigrees are still routinely utilized in genetic counseling practice (73% of survey respondents), however pedigree collection differs significantly from 2005. We have submitted invoices for current pedigree subscription services and are recommending inclusion of a new supply listing for “Pedigree Subscription, Cloud Based” be included. Current pedigree tools function as cloud-based subscription services with annual licensing requirements and costs. In this format, the cloud-platform is no longer owned by the end user/practice and continued access to the platform/pedigrees requires paying continuing fees. In typical cases this includes updated pricing structure most similar to medical supplies where cost is based on subscription or patient (demonstrated by Pedigree Invoices C & D). We recommend adding a supply category for Pedigree Subscription, Cloud Based and assigning a value of \$12.22 per unit to this supply where a unit would correspond to the price associated with one patient and cover both a genetic counselor and genetic counseling assistant user.

- 18. Are you recommending a PE supply pack for this recommendation? Yes or No.  
 If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

Yes, we are recommending an established package SA048

- 19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

- 20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 9X100**  
**SPECIALTY SOCIETY: American**  
**College of Medical Genetics**  
**PRESENTER: Howard Levy, MD, PhD**

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21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A
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- 22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
  - a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?

Yes, we are recommending equipment minutes for a computer for this service. As seen in the 96040 reference code and the 9X100 survey responses, genetic counselors are consistently reporting use of pedigree drawing used for personal and family history collection and genetic risk assessment. These activities are key components of the service, as noted in the code description. This software organizes complex family histories, supports risk analysis, and tracks genetic conditions. In order to run this specialized software, equipment minutes for a computer are needed. Genetic counselors do not routinely report any other CPT codes, so this software/computer would be used specifically for this service only (and specific CPT code).

- 23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

ED038  
EF023

PE-ONLY CODES ADDITIONAL INFORMATION

- 24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(a) This code will be replacing 96040. In our assessment, based on the number of genetic counselors, average patient volume, and percentage of genetic counselors in clinical practice that report 96040, we estimate approximately 910,000 patients will be seen per year nationally.  
(b) Genetic counselors are not recognized providers under Medicare, so this service code would not be reported to Medicare.

- 25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

96040

ADDITIONAL INFORMATION

- 26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***

The following staff times, supplies, and equipment were adjusted in the PE Spreadsheet based on recommendations of the PE Subcommittee:

- Row 18 (CA001, Genetic Counselor) changed from 4 to 2 minutes
- Row 19 (CA001, Genetic Counseling Assistant) changed from 3 to 1 minutes
- Row 34 (CA011, Genetic Counselor, Service Period) changed from 4 to 1 minutes
- Row 43 (CA021, Genetic Counselor) changed from 14 to 20 minutes
- Row 52 (CA028, Genetic Counselor) changed from 3 to 0 minutes
- Row 69 (CA037, Genetic Counselor) changed from 6 to 2 minutes
- Row 70 (CA037, Genetic Counseling Assistant) changed from 3 to 0 minutes
- Row 80 (SA048, Supplies) changed from 0.3 to 0 units
- Row 81 (SK048, Supplies) changed from 0.3 to 0 units
- Row 84 (New Supply, Pedigree Subscription, Supplies) changed from 0.3 to 0 units
- Row 91 (ED038, Equipment) changed from 27 to 0 minutes
- Row 92 (EF023, Equipment) changed from 27 to 0 minutes

The PE Subcommittee recommended creation of two new Clinical Activities (CA):

- To replace CA028 in the post service – New: REVIEW GENETIC/FOLLOW UP TEST RESULTS
  - This new clinical activity is a distinct service that includes review of genetic and other follow-up test results received after the date of service. Genetic test results typically identify one or more variants, which require further evaluation by the genetic counselor. This includes researching and assessing these findings in clinical databases (e.g. ClinVar, ClinGen, gnomAD) prior to communicating results to the patient, family, and medical team. This review determines the presence or absence of prior reports of the identified variant(s), and when present, also includes the associated classification of such variant(s) as these classifications may vary between laboratories. Critically, this review includes comparison to any other interpretations of identified variant(s) that may differ from that of the patient's report and/or have been previously provided to the patient's family. Variant interpretation and classification directly impacts clinical management.
- To replace CA034 in the post service – CORRESPONDENCE REGARDING GENETIC/FOLLOW UP TEST RESULTS
  - Based on the recommendation of the PE Subcommittee, this new clinical activity was created to help clarify that this type of correspondence and documentation is specifically related to that which occurs after genetic testing and other results are completed, received, and reviewed in the post-service period. This includes medical documentation, communicating the results to the healthcare team, and writing patient/family letters to facilitate communication of results amongst at risk family

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members. Genetic counseling documentation is noted to be particularly detailed given the detailed review occurring in the new clinical activity described above and requires significant time for documentation.

Lastly, the PE Subcommittee requested further description of the clinical activity of the GC and GCA under CA027 (lines 50 and 51 of the PE Spreadsheet) in the post-service portion of the service-period. Genetic testing is typically performed on blood or saliva specimens and sent to any of multiple possible external laboratories. Because of this, sample collection, packaging and shipping is performed by the genetic counselor. Genetic counselors typically have International Air Transport Association (IATA) certification to safely and legally handle and package biohazard samples for shipping. Additionally, the training includes specific requirements for sample storage and confinement.

Sample collection involves the genetic counselor verbally describing the collection process, including instructions on combining the saliva and preservative, mixing the solutions by shaking the sample, labeling and capping the sample. The genetic counselor will finish the process by completing the same IATA process as described above. Genetic counselors are additionally responsible for determining if a patient requires a non-saliva or blood sample, as health conditions, such as leukemia, may interfere with the laboratory interpretation of germline genetic testing.

The GCA completes the clinical laboratory requisition forms, which require documentation of extensive and detailed phenotypic information and clinical history. Family history documentation and risk modeling results are completed and included on the laboratory requisition. Determination of the specific data elements to be included on the requisition form requires specialized training, which is included in the scope of practice of a GCA. This detailed clinical information is necessary for robust and accurate interpretation and reporting of the genetic testing results by the laboratory.

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).

RUC Practice Expense Spreadsheet					REFERENCE CODE	RECOMMENDED
					CPT Code 96040 (DELETED code)	CPT Code 9X100
	<a href="#">RUC Collaboration Website</a>				Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient and/or family	Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter
<b>Clinical Activity Code</b>	<b>Meeting Date: January 2024 Tab: 10 Genetic Counseling Specialty: Genetics</b>	<b>Clinical Staff Type Code</b>	<b>Clinical Staff Type</b>	<b>Clinical Staff Type Rate Per Minute</b>	<b>Non Fac XXX</b>	<b>Non Fac XXX    Facility XXX</b>
	LOCATION Out-of-Office					
	GLOBAL PERIOD XXX					
	<b>TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES</b>				\$ 43.88	\$ 42.90    \$ -
	<b>TOTAL CLINICAL STAFF TIME</b>	L057A	Genetics Counselor	0.779	55	57    0
	<b>GC TOTAL PRE-SERVICE CLINICAL STAFF TIME</b>	L057A	Genetics Counselor	0.779	5	4    0
	<b>GC TOTAL SERVICE PERIOD CLINICAL STAFF TIME</b>	L057A	Genetics Counselor	0.779	30	30    0
	<b>GC TOTAL POST-SERVICE CLINICAL STAFF TIME</b>	L057A	Genetics Counselor	0.779	20	12    0
	<b>GCA TOTAL PRE-SERVICE CLINICAL STAFF TIME</b>	L039B	Genetic Counseling Assistant	0.555	0	5    0
	<b>GCA TOTAL SERVICE PERIOD CLINICAL STAFF TIME</b>	L039B	Genetic Counseling Assistant	0.555	0	5    0
	<b>GCA TOTAL POST-SERVICE CLINICAL STAFF TIME</b>	L039B	Genetic Counseling Assistant	0.555	0	1    0
	<b>TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE</b>				\$ 42.85	\$ 41.98    \$ -
<b>PRE-SERVICE PERIOD</b>						
<b>Start: Following visit when decision for surgery/procedure made</b>						
CA001	Complete pre-service diagnostic and referral forms	L057A	Genetics Counselor	0.779	2	2    0
CA001	Complete pre-service diagnostic and referral forms	L039B	Genetic Counseling Assistant	0.555		1    0
CA004	Provide pre-service education/obtain consent	L057A	Genetics Counselor	0.779	1	0    0
CA004	Provide pre-service education/obtain consent	L039B	Genetic Counseling Assistant	0.555		1    0
New	Collect/Update personal and family history/pedigree	L057A	Genetics Counselor	0.779	2	2    0
New	Collect/Update personal and family history/pedigree	L039B	Genetic Counseling Assistant	0.555		3    0
<b>End: When patient enters office/facility for surgery/procedure</b>						
<b>SERVICE PERIOD</b>						
<b>Start: When patient enters office/facility for surgery/procedure:</b>						
<b>Pre-Service (of service period)</b>						
CA009	Greet patient, provide gowning, ensure appropriate medical	L057A	Genetics Counselor	0.779		1    0
CA009	Greet patient, provide gowning, ensure appropriate medical	L039B	Genetic Counseling Assistant	0.555		0    0
CA011	Provide education/obtain consent	L057A	Genetics Counselor	0.779		1    0
CA011	Provide education/obtain consent	L039B	Genetic Counseling Assistant	0.555		0    0
CA012	Review requisition, assess for special needs	L057A	Genetics Counselor	0.779		1    0
CA012	Review requisition, assess for special needs	L039B	Genetic Counseling Assistant	0.555		0    0
CA013	Prepare room, equipment and supplies	L057A	Genetics Counselor	0.779		0    0
CA013	Prepare room, equipment and supplies	L039B	Genetic Counseling Assistant	0.555		1    0
<b>Intra-service (of service period)</b>						
CA021	Perform genetic counseling service	L057A	Genetics Counselor	0.779	30	20    0
CA021	Perform genetic counseling service	L039B	Genetic Counseling Assistant	0.555		0    0
<b>Post-Service (of service period)</b>						
CA024	Clean room/equipment by clinical staff	L057A	Genetics Counselor	0.779		
CA024	Clean room/equipment by clinical staff	L039B	Genetic Counseling Assistant	0.555		
CA027	Complete post-procedure diagnostic forms, lab and x-ray	L057A	Genetics Counselor	0.779		1    0
CA027	Complete post-procedure diagnostic forms, lab and x-ray	L039B	Genetic Counseling Assistant	0.555		4    0
CA028	Review/read post-procedure x-ray, lab and pathology reports	L057A	Genetics Counselor	0.779		0    0
CA028	Review/read post-procedure x-ray, lab and pathology reports	L039B	Genetic Counseling Assistant	0.555		0    0
CA029	Check dressings, catheters, wounds	L057A	Genetics Counselor	0.779		0    0
CA029	Check dressings, catheters, wounds	L039B	Genetic Counseling Assistant	0.555		0    0
CA034	Document procedure (nonPACS) (e.g. mandated reporting,	L057A	Genetics Counselor	0.779		6    0
CA034	Document procedure (nonPACS) (e.g. mandated reporting,	L039B	Genetic Counseling Assistant	0.555		0    0
<b>End: Patient leaves office/facility</b>						
<b>POST-SERVICE PERIOD</b>						
<b>Start: Patient leaves office/facility</b>						
New	Review Genetic/Follow Up Test Results	L057A	Genetics Counselor	0.779		4    0
New	Review Genetic/Follow Up Test Results	L039B	Genetic Counseling Assistant	0.555		0    0
New	Correspondence Regarding Genetic/Follow Up Test Results	L057A	Genetics Counselor	0.779	20	4    0
New	Correspondence Regarding Genetic/Follow Up Test Results	L039B	Genetic Counseling Assistant	0.555		0    0
CA037	Conduct patient communications	L057A	Genetics Counselor	0.779		2    0
CA037	Conduct patient communications	L039B	Genetic Counseling Assistant	0.555		0    0
CA038	Coordinate post-procedure services	L057A	Genetics Counselor	0.779		2    0
CA038	Coordinate post-procedure services	L039B	Genetic Counseling Assistant	0.555		1    0
<b>End: with last office visit before end of global period</b>						
<b>Supply</b>	<b>MEDICAL SUPPLIES</b>	<b>PRICE</b>	<b>UNIT</b>			
	<b>TOTAL COST OF SUPPLY QUANTITY x PRICE</b>				\$ 0.92	\$ 0.93    \$ -
SA048	pack, minimum multi-specialty visit	5.02	pack			0.00    0
SK048	measuring tape, paper	0.09	item			0.00    0
SK062	patient education booklet	2.8	item		0.33	0.32    0
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item			0.32    0
New	Pedigree Subscription, Cloud Based (per case)					0    0
<b>Equipment</b>	<b>EQUIPMENT</b>	<b>Purchase</b>	<b>Equipment</b>	<b>Cost Per</b>		
	<b>TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE</b>				\$ 0.11	\$ -    \$ -
ED040	genetic counseling, pedigree, software	950	Default	0.00376409	30	0    0
ED038	notebook (Dell Latitude D600)	1506	Default	0.00872552		0    0
EF023	table, exam	4737.727	Default	0.01053857		0    0
<i>Other equipment item: to add a new equipment item please</i>						





# University Human Resources

## Professional and Scientific Pay Structures

### Structure A Pay Plan - Annualized



STRUCTURE A PAY PLAN FOR 7/1/2023 - ANNUAL

PAY LEVEL	MARKET RANGE MIN	MEDIAN ZONE LOW	MEDIAN ZONE HIGH	MARKET RANGE MAX
2	\$37,069	\$40,318	\$52,366	\$65,458
3	\$40,527	\$47,770	\$62,046	\$77,558
4	\$44,429	\$57,314	\$74,442	\$93,053
5	\$53,192	\$70,922	\$92,118	\$115,148
6	\$64,506	\$86,008	\$111,712	\$139,640
7	\$84,321	\$112,428	\$146,026	\$182,533
8	\$109,849	\$146,465	\$190,237	\$237,796
9	OPEN			
10	OPEN			

## Structure B Pay Plan - Annualized



### STRUCTURE B PAY PLAN FOR 7/1/2023 - ANNUAL

PAY LEVEL	MARKET RANGE MIN	MEDIAN ZONE LOW	MEDIAN ZONE HIGH	MARKET RANGE MAX
2	\$38,789	\$51,719	\$58,909	\$70,691
3	\$44,922	\$59,895	\$68,223	\$81,868
4	\$55,344	\$73,792	\$84,052	\$100,862
5	\$65,688	\$87,584	\$105,972	\$127,166
6	\$82,202	\$109,602	\$132,612	\$159,134
7	\$99,361	\$132,482	\$160,296	\$192,355
8	\$129,094	\$172,125	\$208,262	\$249,914
9	OPEN			
10	OPEN			

## Structure A Pay Plan - Hourly for Temporary Staff



## Structure B Pay Plan - Hourly for Temporary Staff



The number of annual standard hours varies for different employee groups. Professional and Scientific (P&S) employees have a basis of 2080 standard hours in each fiscal year. This number remains consistent regardless of the number of actual working days in a year.



# Professional and Scientific Job Classifications by Pay Level

Click the items below to see Professional and Scientific position descriptions associated with different pay levels. Note that compensation ranges are not included below. Reference the appropriate pay structure above to determine the pay range for the given classification.

## Level 2



## Level 3



P&S Classification Title	Job Code	Pay Level/ Structure	Career Status Elig.	Probation Period (months)
<a href="https://hris.uiowa.edu/job-descriptions/families/PCA">Academic Advisor (https://hris.uiowa.edu/job-descriptions/families/PCA)</a>	PCA1	3A	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PCC">Academic or Clinical Program Mgmt &amp; Services Associate (https://hris.uiowa.edu/job-descriptions/families/PCC)</a>	PCC1	3A	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PMA">Academic/Scientific Writer/Editor (https://hris.uiowa.edu/job-descriptions/families/PMA)</a>	PMA1	3A	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PBF">Accountant (https://hris.uiowa.edu/job-descriptions/families/PBF)</a>	PBF1	3A	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PAA">Administrative Services Specialist (https://hris.uiowa.edu/job-descriptions/families/PAA)</a>	PAA2	3B	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PCD">Admissions &amp; Enrollment Services Counselor/Evaluator (https://hris.uiowa.edu/job-descriptions/families/PCD)</a>	PCD1	3A	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PRD">Application Analyst (https://hris.uiowa.edu/job-descriptions/families/PRD)</a>	PRD1	3A	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PIA">Application Programmer/Analyst (https://hris.uiowa.edu/job-descriptions/families/PIA)</a>	PIA1	3B	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PSB">Assistant Athletic Trainer (https://hris.uiowa.edu/job-descriptions/families/PSB)</a>	PSB1	3B	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PRG">Assistant Chemist (https://hris.uiowa.edu/job-descriptions/families/PRG)</a>	PRG1	3A	Y	12
<a href="https://hris.uiowa.edu/job-descriptions/families/PIN">Associate Network Engineer (https://hris.uiowa.edu/job-descriptions/families/PIN)</a>	PIN1	3B	Y	12

<u>Audio/Video/Electrics Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PED">https://hris.uiowa.edu/job-descriptions/families/PED</a> )	PED2	3A	Y	12
<u>Behavioral Health Consultant</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PJA">https://hris.uiowa.edu/job-descriptions/families/PJA</a> )	PJA2	3A	Y	12
<u>Business Analysis Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PAB">https://hris.uiowa.edu/job-descriptions/families/PAB</a> )	PAB1	3A	Y	12
<u>Business Intelligence Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PIX">https://hris.uiowa.edu/job-descriptions/families/PIX</a> )	PIX1	3B	Y	12
<u>Catering, Dining &amp; Event Services Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PYA">https://hris.uiowa.edu/job-descriptions/families/PYA</a> )	PYA1	3A	Y	12
<u>Chef</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PYB">https://hris.uiowa.edu/job-descriptions/families/PYB</a> )	PYB2	3B	Y	12
<u>Clinic Services Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PVL">https://hris.uiowa.edu/job-descriptions/families/PVL</a> )	PVL2	3A	Y	12
<u>Clinical Lab Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PHA">https://hris.uiowa.edu/job-descriptions/families/PHA</a> )	PHA1	3A	Y	12
<u>Clinical Trial &amp; Data Mgmt Research Asst/Data Manager</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRV">https://hris.uiowa.edu/job-descriptions/families/PRV</a> )	PRV1	3A	Y	12
<u>Coding Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PVC">https://hris.uiowa.edu/job-descriptions/families/PVC</a> )	PVC4	3B	Y	12
<u>Collections/Exhibitions Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PEA">https://hris.uiowa.edu/job-descriptions/families/PEA</a> )	PEA2	3A	Y	12
<u>Communications Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PMP">https://hris.uiowa.edu/job-descriptions/families/PMP</a> )	PMP1	3A	Y	12
<u>Communications Infrastructure Engineer</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PIB">https://hris.uiowa.edu/job-descriptions/families/PIB</a> )	PIB2	3B	Y	12
<u>Compliance &amp; Education Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRC">https://hris.uiowa.edu/job-descriptions/families/PRC</a> )	PRC1	3A	Y	12

<u>Compliance Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PNB">https://hris.uiowa.edu/job-descriptions/families/PNB</a> )	PNB1	3B	Y	12
<u>Constituent Relations Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PMP">https://hris.uiowa.edu/job-descriptions/families/PMP</a> )	PMP2	3A	Y	12
<u>Core Facility Research Assistant</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRW">https://hris.uiowa.edu/job-descriptions/families/PRW</a> )	PRW1	3A	Y	12
<u>Creative Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PMD">https://hris.uiowa.edu/job-descriptions/families/PMD</a> )	PMD2	3B	Y	12
<u>Creative Media Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PMC">https://hris.uiowa.edu/job-descriptions/families/PMC</a> )	PMC2	3A	Y	12
<u>Data Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PID">https://hris.uiowa.edu/job-descriptions/families/PID</a> )	PID1	3B	Y	12
<u>Database Administrator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PID">https://hris.uiowa.edu/job-descriptions/families/PID</a> )	PID2	3B	Y	12
<u>Economic Development Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRB">https://hris.uiowa.edu/job-descriptions/families/PRB</a> )	PRB1	3A	Y	12
<u>Educational Support Services Associate</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PCE">https://hris.uiowa.edu/job-descriptions/families/PCE</a> )	PCE1	3A	Y	12
<u>Engineer</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PWC">https://hris.uiowa.edu/job-descriptions/families/PWC</a> )	PWC1	3B	Y	12
<u>Engineering Associate</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PWB">https://hris.uiowa.edu/job-descriptions/families/PWB</a> )	PWB1	3A	Y	12
<u>Environmental Laboratory Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PHB">https://hris.uiowa.edu/job-descriptions/families/PHB</a> )	PHB1	3A	Y	12
<u>Environmental Safety Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PHE">https://hris.uiowa.edu/job-descriptions/families/PHE</a> )	PHE1	3A	Y	12
<u>Environmental Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PHC">https://hris.uiowa.edu/job-descriptions/families/PHC</a> )	PHC3	3A	Y	12

<u>Fabrication Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PEB">https://hris.uiowa.edu/job-descriptions/families/PEB</a> )	PEB2	3A	Y	12
<u>Facility Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PFB">https://hris.uiowa.edu/job-descriptions/families/PFB</a> )	PFB1	3B	Y	12
<u>Financial Aid Counselor</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PCF">https://hris.uiowa.edu/job-descriptions/families/PCF</a> )	PCF1	3A	Y	12
<u>Financial Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PBF">https://hris.uiowa.edu/job-descriptions/families/PBF</a> )	PBF2	3B	Y	12
<u>Glassblower</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRQ">https://hris.uiowa.edu/job-descriptions/families/PRQ</a> )	PRQ1	3B	Y	12
<u>Health Records Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRH">https://hris.uiowa.edu/job-descriptions/families/PRH</a> )	PRH2	3A	Y	12
<u>Human Resource Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PGA">https://hris.uiowa.edu/job-descriptions/families/PGA</a> )	PGA2	3B	Y	12
<u>Human Resource Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PGB">https://hris.uiowa.edu/job-descriptions/families/PGB</a> )	PGB1	3A	Y	12
<u>Informatics Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PVK">https://hris.uiowa.edu/job-descriptions/families/PVK</a> )	PVK1	3A	Y	12
<u>Instructional Services Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PCH">https://hris.uiowa.edu/job-descriptions/families/PCH</a> )	PCH1	3A	Y	12
<u>IT Security Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PIE">https://hris.uiowa.edu/job-descriptions/families/PIE</a> )	PIE1	3B	Y	12
<u>IT Support Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PIC">https://hris.uiowa.edu/job-descriptions/families/PIC</a> )	PIC1	3A	Y	12
<u>Law Librarian</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PLA">https://hris.uiowa.edu/job-descriptions/families/PLA</a> )	PLA1	3A	Y	12
<u>Librarian</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PLB">https://hris.uiowa.edu/job-descriptions/families/PLB</a> )	PLB1	3A	Y	36
<u>Manufacturing Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRF">https://hris.uiowa.edu/job-descriptions/families/PRF</a> )	PRF1	3A	Y	12
<u>Marketing Coordinator</u> ( <a href="https://hris.uiowa.edu/job-">https://hris.uiowa.edu/job-</a> )	PMM1	3A	Y	12

<a href="#">descriptions/families/PMM</a>				
<a href="#">Occupational Safety Specialist</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PHF">https://hris.uiowa.edu/job-descriptions/families/PHF</a> )	PHF2	3B	Y	12
<a href="#">Paralegal/Legal Assistant</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PNC">https://hris.uiowa.edu/job-descriptions/families/PNC</a> )	PNC1	3B	Y	12
<a href="#">Patient Access Specialist</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PVL">https://hris.uiowa.edu/job-descriptions/families/PVL</a> )	PVL1	3A	Y	12
<a href="#">Performance Event Management Specialist</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PEG">https://hris.uiowa.edu/job-descriptions/families/PEG</a> )	PEG2	3A	Y	12
<a href="#">Performing Arts Programming Specialist</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PEF">https://hris.uiowa.edu/job-descriptions/families/PEF</a> )	PEF2	3A	Y	12
<a href="#">Production Management Specialist</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PEJ">https://hris.uiowa.edu/job-descriptions/families/PEJ</a> )	PEJ2	3A	Y	12
<a href="#">Programming and Outreach Coordinator</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PEI">https://hris.uiowa.edu/job-descriptions/families/PEI</a> )	PEI2	3A	Y	12
<a href="#">Project Coordinator</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PAE">https://hris.uiowa.edu/job-descriptions/families/PAE</a> )	PAE1	3B	Y	12
<a href="#">Project Specialist</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PWA">https://hris.uiowa.edu/job-descriptions/families/PWA</a> )	PWA2	3B	Y	12
<a href="#">Purchasing Agent</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PBP">https://hris.uiowa.edu/job-descriptions/families/PBP</a> )	PBP1	3B	Y	12
<a href="#">Quality &amp; Operational Improvement Coordinator</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PAF">https://hris.uiowa.edu/job-descriptions/families/PAF</a> )	PAF1	3A	Y	12
<a href="#">Recreation Program Coordinator</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PQC">https://hris.uiowa.edu/job-descriptions/families/PQC</a> )	PQC1	3A	Y	12
<a href="#">Registrar Services Specialist</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PCR">https://hris.uiowa.edu/job-descriptions/families/PCR</a> )	PCR1	3A	Y	12
<a href="#">Research Assistant</a> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRK">https://hris.uiowa.edu/job-descriptions/families/PRK</a> )	PRK1	3A	Y	12

<u>Research Support Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRM">https://hris.uiowa.edu/job-descriptions/families/PRM</a> )	PRM1	3A	Y	12
<u>Residence Life Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PQA">https://hris.uiowa.edu/job-descriptions/families/PQA</a> )	PQA1	3A	Y	12
<u>Revenue Cycle Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PVC">https://hris.uiowa.edu/job-descriptions/families/PVC</a> )	PVC3	3B	Y	12
<u>Safety Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PHD">https://hris.uiowa.edu/job-descriptions/families/PHD</a> )	PHD1	3A	Y	12
<u>Sponsored Research Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PRN">https://hris.uiowa.edu/job-descriptions/families/PRN</a> )	PRN2	3A	Y	12
<u>Stage Management Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PEC">https://hris.uiowa.edu/job-descriptions/families/PEC</a> )	PEC2	3A	Y	12
<u>Student Life Program Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PQB">https://hris.uiowa.edu/job-descriptions/families/PQB</a> )	PQB1	3A	Y	12
<u>Supply Chain Coordinator</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PBH">https://hris.uiowa.edu/job-descriptions/families/PBH</a> )	PBH2	3B	Y	12
<u>Support Services Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PVD">https://hris.uiowa.edu/job-descriptions/families/PVD</a> )	PVD1	3A	Y	12
<u>Systems Analyst</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PIF">https://hris.uiowa.edu/job-descriptions/families/PIF</a> )	PIF1	3B	Y	12
<u>Ticketing Specialist</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PEH">https://hris.uiowa.edu/job-descriptions/families/PEH</a> )	PEH2	3A	Y	12
<u>Writer/Editor</u> ( <a href="https://hris.uiowa.edu/job-descriptions/families/PMW">https://hris.uiowa.edu/job-descriptions/families/PMW</a> )	PMW2	3A	Y	12

**Level 4**



**Level 5**



**Level 6**



**Level 7**



**Level 8**



**Level 9**



**Level 10**



**Other Open Range Classifications**



## Have a Question?

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# IOWA

**University Human Resources**

**University Services Building (USB)**

1 W. Prentiss Street

Iowa City, Iowa 52242

**Benefits:** 📞 [319-335-2676](tel:319-335-2676)

**Payroll:** 📞 [319-335-2381](tel:319-335-2381)

**Administrative Services:** 📞 [319-335-3558](tel:319-335-3558)

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# Genetic Counseling Assistant

## Neurology

 Search by job title, location, department, category, etc.

Search

Jobs Near Me

### Genetic Counseling Assistant

- 540107
- Columbia University Medical Center
- Neurology
- Full Time
- Opening on: Nov 3 2023
- Grade 103

[View favorites](#)

- Job Type: Officer of Administration
- Bargaining Unit:
- Regular/Temporary: Regular
- End Date if Temporary:
- Hours Per Week: 35.00
- Standard Work Schedule: Monday-Friday 9am-5pm
- Building: 710 W. 168th Street, New York, NY
- Salary Range: \$58,500 - \$65,000

The salary of the finalist selected for this role will be set based on a variety of factors, including but not limited to departmental budgets, qualifications, experience, education, licenses, specialty, and training. The above hiring range represents the University's good faith and reasonable estimate of the range of possible compensation at the time of posting.

#### Position Summary

The Department of Neurology at Columbia University is seeking a full-time Genetic Counseling Assistant (GCA) to support the newly launched Neurogenetics Program. This program promotes neurogenetics clinical care, research and education. The role of the GCA will be to provide support to the program, its neurologists and its genetic counselors in various administrative tasks. This work experience will provide invaluable experience for individuals who intend to apply for graduate programs in clinical genetics and genetic counseling or for individuals interested in administrative management. Genetics expertise will develop through this work and is not a prerequisite, and there will be many opportunities for genetic learning and continuing education.

#### Responsibilities

- Manage Neurogenetics referrals by reviewing incoming referrals, coordinating with scheduling staff, responding to referring patients' or providers' basic questions about what to expect from consultations.
- Assist with pre-visit preparation, including collection of relevant medical records and lab reports, medical record review, and coordination of patient intake forms
- Collect information from patients in preparation for their appointment including, but not limited to, a family history
- Provide reminder phone calls for upcoming patient appointments
- Assist in processing, packaging and shipment of specimens for genetic testing in a timely manner
- Obtain and coordinate insurance pre-authorization for specialized laboratory testing as needed
- Maintain database of genetic consultation or other records
- Scan and upload documents into the electronic medical record system
- Coordinate regular educational case conferences and seminars
- Organize, schedule and maintain the Neurogenetics program calendar
- Coordinate with Columbia website development to keep site updated
- Perform other duties as appropriate.

#### Minimum Qualifications

- Bachelor's degree or equivalent in education and experience required.

#### Other Requirements

- 0-2 years experience.
- Extremely organized with a high attention to detail, with specific attention paid to accurately recording data
- Familiar with medical terminology and laboratory testing
- Proficient in Microsoft Outlook, Excel, and Word
- Excellent written and verbal communication skills required
- Must be comfortable working independently and with teams
- Maintains a professional, courteous and helpful demeanor
- Must be dedicated to providing excellent patient care

Equal Opportunity Employer / Disability / Veteran

Columbia University is committed to the hiring of qualified local residents.

#### Commitment to Diversity

Columbia University is dedicated to increasing diversity in its workforce, its student body, and its educational programs. Achieving continued academic excellence and creating a vibrant university community require nothing less. In fulfilling its mission to advance diversity at the University, Columbia seeks to hire, retain, and promote exceptionally talented individuals from diverse backgrounds.

[Apply Now](#)

#### Job Alert

 First Name

 Last Name

 Email

 Neurology

 Columbia University Medical Center, New York, United States

[Send](#)

#### Share this job

 First Name

 Last Name

 Email

Enter the details of the person you would like to share this job with

 First name

 Last name

 Email

[Share job](#)

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##### Project Coordinator

Columbia University Medical Center  
Psychiatry

The Cognitive Development & Neuroimaging Laboratory (CDNL), also known as the Marsh Lab, in the Division of Child and Adolescent Psychiatry, conducts research projects that focus on understanding the neurodevelopmental trajectories of psychiatric ...

##### Associate Director, Managed Care Contracting

Other NYC Locations Faculty Practice Organization

Reporting to the Chief Contracting Officer for Managed Care, this individual will be responsible for high-level decision support analyses and financial modeling, negotiating contract terms with managed care payers, developing managed care agreeme...

##### Business Analytics Analyst

Columbia University Medical Center CUIMC IT

The Business Analytics Analyst, operating under the guidance of the Associate Director of Business Analytics, actively investigates analytic requests and issues. They identify, define, document, create, and maintain analytic solutions, such as rep...

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#### Human Resources

615 West 131 Street, Studebaker Building 4th Floor - New York, NY 10027

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Columbia University is committed to the hiring of qualified local residents

Columbia University is committed to protecting your privacy

Columbia University provides reasonable accommodations to applicants with disabilities

NCAA Statement

Pay Transparency

Clery Act Notification

Labor Condition Applications (LCA) Notices



Current UPMC employees must apply in [HR Direct](#).

# Genetic Counselor Assistant

**Job ID:** 5078010013  
**Status:** Full-Time  
**Regular/Temporary:** Regular  
**Shift:** Day Job  
**Facility:** University of Pittsburgh Physicians  
**Department:** 65857 POP18 PEDS Genetics  
**Location:** 4401 Penn Avenue, Pittsburgh, PA  
**Union Position:** No  
**Salary Range:** \$ 18.46-29.29 USD

APPLY NOW

**Perform administrative and basic duties necessary to assist genetic counselors in providing counseling and risk assessment for genetic conditions to patients and families.**

**If you are interested in building a meaningful career, UPMC could be your next step!**

**The Genetic Counselor Assistant role is a great way to gain experience and has a career path in place that offers the ability to progress.**

**Great opportunity for new or perspective grads. Explore this position and find out where your career can take you! Located at Children's Hospital of Pittsburgh.**

### Responsibilities:

- Assist in clinical investigations in genetics by performing literature searches as well recruiting patients to enroll in ongoing studies.
- Assist genetic counselors in preparing and organizing materials for genetics lectures/seminars.
- Enter patient data into computer software.
- Coordinate insurance coverage for genetic testing of patients.
- Create and upgrade patient pedigrees.
- Assist genetic counselors by communicating normal test results to patients and physicians by phone and/or in writing.
- Perform necessary administrative duties- answer phone calls, assist patients in scheduling appointments, administer patient intake forms and complete family histories.
- Responsible for alerting the genetic counselor if the mandatory reporting procedures for any incident or serious event that did affect or potentially could have affected the clinical care of any patient are necessary.
- Assist in the operation and maintenance of the genetic databases.

### Qualifications:

- Bachelors degree in genetics/genetic counseling, biology, chemistry, or other science/ health-related field required.
- Experience in medical facility, currently in or completion of genetics rotations clinical program preferred.
- Experience with Microsoft Office products required.
- Must demonstrate strong interpersonal skills in order to interact with patients and families.
- Must also possess strong organization and multi-tasking skills.

### Licensure, Certifications, and Clearances:

- Act 31 Child Abuse Reporting with renewal
- Act 33 with renewal
- Act 34 with renewal
- Act 73 FBI Clearance with renewal

**UPMC is an Equal Opportunity Employer/Disability/Veteran**

APPLY NOW

## Similar Jobs

**Medical Lab Technician/Medical Technologist**

Labs  
Everett, PA  
Posted: 5 hours ago

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**Medical Lab Technician**


Labs  
Pittsburgh, PA  
Posted: 7 hours ago

[View Job](#)

**Histology Trainee, On the Job Training**

Labs  
Pittsburgh, PA  
Posted: 8 hours ago


[View Job](#)



**Benefits that Matter to You**

We're committed to providing benefits that meet your needs and support your well-being in all areas of life.


- Earn over 5 Weeks of Paid Time Off Every Year
- Earn up to 8% of your eligible pay in retirement contributions from UPMC
- Employer-Paid Life Insurance
- Affordable Medical, Dental & Vision Coverage
- Student Loan Assistance
- \$18/Hour Minimum Wage by 2026



**Support for You – and Your Family**

Your career doesn't impact just you, but the people you care about, too. We're making sure your career works for the whole family.


- Two Weeks of Paid Parental Leave
- Family Planning Resources
- Tuition Assistance for Dependents
- Comprehensive Health Care for Dependents
- Emergency Child and Elder Care Options
- Flexible Work Arrangements



**A Culture That Cares**

At UPMC, you can find a home among people who share your passions and care about who you are.


- [Employee Resource Groups](#)
- Awards for Champions of Dignity & Respect
- Center for Engagement & Inclusion
- [Programs for Veteran Engagement](#)



**Tools to Reach Your Potential**

Once you become a member of our team, the journey doesn't stop there. UPMC is committed to supporting your growth and helping you build the career of your dreams.

- Up to \$6,000 of Annual Tuition Assistance
- Ongoing Learning via LinkedIn Learning
- Accelerated Career Pathways for Growth
- Robust Instructor-led Education and Learning Pathways



**Expansive Opportunity**

Where do you want to go with your career? Wherever it is, UPMC can take you there.

- 96,000+ Employees
- [40 Hospitals and 800+ Doctors' Offices and Outpatient Sites](#)
- Dozens of Career Ladders to Climb
- International Locations
- State-of-the-Art Technology

# 74470BR - HOSP BLANK AST 3

Status: Open

Job req template: UCSF Req

Job Code and 009251 HOSP BLANK AST  
Payroll Title : 3

Home 707145 - Cancer Genetic  
Department Counseling MZ  
Number :

Organization : Health

IAP Level : Staff Plan (target potential  
payout of \$900, maximum  
of \$1,800)

Payroll Title : HOSP BLANK AST 3

Manager Level : N/A

Bargaining Unit : American Federation of  
State, County and  
Municipal Employees -  
Patient Care Technical  
Unit (AFSCME-EX)

Compensation PSS  
Program :

FLSA Status : Non-Exempt

## Posting Information

Job Title : Genetic Counselor  
Assistant

Job Summary : Under direct supervision  
and guided by the  
procedures of Ambulatory  
Services, the Hospital  
Assistant III – Genetic  
Counselor Assistant is  
responsible for:

- Interview patients  
and document  
personal and family  
medical history
- Request outside  
medical records  
and upload to Apex

About UCSF : At UCSF Health, our  
mission of innovative  
patient care, advanced  
technology and pioneering  
research is redefining  
what's possible for the  
patients we serve – a  
promise we share with the  
professionals who make  
up our team.

Consistently ranked  
among the top 10  
hospitals nationwide by  
U.S. News & World Report  
– UCSF Health is  
committed to providing  
the most rewarding work

- and departmental database
- Assist with clinic flow, including scheduling, rooming patients, and managing coordination of joint visits with genetic counselors and physicians
  - Staff Genetic Testing Station – share video and hand-out-based education
  - Reviewing research consent form with patients and send DocuSign consent form
  - Taking patients to laboratory for blood draws or facilitate collection of saliva samples for genetic testing.
  - Preparing blood or saliva samples for transportation to laboratories within and outside of UCSF
  - Monitor communications with genetic testing laboratories, including responding to requests for additional documentation or samples
  - Consultations with healthcare providers and

experience while delivering the best care available anywhere. In an environment that allows for continuous learning and opportunities for professional growth, UCSF Health offers the ideal atmosphere in which to best use your skills and talents.

Pride Values : UCSF is a diverse community made of people with many skills and talents. We seek candidates whose work experience or community service has prepared them to contribute to our commitment to professionalism, respect, integrity, diversity and excellence – also known as our PRIDE values.

In addition to our PRIDE values, UCSF is committed to equity – both in how we deliver care as well as our workforce. We are committed to building a broadly diverse community, nurturing a culture that is welcoming and supportive, and engaging diverse ideas for the provision of culturally competent education, discovery, and patient care. Additional information about UCSF is available at [diversity.ucsf.edu](https://diversity.ucsf.edu)

Join us to find a rewarding career contributing to improving healthcare

- laboratories
- Drawing and updating patient pedigrees using Progeny pedigree drawing software and patient history forms.
  - Entering data into the Cancer Risk Program (CRP) database
  - Other patient preparation and follow-up tasks
  - Support for clinical research projects, including consenting, data collection, documentation, and other tasks

They will work as a team member with other practice staff and consistently projects a professional and courteous demeanor. The Genetic Counselor Assistant is required to comply with the Medical Center House and Telephone Standards. They must pay close attention to detail and demonstrate excellent customer service skills with patients and staff. To see the salary range for this position (we recommend that you make a note of the job code and use that to look up): [TCS Non-Academic Titles Search \(ucop.edu\)](https://ucop.edu/titles-search).

worldwide.

Equal Employment Opportunity : The University of California San Francisco is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, protected veteran or disabled status, or genetic information.

Job Category : Administrative Support

Location : Hybrid  
Mission Bay (SF)  
Mount Zion (SF)

Percentage : 100%

Shift Length : 8 Hours

Shift : Days

Additional Shift : Monday - Friday  
Details :

Please note: The compensation ranges listed online for roles not covered by a bargaining unit agreement are very wide, however a job offer will typically fall in the range of 80% - 120% of the established mid-point. An offer will take into consideration the experience of the final candidate AND the current salary level of individuals working at UCSF in a similar role.

For roles covered by a bargaining unit agreement, there will be specific rules about where a new hire would be placed on the range.

To learn more about the benefits of working at UCSF, including total compensation, please visit:

<https://ucnet.universityofcalifornia.edu/compensation-and-benefits/index.html>

The final salary and offer components are subject to additional approvals based on UC policy.

Department Cancer Genetic Counseling  
Name :

Department The UCSF Helen Diller  
Description : Family Comprehensive  
Cancer Center is an  
accredited National  
Cancer Institute  
Comprehensive Cancer  
Center. The NCI-  
Designation recognizes

the scientific leadership, resources, and the depth and breadth of the research in basic, clinical and population science. As a Comprehensive Cancer Center, we demonstrate the added depth and breadth of research as well as substantial transdisciplinary research that bridges these scientific areas. The clinical services encompass adult and pediatric tumors across three campuses as well as regional satellite locations. The clinical cancer program is one of the largest clinical services at UCSF Medical Center and encompasses roughly 230 non-physician FTEs, 90+ cost center, and dozens of grant and philanthropic funding sources. At the UCSF Helen Diller Family Comprehensive Cancer Center we are truly pioneering care and leaders in all areas of cancer clinical care and research. We are routinely voted a top 10 program by U.S. News and World Report.

Required  
Qualifications :

- Bachelor's degree in a biological/health science or an equivalent combination of education and experience is required.



- Ability to communicate effectively, both over the telephone and in person.  
Ability to deal sensitively and effectively with patients. Excellent organizational skills. Excellent customer service and problem solving skills.  
Ability to work well both independently, with little supervision, and in a team setting.
- Knowledge of genetics and genetic concepts.
- Strong computer skills and experience with Microsoft Office software, including Word, Excel, and PowerPoint required.
- Ability to communicate effectively, both over the telephone and in person.
- Ability to deal sensitively and effectively with patients.
- Excellent organizational skills.
- Ability to work well both independently, with little supervision, and in

a team setting.

Preferred  
Qualifications :

- Experience with patient and or family contact in a community or medical setting.
- Previous experience with clinical projects, either in an administrative or clinical role, preferred.  
Demonstrated knowledge of medical practice terminology an genetic terminology and concepts.
- Experience with Outlook, File Maker Pro and Progeny (or other pedigree drawing software) preferred.
- Bi-lingual or multi-lingual capability (Spanish, Cantonese, Russian) strongly preferred.

License / No  
Certification :

Position Type : Full Time

Employee Class : Career

Appointment End  
Date :

**NON-ACADEMIC TITLE DETAIL**

**009251 - HOSP BLANK AST 3**

**GENERAL INFORMATION**

**CAMPUS/BUSINESS UNIT**

SFMED

**BARGAINING UNIT/ UNION CODE**

EX - Patient Care Technical

**FEDERAL OCCUPATIONAL SUBGROUP**

9 - Service Workers

**STANDARD HOURS/WEEK**

40

**CLASSIFIED INDICATOR**

PSS - Professional & Support Staff

**CLASS TITLE OUTLINE**

H45 - MEDICAL ADMINISTRATION AND AUX SERVICES

**STANDARD OCCUPATIONAL CATEGORY**

31-9099

**SAFETY STATUS**

0 - Non-Safety

**DETAIL INFORMATION**

**PAY REPRESENTATION**

Covered

**EFFECTIVE DATE**

04-02-2023

**RATE**

H - Hourly

**PREMIUM OVERTIME ELIGIBILITY**

Non-Exempt

Campus/Business Unit	Salary Plan	Grade	Effective Date	Step	Compensation Frequency	Hourly Rate
SFMED	UCEX	277	04-02-2023	1	H	31.90
SFMED	UCEX	277	04-02-2023	2	H	32.55
SFMED	UCEX	277	04-02-2023	3	H	33.21
SFMED	UCEX	277	04-02-2023	4	H	33.89
SFMED	UCEX	277	04-02-2023	5	H	34.58
SFMED	UCEX	277	04-02-2023	6	H	35.29
SFMED	UCEX	277	04-02-2023	7	H	36.00
SFMED	UCEX	277	04-02-2023	8	H	36.74
SFMED	UCEX	277	04-02-2023	9	H	37.47
SFMED	UCEX	277	04-02-2023	10	H	38.26
SFMED	UCEX	277	04-02-2023	11	H	39.02
SFMED	UCEX	277	04-02-2023	12	H	39.82

**Shift Rates**

**Effective Date**

Evening Shift Differential	\$2.00	0%	Covered	01-01-1970
Non Prod Evening Shift Diff	\$2.00	0%	Covered	01-01-1970
Non Prod Night Shift Diff	\$3.25	0%	Covered	01-01-1970
Night Shift Differential *	\$3.25	0%	Covered	01-01-1970
Non Prod Weekend Shift Diff	\$1.00	0%	Covered	01-01-1970
Weekend Day Shift Differential	\$1.00	0%	Covered	01-01-1970

**On-Call Rates****Effective Date**

Time On Call

\$0.00

50%

Covered

01-01-1970

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS Request – Final Rule for 2024\**

January 2024

**Therapeutic Apheresis and Photopheresis (PE Only) – Tab 11**

In the Final Rule for 2024, CMS received a public nomination that CPT codes 36514, 36516 and 36522 may not include the correct clinical labor type. CMS agreed that there may be a disparity with the clinical labor type for this service and that these codes would benefit from additional review in future rulemaking. Therefore, for CY 2024, CMS finalized CPT codes 36514, 36516, and 36522 as potentially misvalued, resulting in a review of the practice expense clinical labor type at the January 2024 RUC meeting.

**Compelling Evidence**

The Practice Expense (PE) Subcommittee discussed and approved compelling evidence based on a change in the clinical labor type for these services, as the RN/LPN labor category is not adequately equivalent to an Apheresis Nurse Specialist. In the CY 2024 Final Rule, CMS agreed there may be a disparity with the clinical labor type for these services, and the codes would benefit from additional practice expense review. CMS also noted it is likely the RN/LPN labor category is not adequately equivalent to an Apheresis Nurse Specialist. While an apheresis nurse is not currently a category listed in the Medicare Physician Payment Schedule (MFS), there may be existing nurse categories that may be an appropriate substitute, such as an oncology nurse (RN/OCN). **The Practice Expense Subcommittee and RUC accepted compelling evidence based on evidence that there has been a change in the clinical labor type.**

**Clinical Labor Type**

The PE Subcommittee and the RUC agreed with the specialty societies' recommendation to use clinical labor type L056A *RN/OCN* as a proxy to recognize the work of an apheresis nurse. The specialty societies noted that they considered proposing a new clinical staff type for an Apheresis Nurse Specialist, but decided against this, as there is not a Bureau of Labor Statistics labor category for an apheresis nurse, and apheresis nurse wage survey data is not readily available. Instead, the specialties proposed to use the oncology nurse (*RN/OCN*) clinical labor type to recognize the work of an apheresis nurse. The specialty societies reiterated that CMS had expressed support for this crosswalk in the Final Rule, and it is also supported by similar training and experience requirements necessary for an apheresis nurse and an RN/OCN. To become an RN/OCN, a candidate must be an RN with a minimum of 2 years of experience, have a minimum of 2,000 hours (1 year) of adult oncology nursing practice within the past four years and have completed a minimum of 10 contact hours of nursing continuing education in oncology or an academic elective in oncology nursing within the past three years.

Additionally, the Qualification in Apheresis (QIA) was introduced in 2016, the year in which specialties were preparing for the last valuation of these codes at the January 2017 RUC meeting. The American Society for Apheresis (ASFA) in partnership with the American Society for Clinical Pathology (ASCP) Board of Certification, offers a Qualification in Apheresis (QIA). There are multiple pathways for obtaining a QIA, but the primary pathway is an RN, LPN, or licensed vocational nurse (LVN) with a U.S. state license, certificate, or diploma, and three years of full-time acceptable experience in apheresis or five years of part-time acceptable experience in apheresis within the last ten years. **The specialty societies**

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I=New code   s=Revised code   :=Add-on code   H=Modifier 51 exempt   \*=Telemedicine   X=Audio-only   ~=FDA approval pending   #=Resequenced code

and the Practice Expense Subcommittee agreed to use the oncology nurse (RN/OCN) clinical labor type to recognize the work of an apheresis nurse.

**Service Period Clinical Activities**

The specialty societies recommended an additional correction to the clinical labor current inputs, which would not impact the amount of clinical labor time. The specialty societies noted that the minutes in CA018 *Assist physician or qualified healthcare professional – directly related to physician work time (100%)*, would more appropriately be categorized as CA021 *Perform procedures/service-NOT directly related to physician work time*. The error occurred when the clinical labor tasks were combined into their new categories after 2017.

The PE Subcommittee and the RUC agreed with the specialty societies’ recommendations for CPT codes 36514, 36516 and 36522 to modify the clinical staff labor type to L056A and to shift the intra-service time to CA021. Further, they agree that the other direct PE inputs reviewed in January 2017 are all still appropriate. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
36511 36512 36513	<i>Therapeutic apheresis; for white blood cells for red blood cells (For manual red cell exchange, see 36450, 36455, 36456) (For automated red cell exchange, use 36512) for platelets (Report 36513 only when platelets are removed by apheresis for treatment of the patient. Do not report 36513 for donor platelet collections)</i>		
36514	for plasma pheresis	000	PE Only
36516	with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion  (For professional evaluation, use modifier 26)	000	PE Only

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I=New code s=Revised code :=Add-on code H=Modifier 51 exempt \*=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

36522	Photopheresis, extracorporeal (For dialysis services, see 90935-90999) (For therapeutic ultrafiltration, use 0692T) (For therapeutic apheresis for white blood cells, red blood cells, platelets and plasma pheresis, see 36511, 36512, 36513, 36514) (For therapeutic apheresis extracorporeal adsorption procedures, use 36516)	000	PE Only
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*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

I=New code    s=Revised code    :=Add-on code    H=Modifier 51 exempt    \*=Telemedicine    X=Audio-only    ~=FDA approval pending    #=Resequenced code

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):36514, 36516, 36522**

**SPECIALTY SOCIETIES \_ AAFP, ASCO, ASH, ASTCT, CAP, ES  
 PRESENTERS: Elizabeth Blanchard, MD, Chase Hendrickson, MD, Elizabeth Godbey, MD,  
 Ronald McLawhon PhD MD, Roger McLendon, MD, Amar Kelkar MD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**Meeting Date: January 2024**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Global Period</b>
36514	Therapeutic apheresis; for plasma pheresis	000
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	000
36522	Photopheresis, extracorporeal	000

**Vignette(s) (vignette required even if PE only code(s)):**

<b>CPT Code</b>	<b>Vignette</b>
36514	A 55-year-old male presents with a 3-month history of progressive, symmetric weakness in both upper and lower extremities involving proximal and distal muscles, sensory loss, and diminished reflexes. A diagnosis of chronic inflammatory demyelinating polyneuropathy is made.
36516	A 35-year-old male with familial hypercholesterolemia has atherosclerosis and elevated low-density lipoprotein cholesterol that has not been satisfactorily controlled with maximum medical therapy.
36522	A 60-year-old woman develops graft-versus-host disease (GVHD) after bone marrow transplantation.

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:

In the Final Rule for 2024, CMS received a public nomination for CPT codes 36514, 36516 and 36522. The nomination stated the current clinical labor type (RN/LPN) for all three codes may not be correct. CMS agreed there may be a possible disparity with the clinical labor type for these services and the codes would benefit from additional practice expense review. CMS believes it is likely the RN/LPN labor category is not adequately equivalent to an Apheresis Nurse Specialist. While an apheresis nurse is not currently a category clinical labor type used in the PFS, and that there may be existing nurse categories that can act as a substitute, such as an oncology nurse (RN/OCN). Therefore, for CY 2024, CMS finalized CPT codes 36514, 36516, and 36522 as potentially misvalued, resulting in a review of the practice expense clinical labor type by the RUC at the January 2024 meeting (78848 Federal Register / Vol. 88, No. 220 / Thursday, November 16, 2023).

The specialty society stakeholders consulted with their coding and economic committees, therapeutic apheresis experts (individually and as a group), and their RUC advisors for a review of the direct practice expense inputs for CPT codes 36514, 36516, and 36522. Representatives from each society reviewed the typical clinical labor tasks, in practice today.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

For comparison, specialties reviewed the current direct practice expense inputs for the CPT codes.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):36514, 36516, 36522**

**SPECIALTY SOCIETIES \_ AAFP, ASCO, ASH, ASTCT, CAP, ES  
PRESENTERS: Elizabeth Blanchard, MD, Chase Hendrickson, MD, Elizabeth Godbey, MD,  
Ronald McLawhon PhD MD, Roger McLendon, MD, Amar Kelkar MD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

3. Is this code(s) typically reported with an E/M service?  
Is this code(s) typically reported with the E/M service in the nonfacility?

These codes are not typically reported with an E/M service in either the facility or non-facility setting.  
See the *Billed Together* tab in the RUC Database.

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 than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

The utilization for CPT codes 36514, 36516 and 36522 is too low in the RUC database to display the dominant provider in the NF setting as it does not provide accurate specialty representation. Below is the specialty provider information for the Global Services.

**36514:**

<u>SPECIALITY (ALL SITES)</u>	<u>%</u>
Pathology	40.9%
Nephrology	37.9%
Hematology/Oncology	3.8%
Anesthesiology	3.0%
Internal Medicine	2.8%
Nurse Practitioner	2.7%
Neurology	2.1%
Physicians Assistant	2.1%
Pediatric Medicine	1.2%

**36516:**

<u>SPECIALITY (ALL SITES)</u>	<u>%</u>
Endocrinology	23.6%
Pathology	22.0%
Family Medicine	16.9%
Nephrology	13.3%
Cardiology	7.5%
Internal Medicine	6.2%
Nurse Practitioner	3.4%
Physicians Assistant	2.1%

**36522:**

<u>SPECIALITY (ALL SITES)</u>	<u>%</u>
Pathology	36.4%
Nurse Practitioner	18.8%
Hematology/Oncology	11.2%
Physicians Assistant	7.2%

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):36514, 36516, 36522**

**SPECIALTY SOCIETIES \_ AAFP, ASCO, ASH, ASTCT, CAP, ES  
PRESENTERS: Elizabeth Blanchard, MD, Chase Hendrickson, MD, Elizabeth Godbey, MD,  
Ronald McLawhon PhD MD, Roger McLendon, MD, Amar Kelkar MD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Hematopoietic Cell Transplantation and Cellular Therapy	5.7%
Internal Medicine	5.3%
Nephrology	5.2%
Dermatology	3.8%
Medical Oncology	3.6%
Hematology	1.5%

Source: AMA RUC Database, December 4, 2023

5.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Based on a request by CMS within its CY 2024 PFS Final Rule, the specialties are requesting an increase in the current cost for clinical labor only through a change in the staff type (from an RN/LPN to an RN/OCN) and believe the following compelling evidence warrants the change:

**1) Evidence that there has been a change in clinical staff type.**

The expert panel agrees with CMS’s 2024 PFS final ruling that there may be a disparity with the clinical labor type for this service and these codes would benefit from additional review in future rulemaking. Our expert panel agrees a clinical staff type of an apheresis trained nurse is now typical in both the facility and the non-facility settings for codes 36514, 36516, and 36522. This is also confirmed by several journal articles. Below are recent publications that discuss the importance of a highly trained clinical staff for these procedures:

- 1) **Potok D et al** (2016) The nurse’s role in therapeutic apheresis. *Nursing Times*: online issue 2, 4-6.
- 2) **Apheresis Nursing & Allied Health in North America (Nov 2011)** *Transfusion and Apheresis Science*, vol 60.
- 3) **Neyrinck M, Vrieling H.** (2019) Performance of an apheresis nurse operator and nursing aspects. *Transfusion and Apheresis Science*; vol 58: issue 3, 296-299
- 4) **Howell C.** (2008) The challenging role of the apheresis nurse *Transfusion and Apheresis Science*, vol 38:issue 3, 213-215

Additionally, the Qualification in Apheresis (QIA) was introduced in 2016, the year in which specialties were preparing for the last valuation of these codes (January 2017 AMA RUC meeting).

The American Society for Apheresis (ASFA) in partnership with the American Society for Clinical Pathology (ASCP) Board of Certification offers a Qualification in Apheresis (QIA). There are multiple pathways for obtaining a QIA, but the primary pathway is an RN, LPN, or LVN with U.S. state license, certificate, or diploma, and three years of full-time acceptable experience in apheresis or five years of part-time acceptable experience in apheresis within the last ten years. For QIA information see:

<https://www.apheresis.org/general/custom.asp?page=QIA>. ASFA has a Standard Operating Procedures Manual. [Apheresis Standard Operating Procedures Manual - American Society for Apheresis \(ASFA\)](#)

To be an RN/OCN, a candidate must be an RN with a minimum of 2 years of experience, have a minimum of 2,000 hours (1 year) of adult oncology nursing practice within the past four years, and have completed a minimum of 10 contact hours of nursing continuing education in oncology or an academic elective in oncology nursing within the past three years. For RN/OCN information see: [Oncology Certified Nurse \(OCN®\) | ONCC](#).

## NONFACILITY DIRECT PE INPUTS

CPT CODE(S):36514, 36516, 36522

SPECIALTY SOCIETIES \_ AAFP, ASCO, ASH, ASTCT, CAP, ES  
PRESENTERS: Elizabeth Blanchard, MD, Chase Hendrickson, MD, Elizabeth Godbey, MD,  
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### AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

## CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

Not applicable

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

The 90-day global period NF PE standard for CA001 *Complete pre-service diagnostic and referral forms* is 5 minutes. The 90-day global period NF PE standard for CA002 *Coordinate pre-surgery services (including test results)* is 10 minutes in the NF setting. CPT codes 36514, 36516 and 36522 are 000 global period services. When last reviewed in 2017 by the AMA RUC, the 90-day standard was agreed upon and approved by the RUC for all of these codes. The specialty societies are again recommending 5 minutes for CA001 and 3 minutes for CA002.

CA001 Complete pre-service diagnostic and referral forms is 5 minutes.

Completion of pre-service diagnostic and referral forms. Patient charts and laboratory reports are reviewed by the apheresis/oncology nurse. Specifically, there is review of the hematocrit, plasma volume and calcium.

The apheresis/oncology nurse reviews the consent form with the patient and provides educational information regarding the procedure. Confirm pre-service education/obtain consent.

CA002 Coordinate pre-surgery services (including test results) is 3 minutes

The apheresis service is called to arrange for patient tunnel catheter (or other vascular access) as necessary. The blood bank is notified to ensure that blood products are available. The pharmacy is called to ensure the availability of albumin and other IV, injectables, and blood is available for the patient. Draw up pre-labs.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

Not applicable

## NONFACILITY DIRECT PE INPUTS

CPT CODE(S):36514, 36516, 36522

SPECIALTY SOCIETIES \_ AAFP, ASCO, ASH, ASTCT, CAP, ES  
PRESENTERS: Elizabeth Blanchard, MD, Chase Hendrickson, MD, Elizabeth Godbey, MD,  
Ronald McLawhon PhD MD, Roger McLendon, MD, Amar Kelkar MD

### AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

CPT codes 36514, 36516 and 36522 each had 5 minutes allocated to CA010 obtain vital signs prior to CMS increasing the clinical activity to 5 minutes in 2018. The specialty societies are recommending maintaining 5 minutes for CA010 to account for the following vital signs: weight, pulse, blood pressure, resp. rate, O2 sats, and temperature.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

CA001 Complete pre-service diagnostic and referral forms is 5 minutes.

Completion of pre-service diagnostic and referral forms. Patient charts and laboratory reports are reviewed by the apheresis/oncology nurse. Specifically, there is review of the hematocrit, plasma volume and calcium.

The apheresis/oncology nurse reviews the consent form with the patient and provides educational information regarding the procedure. Confirm pre-service education/obtain consent.

CA002 Coordinate pre-surgery services (including test results) is 3 minutes

The apheresis service is called to arrange for patient tunnel catheter (or other vascular access) as necessary. The blood bank is notified to ensure that blood products are available. The pharmacy is called to ensure the availability of albumin and other IV, injectables, and blood is available for the patient. Draw up pre-labs.

b. Service period (includes pre, intra and post):

CA009 Greet patient, provide gowning, ensure appropriate medical records are available.

Patient is greeted by the apheresis/oncology nurse and provided with gown. The apheresis/oncology nurse ensures that patient is properly gowned for procedure. The apheresis/oncology nurse must review and ensure that appropriate medical records, charts, lab reports are available.

CA010 Obtain vital signs

The apheresis/oncology nurse obtains patient vital signs including weight, blood pressure, pulse, temperature, respiration rate, and oxygen saturation.

CA013 Prepare room, equipment and supplies

The apheresis/oncology nurse prepares room, ensuring that correct equipment and necessary supplies are available.

For 36516, the apheresis/oncology nurse prepares adsorption column in preparation for apheresis procedure - approximately 30 minutes plus an additional time for prep of additional equipment/supplies for column.

CA016 Prepare, set-up and start IV, initial positioning and monitoring of patient

The apheresis/oncology nurse inspects the catheter for integrity, sutures and signs of exit-site infection. Patient is properly positioned, and IVs is set up. Confirm education/obtain consent have been achieved.

CA021 Perform procedure/service---NOT directly related to physician work time

The apheresis/oncology nurse assists the physician in performing the procedures including.

- Contiguous assessment and monitoring by nurse who is involved during entire procedure,
- Monitor and change replacement fluids, and
- Monitor equipment

The apheresis/oncology nurse educates the patient on the effects of citrate, including numbness and tingling and advises the patient to notify the nurse if they are experiencing these symptoms.

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):36514, 36516, 36522**

**SPECIALTY SOCIETIES \_ AAFP, ASCO, ASH, ASTCT, CAP, ES  
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

The apheresis/oncology nurse must be at bedside the whole time and can only work with one patient at a time typically. The apheresis/oncology nurse will be active the whole time - checking flow rate, monitoring blood rate, talking with patient. Time determined by the specific patient case and is also limited by speed of the machine processing of the blood exchange.

CA022 Monitor patient following procedure/service, multitasking 1:4

At the conclusion of the procedure, patient is closely monitored. This includes checking tubes, monitors, drains, vital signs, and access management. The apheresis/oncology nurse cleans the catheter exit site, applies a sterile dressing and attaches two new catheter caps to the lumens.

CA024 Clean room/equipment by clinical staff

The procedure room is cleaned by physician staff apheresis/oncology nurse. This includes flushing lines, capping tubing, removing disposables from the machine, wiping down the machine with disinfectant and putting supplies back in cart, etc. The apheresis/oncology nurse restocks fluids and blood products. The machine is calibrated and if needed additional maintenance takes place.

CA027 Complete post-procedure diagnostic forms, lab and x-ray requisitions

Immediately after the procedure, nursing staff completes diagnostic forms and lab & X-ray requisitions. The apheresis/oncology nurse also completes documentation and reporting of procedure including plasma process and fluid balance. This information is captured on data flow sheets.

The apheresis/oncology nurse provides home care instructions. In addition, the apheresis/oncology nursing staff interacts directly and through telephone calls to coordinate future care, office visits, and ensures that patient has all the necessary prescriptions and educational material as necessary. The apheresis/oncology nurse ensures that all of the necessary quality assurance tasks are done. The apheresis/oncology nurse develops a patient coordination of care plan and may follow up with patient.

**c. Post-service period:**

Not applicable

11. 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:*

In reviewing the current clinical staff time assigned to these codes, the specialties noted that the clinical staff time in the intra-service of the service period is assigned to CA018, "Assist physician or other qualified healthcare professional---directly related to physician work time (100%)." We believe this assignment is in error, since the physician time in each case is less than the time assigned to CA018. We believe the times currently assigned to CA018 are more appropriately assigned to CA021, "Perform procedure/service---NOT directly related to physician work time," reflecting that the work of the apheresis nurse in the intra-service of service period is not directly related to the physician work time.

CA021 Perform procedure/service---NOT directly related to physician work time

The apheresis/oncology nurse assists the physician in performing the procedures including;

- Contiguous assessment and monitoring, typically by apheresis/oncology nurse who is involved during entire procedure,
- Monitor and change replacement fluids, and
- Monitor equipment

## NONFACILITY DIRECT PE INPUTS

CPT CODE(S):36514, 36516, 36522

SPECIALTY SOCIETIES \_ AAFP, ASCO, ASH, ASTCT, CAP, ES  
PRESENTERS: Elizabeth Blanchard, MD, Chase Hendrickson, MD, Elizabeth Godbey, MD,  
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### AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The apheresis/oncology nurse educates the patient on the effects of citrate, including numbness and tingling and advises the patient to notify them if they are experiencing these symptoms.

The apheresis/oncology nurse must be at bedside the whole time and can only work with one patient at a time typically. The apheresis/oncology nurse will be active the whole time - checking flow rate, monitoring blood rate, talking with patient. Time determined by the specific patient case and is also limited by speed of the machine processing of the blood exchange.

12. If you have used a percentage of the physician intra-service work time other than 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.

Not applicable

13. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

Not applicable

14. If you wish to identify a new staff type, please include a very specific staff description, 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>.

We are not proposing a new clinical labor type at this time as there is not a BLS labor category for an apheresis nurse and apheresis nurse wage survey data is not readily available. We are instead proposing to draw from the existing clinical labor types recognized by CMS. In this case, we are proposing to use the oncology nurse (RN/OCN) clinical labor type to recognize the work of an apheresis nurse. This crosswalk is supported and recommended by CMS in the CY 2024 PFS Final Rule. This crosswalk is also supported by the similar training and experience requirements for an apheresis nurse and an RN/OCN.

The American Society for Apheresis (ASFA) in partnership with the American Society for Clinical Pathology (ASCP) Board of Certification offers a Qualification in Apheresis (QIA). There are multiple pathways for obtaining a QIA, but the primary pathway is an RN, LPN, or LVN with U.S. state license, certificate, or diploma, and three years of full-time acceptable experience in apheresis or five years of part-time acceptable experience in apheresis within the last ten years. For QIA information see: <https://www.apheresis.org/general/custom.asp?page=QIA>.

To be an RN/OCN, a candidate must be an RN with a minimum of 2 years of experience, have a minimum of 2,000 hours (1 year) of adult oncology nursing practice within the past four years, and have completed a minimum of 10 contact hours of nursing continuing education in oncology or an academic elective in oncology nursing within the past three years.

## MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
16.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):36514, 36516, 36522**

**SPECIALTY SOCIETIES \_ AAFP, ASCO, ASH, ASTCT, CAP, ES  
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Not applicable

18. Are you recommending a PE supply pack for this recommendation? Yes or No.  
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

No

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

Not applicable

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

Not applicable

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Not applicable

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?

Not applicable

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected "other formula" for any of the equipment, please explain here:

"Other formula" was chosen as an equipment formula to indicate that the specific clinical labor activities in the service period (pre-service, intra-service, and post-service of the service time periods) when the equipment cannot be multitasked or used for any other patient case. However, it does not include line 44, CA027 Complete post-procedure diagnostic forms, lab and x-ray requisitions.

EF009 chair, medical recliner  
EQ032 IV infusion pump  
EQ072 blood warmer  
EQ084 cell separator system  
EQ174 liposorber system  
EQ206 photopheresor system  
EQ269 blood pressure monitor, ambulatory, w-battery charger  
EQ280 light assembly, photopheresis

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):36514, 36516, 36522**

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**PE-ONLY CODES ADDITIONAL INFORMATION**

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

Not applicable

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

Not applicable

**ADDITIONAL INFORMATION**

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The only change in the inputs that we are recommending, based on CMS' CY2024 PFS Final Rule comments, is to the clinical staff type, from an RN/LPN to RN/OCN.

We are correcting a line in the intra-service period where the time in the current inputs for CA0018 Assist physician or qualified healthcare professional – directly related to physician work time (100%), should actually be categorized as CA021 Perform procedures/service-NOT directly related to physician work time. The error was made when the clinical labor tasks were combined into their new categories after 2017. We are not recommending any changes in the amount of this time. We're only recommending that it be moved from CA018 to CA021, since that time is not directly related to physician work time.

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).







AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*Site of Service Anomaly\**

January 2024

**Insertion of Tunneled Centrally Inserted Central Venous Catheter – Tab 12**

In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure.

However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions.

**The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
(f)36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	010	Refer to CPT Editorial Panel May 2024

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

I=New code s=Revised code :=Add-on code H=Modifier 51 exempt \*=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

36558	age 5 years or older (For peripherally inserted central venous catheter with port, 5 years or older, use 36571)	010	Refer to CPT Editorial Panel May 2024
(f)36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age (For peripherally inserted central venous access device with subcutaneous port, younger than 5 years of age, use 36570)	010	Refer to CPT Editorial Panel May 2024
(f)36561	age 5 years or older (For peripherally inserted central venous catheter with subcutaneous port, 5 years or older, use 36571)	010	Refer to CPT Editorial Panel May 2024
(f)36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	010	Refer to CPT Editorial Panel May 2024
(f)36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	010	Refer to CPT Editorial Panel May 2024
(f)36566	with subcutaneous port(s)	010	Refer to CPT Editorial Panel May 2024

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I=New code s=Revised code :=Add-on code H=Modifier 51 exempt \*=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

December 12, 2023

Ezequiel Silva III, MD  
Chair, AMA/Specialty Society RVS Update Committee  
American Medical Association  
330 N. Wabash Avenue, Suite 39300  
Chicago, IL 60611

**Subject:** Tab 12, Insertion of Tunneled Centrally Inserted Central Venous Catheter (36557, 36558, 36560, 36561, 36563, 36565, 36566)

Dear Dr. Silva:

At the September 2023 RUC meeting, the Relativity Assessment Workgroup reviewed and approved an action plan regarding code 36558 as potentially misvalued due to a site of service anomaly. The Action Plan was submitted by the Society of Interventional Radiology (SIR), American College of Radiology (ACR), American College of Surgeons (ACS), American Pediatric Surgical Association (APSA), Outpatient Endovascular and Interventional Society (OEIS), Renal Physicians Association, and Society for Vascular Surgery (SVS), and proposed to survey codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 with a change from a 10-day to 0-day global period.

Following the RUC meeting, the seven codes were added to the RUC survey level of interest form for presentation to the RUC at the January 2024 meeting. The following societies expressed an interest in one or more codes: ACR, ACS (36557, 36558, 36560, 36561, 36563, 36565), APSA (36557, 36558, 36560, 36561), OEIS, SIR, and SVS.

The level of interest form and any requests to the Research Subcommittee for revised vignettes were due on the same date (10/4/2023), only five days after the conclusion of the September RUC meeting. It was during these five days that societies began more thoroughly reviewing the current vignettes for the entire family in preparation for survey. In many emails, each society provided suggestions for revision with the intent to move forward with a survey. After multiple email discussions and a conference call between the society advisors and staff, it was determined we could not proceed with the scheduled survey of these codes and instead propose to revise the codes through the CPT process prior to survey.

In support of this request, we have identified the following issues that need to be addressed:

1. The ages listed within some of the current code descriptors do not accurately reflect the different amount of physician work; the work required for premature babies versus infants versus children versus adults varies greatly.
2. Some of the code descriptors are antiquated and include technology that no longer exists or is incorrectly described.
3. Utilization for several codes has declined and/or may represent incorrect coding because of poorly worded descriptors.
4. Patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. For example, finding a

new access location in a patient in which access issues have become harder, take more time, include more risk, and potentially require additional interventions.

Given the numerous issues with this set of codes, we have not conducted a survey and recommend referral of these codes to the CPT Editorial Panel.

Thank you for your consideration of this request. The RUC advisors for the undersigned societies will be happy to respond to questions at the January 2024 RUC meeting.

American College of Radiology  
American College of Surgeons  
American Pediatric Surgical Association  
Outpatient Endovascular and Interventional Society  
Society of Interventional Radiology  
Society for Vascular Surgery

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS Request – Final Rule for 2024\**

January 2024

**Insertion of Cervical Dilator – Tab 13**

In the Medicare Physician Payment Schedule (MFS) Final Rule for CY 2024, CMS received a public nomination that the physician work and practice expense supply inputs for CPT code 59200 are not aligned with what is typically required to provide this service. CMS agreed with commenters that CPT code 59200 is a potentially misvalued service and warrants a comprehensive review since the code has not been reviewed in 20 years and the current typical practice of this code has evolved since then. CMS believed that CPT code 59200 could benefit from a review of its supply, equipment, and clinical labor items in addition to physician work RVUs and physician work times. Therefore, based on the information provided by commenters regarding the outdated nature of the code and supply input pricing, CMS finalized CPT code 59200 as potentially misvalued for CY 2024. The RUC reviewed the work and practice expense inputs for this service at the January 2024 meeting to allow CMS to consider these recommendations in the Proposed Rule for 2025.

**Compelling Evidence**

The specialty societies presented compelling evidence to support a change in physician work for the insertion of a cervical dilator based on a change in knowledge/technology. Studies have found that there was a significant improvement in maternal and fetal outcomes with elective induction of labor at 39 weeks over expectant management with induction of labor at 41 weeks if no spontaneous labor occurred. The impact of these findings has changed the counseling and management of pregnant women. Prior to this, it was thought that induction of labor (IOL) resulted in more cesarean deliveries and a higher risk of obstetrical comorbidities. In 1990, the induction rate was 9.6% but now stands at 32% and is even higher for first-time pregnancies. With this increase in IOL, most notably being manual dilation of the cervix (ie, cervical ripening), the procedure has moved from the hospital to the outpatient setting prior to admission. Given that several studies demonstrate the effectiveness of outpatient cervical ripening, regardless of method (ie, mechanical or pharmaceutical), the specialty society recommends that this change in patient population has changed the physician work and method in which this service is delivered. **The RUC accepted compelling evidence based on a change in knowledge/technology.**

**59200 Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)**

The RUC reviewed the survey results from 291 obstetricians and gynecologists and recommends a work RVU of 1.20 based on the survey 25<sup>th</sup> percentile, which maintains relativity within the MFS. The RUC recommends 7 minutes of pre-service evaluation time, 3 minutes positioning time, 1 minute scrub/dress/wait time, 9 minutes intra-service time and 5 minutes immediate post-service time, equaling 25 minutes total time. The majority (68%) of survey respondents agreed that the typical patient for this service is gravida 1 (G1) at 39 weeks gestation who presents for induction of labor, and an insertion of a cervical dilator is performed. A quarter of survey respondents indicated that the typical patient would represent a patient presenting for dilation and evacuation (D&E). The specialties clarified, and the RUC agreed, that for both of these vignettes the procedure is identical and requires the same physician work although the description of the patient may differ.

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I=New code   s=Revised code   :=Add-on code   H=Modifier 51 exempt   \*=Telemedicine   X=Audio-only   ~=FDA approval pending   #=Resequenced code

For this service, once the patient is in dorsal lithotomy position and draped, a sterile speculum is placed and positioned until the cervix is fully visualized. The cervix is then cleaned with sterile solution and a ring forceps is used to stabilize and manipulate the cervix. The dilator(s) are then carefully placed into and through the cervix such that the entire cervical length is affected, and the dilator is secured into place. Hemostasis is observed and the speculum is removed.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 58100 *Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)* (work RVU = 1.21, 10 minutes intra-service, and 25 minutes total time) and 11981 *Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)* (work RVU = 1.14, 5 minutes intra-service, and 30 minutes total time). The key reference services appropriately bracket the surveyed code work RVU given that the intra-service time is similar to code 58100 and higher than code 11981. Specifically, code 58100 is an excellent comparator given that the physician work is similar to the surveyed code with the procedure being the same except for the pipel and tissue being removed instead of the dilators remaining in place. Therefore, the RUC recommended value supports relativity when compared to similar services.

For additional support, the RUC compared the surveyed code to MPC code 12013 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU = 1.22, 15 minutes intra-service, and 27 minutes total time). The intra-service time and total time are slightly lower when compared to the MPC code, therefore supporting the RUC recommended work RVU value of 1.20. **The RUC recommends a work RVU of 1.20 for CPT code 59200.**

### Practice Expense

The Practice Expense (PE) Subcommittee discussed and accepted compelling evidence based on:

1. Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in the clinical staff time, supplies and equipment due to physician time; and
2. Evidence that there has been a change in equipment or practice expense cost.

For the first compelling evidence argument, the PE Subcommittee agreed with the increase in intra-service time and subsequent increase in physician time and noted that it is the current standard of care to have clinical staff assisting with the procedure 100% of the time for vaginal procedures. For the second argument, the RUC survey instrument included questions regarding the typical cervical dilator type and typical number of dilators used in the non-facility setting. The survey results indicated that the typical dilator type remains laminaria, however, the typical number of dilators used was reported as 5 instead of the current number of 3 dilators.

The PE Subcommittee reviewed the direct practice expense inputs and made one modification to increase CA016 *Prepare, set-up and start IV, initial positioning and monitoring of patient* from the standard of 2 minutes to 5 minutes as the patient needs to be in the dorsal lithotomy position. The PE Subcommittee acknowledged the existing supply input SA051 *pack, pelvic exam* which is priced at \$20.16 yet the sum of its four components totals \$2.81. The RUC continues to call on CMS to initiate correction of the packs pricing such that the sum of the individual components matches the price of the corresponding pack. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	000	1.20

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 59200	Tracking Number	Original Specialty Recommended RVU: <b>1.20</b>
Global Period: 000	Current Work RVU: <b>0.79</b>	Presented Recommended RVU: <b>1.20</b>
		RUC Recommended RVU: <b>1.20</b>

CPT Descriptor: Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 36-year-old gravida 1 (G1) at 39 weeks gestation presents for induction of labor. Insertion of cervical dilator(s) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 68%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they typically 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: History and physical is reviewed and updated. Relevant admission labs are reviewed and verified. The procedure is described in detail with associated risks and benefits and informed consent is obtained. Once completed, the patient is placed in dorsal lithotomy position.

Description of Intra-Service Work: Once the patient is positioned and draped, a sterile speculum is placed and positioned until the cervix is fully visualized. The cervix is then cleaned with sterile solution. A ring forceps is used to stabilize and manipulate the cervix. The dilator(s) are then carefully placed into and through the cervix such that the entire cervical length is affected. The dilator(s) are secured into place. Hemostasis is observed and the speculum is removed.

Description of Post-Service Work: The patient is assessed for initial stability and counseled on post-procedure signs and symptoms for immediate evaluation. The procedure note is completed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	01/2024				
<b>Presenter(s):</b>	Jon Hathaway, MD, PhD, Eilean Attwood, MD, MPH				
<b>Specialty Society(ies):</b>	The American College of Obstetricians and Gynecologists (ACOG)				
<b>CPT Code:</b>	59200				
<b>Sample Size:</b>	24911	<b>Resp N:</b>	291		
<b>Description of Sample:</b>	Random selection of ACOG US members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	<b>15.00</b>	50.00	500.00
<b>Survey RVW:</b>	0.32	1.20	<b>1.40</b>	1.75	8.00
<b>Pre-Service Evaluation Time:</b>			<b>20.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>3.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>2.00</b>		
<b>Intra-Service Time:</b>	1.00	5.00	<b>9.00</b>	10.00	90.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b>	99239x <b>0.00</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

\*\*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)

5-NF Proc w minimal anes care (if no deduct 1 min)

<b>CPT Code:</b>	59200	<b>Recommended Physician Work RVU: 1.20</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>7.00</b>	<b>7.00</b>	<b>0.00</b>
<b>Pre-Service Positioning Time:</b>		<b>3.00</b>	<b>0.00</b>	<b>3.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>1.00</b>	<b>1.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>9.00</b>		
<b>Please, pick the <u>post</u>-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)</b>				
7A Local/Simple Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>5.00</b>	<b>18.00</b>	<b>-13.00</b>

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
58100	000	1.21	RUC Time

CPT Descriptor Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
11981	000	1.14	RUC Time

CPT Descriptor Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
30901	000	1.10	RUC Time	71,838

CPT Descriptor 1 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
12013	000	1.22	RUC Time	48,082

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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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:** 108      **% of respondents:** 37.1 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 40      **% of respondents:** 13.7 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>59200</u>	Top Key Reference CPT Code: <u>58100</u>	2nd Key Reference CPT Code: <u>11981</u>
Median Pre-Service Time	11.00	10.00	20.00
Median Intra-Service Time	9.00	10.00	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
<b>Median Total Time</b>	<b>25.00</b>	<b>25.00</b>	<b>30.00</b>
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.

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	4%	19%	62%	16%

**Mental Effort and Judgment**

- 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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
19%	30%	53%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	6%	35%	58%
Physical effort required	4%	37%	59%

**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

4%	19%	77%
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**Survey Code Compared to 2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

<b>Overall intensity/complexity</b>	3%	3%	18%	48%	30%
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**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%	25%	73%
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**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required	3%	43%	55%
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Physical effort required	3%	46%	51%
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**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%	18%	80%
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 59200 was included on the RUC’s CMS Final Rule Level of Interest (LOI) form. The code will be reviewed for work and practice expense inputs at the January 2024 meeting. In the Final Rule for 2024, CMS received a public nomination that CPT code 59200 supply inputs and prices are not applicable for what is required to provide this service currently. CMS agreed with commenters that CPT code 59200 is a potentially misvalued service since the code has not been reviewed in 20 years and the current typical practice of this code has likely evolved since then, warranting a

comprehensive review. CMS believes that CPT code 59200 could benefit from a review of its supply, equipment, and clinical labor items, plus physician work RVUs and physician work times. Therefore, based on the information provided by commenters regarding the outdated nature of the code and supply input pricing, CMS finalized CPT code 59200 as potentially misvalued for CY 2024.

### **Compelling Evidence**

The specialty society is presenting a compelling evidence argument because they believe the existing value is no longer appropriate for CPT code 59200. The specialty believes documentation in the peer-reviewed medical literature demonstrates that there have been changes knowledge.

In 2018, the ARRIVE trial was published. This trial reported that there was a significant improvement in maternal and fetal outcomes with elective induction of labor at 39 weeks over expectant management with induction of labor at 41 weeks if no spontaneous labor. The impact of this research finding has changed the counseling and management of pregnant women. Prior to this, the theory was that induction of labor resulted in more cesarean deliveries at a higher cost to the mother and the baby. The changes to pregnancy care have been swift. In 1990, the induction rate was 9.6%. It now stands at 32% and even higher for first time pregnancies.<sup>1</sup>

However, induction of labor, especially in first time mothers requires cervical ripening. The ARRIVE trial found that the elective IOL at 39 weeks resulted in the time on labor and delivery increasing from 14 hours to 20 hours.<sup>2</sup>

This extra time burden was lessened by the overall improvement in maternal and fetal outcomes, but the desire to find a safe and effective method of outpatient cervical ripening was necessary. The manual dilation (and ripening) of the term cervix for induction of labor via foley balloon catheter, cervical ripening balloons, prostaglandins and/or laminaria has traditionally been done in the hospital. The ripening is typically done on the labor and delivery unit so that continuous monitoring of the fetus can be performed.

The traditional method of placing cervical dilating balloons in the office is hampered by the patient going home with a catheter or tubing of some sort hanging from the vagina. Hygroscopic cervical dilators in women who are not at term have been used for some time, and their use in term pregnancies for in-house cervical dilation was already being studied when the ARRIVE trial was published.

Synthetic hygroscopic cervical dilators were first approved by the FDA in 2015. With the publication of the ARRIVE trial, several trials of the safe outpatient use were started. The use was found to have similar effectiveness as well as risks and benefits to the cervical balloon devices. In addition, these devices do not stimulate contractions directly as oral and vaginal prostaglandin agents do.<sup>3</sup>

Several meta-analyses have shown the overall safety of any cervical ripening agent used in the outpatient setting, thus more and more practices are shifting cervical ripening to the office.<sup>4</sup> As evidenced by the publication dates (since 2018) and the overall lack of research even looking at outpatient cervical ripening prior to the Harvard values show this is all new information.

Who is not a good candidate for outpatient cervical ripening? Those without reliable transportation, those who have some other high risk condition requiring more intense fetal monitoring such as diabetes, hypertensive disorder of pregnancy, abnormal placentation, those with a limited medical knowledge and those who have multiple socioeconomic circumstances that make it safer for them to be in the hospital during cervical ripening/dilation. As this describes the typical Medicaid patient, most of the patients in the database for Medicaid and Medicare, would not be eligible for outpatient cervical ripening.

In conclusion, the specialties are asking for compelling evidence based on new knowledge/information with the FDA approval of synthetic laminaria in 2015 and the ARRIVE trial published in 2018 leading to significant practice change. All of which has occurred since the Harvard valuing of this code.

### **Typical Vignette**

The RUC survey data indicated that:

- 68% of the survey respondents agreed that the surveyed vignette was typical;
- 25% of the survey respondents stated their typical patient for CPT code 59200 was for dilation and evacuation (D&E); and

- 7% of the survey respondents indicated that their typical patient for CPT code 59200 was for a different gestational age, cancer, stenosis, etc.

### **Time**

CPT code 59200 is typically performed on a non-Medicare population. The current RUC database reported 192 claims for the Medicare population. Of those 192, the typical site of service is the office. As such, the specialty society is recommending pre time package 5 (procedure with minimal anesthesia care). The specialty society is recommending the survey positioning time of 3 minutes, to account for dorsal lithotomy positioning. The specialty society is recommending 1 minute for SDW for this procedure.

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<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html> on Jan 15, 2024 4:29:47 PM

<sup>2</sup> N Engl J Med 2018; 379:513-523

DOI: 10.1056/NEJMoa1800566

<sup>3</sup> [Geburtshilfe Frauenheilkd.](#) 2023 Dec; 83(12): 1491–1499.

<sup>4</sup> Kandahari N, Schneider AN, Tucker LS, Raine-Bennett TR, Mohta VJ. Labor Induction Outcomes with Outpatient Misoprostol for Cervical Ripening among Low-Risk Women. Am J Perinatol. 2022 Nov 15. doi: 10.1055/a-1948-2779.

Pierce-Williams R, Lesser H, Saccone G, Harper L, Chen V, Sciscione A, Kuper S, Subramaniam A, Ehsanipoor R, Berghella V. Outpatient Cervical Ripening with Balloon Catheters: A Systematic Review and Meta-analysis. Obstet Gynecol. 2022 Feb 1;139(2):255-268

Dong S, Khan M, Hashimi F, Chamy C, D'Souza R. Inpatient versus outpatient induction of labour: a systematic review and meta-analysis. BMC Pregnancy Childbirth. 2020 Jun 30;20(1):382

### **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) 59200

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 OBSTETRICS/GYNECOLOGY

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? 1191588

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialty society referenced the CDC data to estimate the approximate number of dilation insertions placed annually. Abortions that use cervical dilation (ie, surgical abortion) (2021 CDC numbers): 203,548. Live-births that required Induction of Labor (2021 CDC numbers): 1,176,238 (32.1% of all live births in 2021). Induction of Labor that requires cervical ripening (AHRQ): 988,040 (84% as reported by AHRQ).  
203,548+988,040=1,191,588

Specialty OBSTETRICS/GYNECOLOGY	Frequency 1086100	Percentage 91.14 %
---------------------------------	-------------------	--------------------

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? 192

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database

Specialty OBSTETRICS/GYNECOLOGY	Frequency 175	Percentage 91.14 %
---------------------------------	---------------	--------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

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:

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 59200

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.

<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html> on Jan 15, 2024 4:29:47 PM

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<sup>4</sup> Kandahari N, Schneider AN, Tucker LS, Raine-Bennett TR, Mohta VJ. Labor Induction Outcomes with Outpatient Misoprostol for Cervical Ripening among Low-Risk Women. Am J Perinatol. 2022 Nov 15. doi: 10.1055/a-1948-2779.

Pierce-Williams R, Lesser H, Saccone G, Harper L, Chen V, Sciscione A, Kuper S, Subramaniam A, Ehsanipoor R, Berghella V. Outpatient Cervical Ripening with Balloon Catheters: A Systematic Review and Meta-analysis. Obstet Gynecol. 2022 Feb 1;139(2):255-268

Dong S, Khan M, Hashimi F, Chamy C, D'Souza R. Inpatient versus outpatient induction of labour: a systematic review and meta-analysis. BMC Pregnancy Childbirth. 2020 Jun 30;20(1):382

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	AJ	AK	AL	AM	AN	
1	<b>ISSUE: Insertion of Cervical Dilator (59200)</b> <b>TAB: 13</b>																												
2																													
3																													
4	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
5									MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
6	1st REF	58100	Endometrial sampling (biopsy) with or without endocervical sampling	000	2017	108	0.087	0.048			1.21			25	7	3					10		5						
7	2nd REF	11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-	000	2018	40	0.127	0.038			1.14			30	15	1	4			5		5							
8	CURRENT	59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate	000			0.072	0.036			0.79			22	8					6		8							
9	SVY	59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate			291	0.084	0.036	0.32	1.20	1.40	1.75	8.00	39	20	3	2	1	5	9	10	90	5	0	5	15	50	500	
10	REC	59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate				0.095	0.048	1.20					25	7	3	1			9		5							

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):** 59200  
**SPECIALTY SOCIETY(IES):** ACOG  
**PRESENTER(S):** Jon Hathaway, MD, PhD & Eilean Attwood, MD, MPH

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**Meeting Date: January 2024**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Global Period</b>
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	'000

**Vignette(s)** (*vignette required even if PE only code(s)*):

<b>CPT Code</b>	<b>Vignette</b>
59200	A 36-year-old gravida 1 (G1) at 39 weeks gestation presents for induction of labor. Insertion of cervical dilator(s) is performed.

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:

ACOG convened a panel that included physician who perform the procedure. The panel developed the direct practice expense recommendations for CPT Code 59200 based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

The specialty included the direct practice expense inputs on the PE spreadsheet for CPT Code 59200.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?  
Is this code(s) typically reported with the E/M service in the nonfacility?

The specialty does not believe CPT code 59200 is typically reported with an E/M service. The utilization for CPT code 59200 is too low in the RUC database to display billed together data.

See the *Billed Together* tab in the RUC Database.

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 than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

The current version of the RUC database shows OB/GYN as the dominant provider for global reporting of 59200 (92%). The utilization for CPT code 59200 is too low (N=90) in the RUC database to display the dominant provider in the NF setting. The specialty believes OB/GYN would be the dominant provider in the NF setting as well.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):** 59200

**SPECIALTY SOCIETY(IES):** ACOG

**PRESENTER(S):** Jon Hathaway, MD, PhD & Eilean Attwood, MD, MPH

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The specialty society is recommending an increase over the aggregate current cost from \$73.29 to \$80.65. The specialty society believes the following practice expense compelling evidence criterion have been met:

- (1) Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in the clinical staff time, supplies and equipment due to physician time; and
- (2) Evidence that there has been a change in equipment or practice expense cost.

Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in the clinical staff time, supplies and equipment due to physician time.

The specialty society conducted a RUC survey (reliable data source). The specialty society is recommending an increase in physician intra time, which results in an increase in clinical staff time. The PE recommendations for intra time also increase, not just due to the 3 min increase in median physician intra time but also because the PE recommendations include a change from 67% of physician time to 100% physician time. It is current standard of care to have clinical staff assisting with the procedure 100% of the time for vaginal procedures.

Evidence that there has been a change in equipment or practice expense cost.

The specialty society included questions on the RUC survey related to practice expense. Survey respondents were asked to provide the (1) typical cervical dilator type used in the NF setting, as well as the (2) typical number of dilators used in the NF setting. The survey results indicated that the typical dilator type remains laminaria, however, the typical number of dilators used was reported as 5 (not 3, which is currently in the RUC database).

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

**CLINICAL STAFF ACTIVITIES**

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):** 59200

**SPECIALTY SOCIETY(IES):** ACOG

**PRESENTER(S):** Jon Hathaway, MD, PhD & Eilean Attwood, MD, MPH

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

The NF 90 day PE standard for CA004 *Provide pre-service education/obtain consent* is 10 minutes. CPT code 59200 is a '000 global period service. The specialty is recommending 3 minutes for CA004 for the clinical staff to call the patient and review all pre-procedure education and confirm informed consent if completed prior to date of service. The clinical staff will answer questions related to the insertion of dilators (i.e. bleeding, labor progression, pain, when to call provider, when to present to hospital, etc).

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

CPT Code 59200 was originally allocated 3 minutes for *obtain vital signs*. CPT code 59200 currently has 5 minutes allocated for *obtain vital signs*. The following vital signs are taken for 59200: BP, weight, pulse, respiratory.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

The clinical staff will call the patient and review all pre-procedure education and confirm informed consent if completed prior to date of service. The clinical staff will answer questions related to the insertion of dilators (i.e. bleeding, labor progression, pain, when to call provider, when to present to hospital, etc).

b. Service period (includes pre, intra and post):

On the date of service the clinical staff will prepare the procedure room prior to patient entry. When the patient arrive staff will greet and provide patient with gown and room location. Initial vital signs are obtained, education and consent are reviewed. Staff assist in patient positioning prior to procedure start. One staff member is hip-to-hip with the physician throughout the procedure. Immediately following the procedure, the primary staff member remains in the procedure room with the patient for immediate post-procedure observation. Once the patient is out of lithotomy, clinical staff take post-procedural vital signs, provide post procedure education, and clean the room/equipment.

c. Post-service period:

N/A

11. 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*:

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):** 59200

**SPECIALTY SOCIETY(IES):** ACOG

**PRESENTER(S):** Jon Hathaway, MD, PhD & Eilean Attwood, MD, MPH

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

For the intra-service period, a clinical staff is in the room with the provider throughout the entire intra-service time. During this time the staff initially aids in positioning of the patient, then provides assistance with and handling of sterile equipment. These activities include speculum placement, instruments required for cleaning of the cervix and passing of the dilator(s). Clinical staff will provide additional instrumentation to assist in bleeding control as needed until hemostasis is confirmed and vaginal speculum is removed.

12. If you have used a percentage of the physician intra-service work time other than 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.

Our intra-service (of service period) is equal to 100% of the recommended physician work time.

13. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, 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

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

15.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? **Yes** or No.

If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

SA048 pack, minimum multi-specialty visit  
SA051 pack, pelvic exam

*\*Both packs are established packs as defined by CMS*

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):** 59200

**SPECIALTY SOCIETY(IES):** ACOG

**PRESENTER(S):** Jon Hathaway, MD, PhD & Eilean Attwood, MD, MPH

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty	Unit price
<b>pack, minimum multi-specialty visit</b>	<b>SA048</b>	<b>pack</b>		<b>5.02</b>
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	
DESCRIPTION	Code	Unit	Item Qty	Unit price
<b>pack, pelvic exam</b>	<b>SA051</b>	<b>pack</b>		<b>20.16</b>
lubricating jelly (K-Y) (5gm uou)		item	1	
pad, feminine mini		item	1	
swab, procto 16in		item	2	
specula, vaginal		item	1	

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
  - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

EQ168 light, exam  
*A light is necessary to be able to visualize the vaginal canal and cervix throughout the procedure.*  
Default Formula

EF031 table, power  
*A power table is necessary to achieve appropriate positioning and angles to best visualize the vaginal canal and manipulate the cervix for safe dilator placement. The patient will remain on the power table (and in the procedure room) for the post procedure recovery time.*



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):** 59200  
**SPECIALTY SOCIETY(IES):** ACOG  
**PRESENTER(S):** Jon Hathaway, MD, PhD &  
Eilean Attwood, MD, MPH

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Default Formula

**PE-ONLY CODES ADDITIONAL INFORMATION**

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

**ADDITIONAL INFORMATION**

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

**Background**

CPT code 59200 was included on the RUC’s CMS Final Rule Level of Interest (LOI) form. The code will be reviewed for work and practice expense inputs at the January 2024 meeting. In the Final Rule for 2024, CMS received a public nomination that CPT code 59200 supply inputs and prices are not applicable for what is required to provide this service currently. CMS agreed with commenters that CPT code 59200 is a potentially misvalued service since the code has not been reviewed in 20 years and the current typical practice of this code has likely evolved since then, warranting a comprehensive review. CMS believes that CPT code 59200 could benefit from a review of its supply, equipment, and clinical labor items, plus physician work RVUs and physician work times. Therefore, based on the information provided by commenters regarding the outdated nature of the code and supply input pricing, CMS finalized CPT code 59200 as potentially misvalued for CY 2024.

**Product Type and Quantity**

The specialty society included questions on the RUC survey related to practice expense. Survey respondents were asked to provide the (1) typical cervical dilator type used in the NF setting, as well as the (2) typical number of dilators used in the NF setting.

The specialty society recommendations were based on the survey responses. Of the 291 completed RUC surveys, 140 survey respondents said they performed CPT code 59200 in the NF setting. Of those 140 survey respondents, laminaria dilators were typical. For the survey responses that indicated laminaria dilators were typical, the average (4) and median (4.5) were calculated. *\*Note: When a survey respondent provided a range, the midpoint was used for calculation purposes.*

**Supply Details**

Packs (details above)

SA048 pack, minimum multi-specialty visit  
SA051 pack, pelvic exam

Universal Protection

SB024 gloves, sterile

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Patient Prep

SB006 drape, non-sterile, sheet 40 inch x 60 inch

SJ041 providone soln (Betadine)

Procedure

SH045 Laminaria tents

SG055 gauze, sterile 4in x 4in

SA051 Pricing

Excerpt from the June 2023 PE Packs Workgroup Report:

*At the April 2023 meeting, the PE Subcommittee formed a workgroup to review the content of the packs to assess if they are still typical and revise as necessary. This was a result of discrepancies found with the packs pricing at the January 2023 RUC meeting. The purpose of the packs is to simplify the process of identifying and recommending PE supply direct inputs. One would expect the pack price to be identical to the total cost of its individual contents. The price of the individual components should be consistent across the supply packs and match the standalone prices of supplies. However, the RUC noted a discrepancy with the SA051 pack, pelvic exam while reviewing CPT code 9X036 Pelvic exam (List separately in addition to code for primary procedure). The SA051 pack is priced at \$20.16 while the four individual items therein total \$2.81 according to the 2023 CMS Direct PE Inputs Medical Supplies Listing. The RUC shared the deconstructed packs document and volume analysis with CMS as part of its May 2023 RUC recommendations stating, "The RUC strongly recommends that CMS resolve these pricing discrepancies in the supply packs during CY2024 rulemaking."*

CMS did not address the RUC's supply pack recommendations in CY2024 rulemaking.

EF031 Time

The original January 2003 PE recommendations included 22 minutes of time for the power table. The CMS practice expense direct input files include 67 minutes for *EF031 table, power*. The 2005 CMS data file include 67 minutes on the power table, with no explanation in the regulatory text for the discrepancy.

Total \$\$ Clinical Time

The total dollar amount on the current PE spreadsheet varies slightly from the RUC database. The clinical labor rates on the PE spreadsheet are based on the CY2024 rates and the RUC database still has the CY2023 clinical labor rates.

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g.

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):** 59200

**SPECIALTY SOCIETY(IES):** ACOG

**PRESENTER(S):** Jon Hathaway, MD, PhD &  
Eilean Attwood, MD, MPH

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***

The PE subcommittee recommended that time for positioning be increased from the specialty society recommended standard of 2 minutes to 5 minutes, since the patient will be in the dorsal lithotomy position.

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).

	A	B	D	E	F	I	J	K	L
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED	
2						59200		59200	
3		<b>RUC Collaboration Website</b>				Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)		Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	
4	Clinical Activity Code	Meeting Date: January 2024 Revision Date (if applicable): Tab: 13 Insertion of Cervical Dilator (59200) Specialty: ACOG	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				000		000	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 73.29	\$ -	\$ 82.20	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	28	0	30	0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	7	0	3	0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	21	0	27	0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0	0	0	0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 13.94	\$ -	\$ 14.94	\$ -
13		PRE-SERVICE PERIOD							
14		Start: Following visit when decision for surgery/procedure made							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498	7		3	
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.498				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.498				
23			L037D	RN/LPN/MTA	0.498				
24			L037D	RN/LPN/MTA	0.498				
25			L037D	RN/LPN/MTA	0.498				
26		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.498				
27		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.498				
28		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.498				
29		End: When patient enters office/facility for surgery/procedure							
30		SERVICE PERIOD							
31		Start: When patient enters office/facility for surgery/procedure:							
32		Pre-Service (of service period)							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.498	3		3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498	5		5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498				
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.498				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498	3		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.498	3		5	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498				
42			L037D	RN/LPN/MTA	0.498				
43			L037D	RN/LPN/MTA	0.498				
44			L037D	RN/LPN/MTA	0.498				
45		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.498				
46		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.498				
47		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.498				
48		Intra-service (of service period)							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498			9	
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498	4			
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.498				
53			L037D	RN/LPN/MTA	0.498				
54			L037D	RN/LPN/MTA	0.498				
55			L037D	RN/LPN/MTA	0.498				
56		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.498				
57		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.498				
58		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.498				
59		Post-Service (of service period)							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498				
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.498				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498	3		3	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.498				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.498				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.498				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.498				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498				
68	CA030	Technologist QC's images in PACS, checking for all images, reformat, s,	L037D	RN/LPN/MTA	0.498				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.498				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.498				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.498				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.498				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.498				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498	n/a		n/a	
75			L037D	RN/LPN/MTA	0.498				
76			L037D	RN/LPN/MTA	0.498				
81		End: Patient leaves office/facility							
82		POST-SERVICE PERIOD							
83		Start: Patient leaves office/facility							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.498				
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.498				
86		Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits	# visits	# visits
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.498	0.0	0.0	0.0	0.0
93			L037D	RN/LPN/MTA	0.498				
94			L037D	RN/LPN/MTA	0.498				
99		End: with last office visit before end of global period							

	A	B	D	E	F	I	J	K	L
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED	
2						59200		59200	
3		<b>RUC Collaboration Website</b>				Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)		Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	
4	Clinical Activity Code	Meeting Date: January 2024 Revision Date (if applicable): Tab: 13 Insertion of Cervical Dilator (59200) Specialty: ACOG	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				000		000	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 73.29	\$ -	\$ 82.20	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	28	0	30	0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	7	0	3	0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	21	0	27	0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0	0	0	0
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT					
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 57.96	\$ -	\$ 66.75	\$ -
102	SA048	pack, minimum multi-specialty visit	5.02	pack		1		1	
103	SA051	pack, pelvic exam	20.16	pack		1		1	
104	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item		1		1	
105	SB024	gloves, sterile	0.91	pair		1		1	
106	SH045	Laminaria tent	4.23	item		3		5	
107	SJ041	povidone soln (Betadine)	0.38	ml		50		50	
108	SM003	autoclave tape	0.05	yd		1			
109	SG055	gauze, sterile 4in x 4in	0.19	item				2	
111	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
112		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 1.39	\$ -	\$ 0.51	\$ -
113	EQ170	light, fiberoptic headlight w-source	4036.943	Default	0.01599516	21			
114	EF031	table, power	5906.76	Default	0.015674926	67		27	
115	EQ168	light, exam	1232.887	Default	0.003271745			27	
116									
117									
118									
119		Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.							



February 7, 2024

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Subject: HCPAC Review Board Recommendations

Dear Administrator Brooks-LaSure:

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 January 18, 2024 meeting, the following issue was reviewed by the HCPAC:

- Physical Medicine and Rehabilitation (PE Only) (97012, 97014, 97016, 97018, 97022, 97032, 97033, 97034, 97035, 97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537, 97542, G0283)

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 2025 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Katlyn Palmer (ph: 312-464-5576; email: [Katlyn.Palmer@ama-assn.org](mailto:Katlyn.Palmer@ama-assn.org)) at the AMA for clarification regarding these recommendations.

Sincerely,



Peter Hollmann, MD  
HCPAC Chair



Richard Rausch, DPT, MBA  
HCPAC Co-Chair

cc: HCPAC Participants  
Perry Alexion, MD  
Larry Chan  
Arkaprava Deb, MD  
Mitali Dayal  
Edith Hambrick, MD  
Ryan Howe  
Michael Soracoe  
Gift Tee

HCPAC Recommendations for CMS Requests & Relativity Assessment Identified Code - January 2024

CPT Code	Long Descriptor	Issue	Tab	HCPAC Recommendation	CMS Request - Final Rule
97012	Application of a modality to 1 or more areas; traction, mechanical	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
97016	Application of a modality to 1 or more areas; vasopneumatic devices	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
97018	Application of a modality to 1 or more areas; paraffin bath	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
97022	Application of a modality to 1 or more areas; whirlpool	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Physical Medicine and Rehabilitation Services - Modalities	HCPAC	PE Inputs	X
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Physical Medicine and Rehabilitation Services - Therapeutic	HCPAC	PE Inputs	X
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	Physical Medicine and Rehabilitation Services - Therapeutic	HCPAC	PE Inputs	X
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Physical Medicine and Rehabilitation Services - Therapeutic	HCPAC	PE Inputs	X
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Medicine and Rehabilitation Services - Therapeutic	HCPAC	PE Inputs	X
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Physical Medicine and Rehabilitation Services - Therapeutic	HCPAC	PE Inputs	X
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Physical Medicine and Rehabilitation Services - ADL	HCPAC	PE Inputs	X
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Physical Medicine and Rehabilitation Services - ADL	HCPAC	PE Inputs	X
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	Physical Medicine and Rehabilitation Services - ADL	HCPAC	PE Inputs	X
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of	Physical Medicine and Rehabilitation Services - ADL	HCPAC	PE Inputs	X
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Physical Medicine and Rehabilitation Services - ADL	HCPAC	PE Inputs	X

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS Request – Final Rule for 2024\**

January 2024

**Physical Medicine and Rehabilitation (PE Only)**

In February 2017, the RUC HCPAC Review Board submitted recommendations for 19 Physical Medicine and Rehabilitation codes. At the time, the RUC HCPAC considered the typical number of services reported per session, which was 3.5 units based on CMS data, to ensure there was no duplication in the standard inputs for pre and post time. Based on 2022 Medicare data, a mean value of 3.5 codes are reported per session, which is consistent with the 2017 review, and was used to re-review the RUC HCPAC recommendations for this code family. Therefore, the RUC placed the nominated therapy codes on the CMS / Relativity Assessment Workgroup level of interest to review the practice expense inputs at the January 2024 RUC HCPAC meeting.

**Compelling Evidence**

In the Notice of Proposed Rulemaking for 2024, CMS received public nominations on 19 therapy codes as potentially misvalued. An interested party asserted that the direct PE clinical labor minutes, as recommended by RUC HCPAC, reflected inappropriate multiple procedure payment reductions (MPPR), which are duplicative of the CMS MPPR policy implemented in CMS' claims processing systems. CMS reviewed the clinical labor time entries for these 19 therapy codes noting that they did not believe a payment reduction should have been applied in some instances to the 19 nominated therapy codes' clinical labor time entries since the payment valuation reduction would be duplicative of the MPPR applied during claims processing. CMS indicated that the valuation of these services would benefit from additional review through the AMA RUC HCPAC valuation process. **The Practice Expense Subcommittee and HCPAC Review Board accepted compelling evidence that incorrect assumptions may have been made during the previous valuation of these services.**

**Modalities**

For each modality service, the PT/OT Aide greets the patient, provides and, if needed assists with appropriate gowning, and draping for the performance of the procedure. The Aide procures and sets up any necessary space, equipment, and supplies for the procedure. Further, the Aide will prepare and position the patient in preparation for the procedure and provide any additional physical assistance. During the procedure, the Aide will assist the Therapist with supplies and at the end of the procedure the Aide will clean all equipment and dispose of supplies. The modality services CPT codes are always reported with other services that also include clinical labor time for several of the same clinical activities. Therefore, the PE Subcommittee and the HCPAC accounted for the typical number of codes reported on a claim and the impact of the therapy MPPR on applicable clinical activities as follows.

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I=New code   s=Revised code   :=Add-on code   H=Modifier 51 exempt   \*=Telemedicine   X=Audio-only   ~=FDA approval pending   #=Resequenced code



*Supervised (97012-97022, G0283)*

For the following inputs, the professional organizations and HCPAC agreed that 1.33 minutes is appropriate:

- CA009 *Greet patient, provide gowning, ensure appropriate medical records are available*
- CA013 *Prepare room, equipment and supplies*
- CA016 *Prepare, set-up and start IV, initial positioning and monitoring of patient*
- CA024 *Clean room/equipment by clinical staff*

CA010 and CA035 are not applicable to the supervised modalities.

Further, in this circumstance, the MPPR would be applied to avoid overlapping minutes but ensure correct valuation depending on a given session scenario where the typical 3.5 codes are reported. To account for the MPPR, it was determined that 3.5 codes are billed per session and the first is paid at 100% and the second and subsequent units get paid at half and so forth for practice expense (eg,  $1.00+0.5+0.5+0.25 = 2.25$ ). For example, since the standard of clinical staff time for greeting the patient, etc. is 3 minutes, it would be appropriate to take the 3 minutes and divide it by 2.25 which would equal 1.33. Therefore,  $1.33+0.67+0.67+0.34 = 3$  minutes. Further, for the three most common therapy sessions, shown in the table below, the total number of minutes for clinical staff activities, such as greet the patient, would be approximately 3 minutes for CPT codes 97012, 97014/G0283, 97016, 97018, and 97022 when billed with a therapy code. However, for CPT code 97022, the professional organizations and HCPAC agreed that 8 minutes is necessary to clean the entirety of the whirlpool after each patient use.

<b>% of Medicare Claims (CY 2022)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Number of CPT/HCPCS Codes on Claim</b>
10%	97110	97110	97140		3
8%	97110	97110	97112	97140	4
8%	97110	97110	97112	97530	4

*\*Please see the full table in the attachments labeled Appendix A.*

The professional organizations and HCPAC agreed that the 2 minutes for the PT Aide for CA020 *Assist physician or other qualified healthcare professional—directly related to physician work time (other%)* instead of CA021 *Perform procedure/service—NOT directly related to physician work time* is appropriate for CPT codes 97012, 97014/G0283, 97016, 97018, and 97022.

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The professional organizations and HCPAC agreed on the existing medical supplies for CPT codes 97012, 97014/G0283, 97016, 97018, and 97022. However, the equipment inputs for each supervised modality code were revised by the HCPAC to be consistent with the intra-service time or the default formula, whichever was higher, to appropriately account for the actual time utilizing the given equipment. For the modalities, the HCPAC determined that in some instances the default formula did not provide enough equipment minutes to ensure the totality of the time the patient spends using the equipment when typically, only 1 modality is reported in a session and there is no overlap in use of the equipment for these services. However, for CPT code 97022, the professional organizations and HCPAC agreed that the equipment minutes should reflect the intra-service time and cleaning time, totaling 20 minutes, since the whirlpool is in use by a single patient for the service and while clinical staff sanitize and clean the whirlpool after use.

**The HCPAC recommends the direct practice expense inputs for CPT codes 97012, 97014, 97016, 97018, 97022 and HCPCS code G0283 as modified by the Practice Expense Subcommittee and HCPAC.**

*Constant Attendance (97032-97035)*

For the following inputs, the professional organizations and HCPAC agreed that 1.33 minutes is appropriate:

- CA009 *Greet patient, provide gowning, ensure appropriate medical records are available*
- CA013 *Prepare room, equipment and supplies*
- CA016 *Prepare, set-up and start IV, initial positioning and monitoring of patient*
- CA024 *Clean room/equipment by clinical staff*

CA010 and CA035 are not applicable to the constant attendance modalities.

To account for the MPPR, and given that 3.5 codes are typically billed per session, 1.33 minutes is appropriate for CPT codes 97032, 97033, 97034, and 97035 when billed in any given session. For example, since the standard of clinical staff time for greeting the patient, etc. is 3 minutes, it would be appropriate to take the 3 minutes and divide it by 2.25 which would equal 1.33. Therefore,  $1.33+0.67+0.67+0.34 = 3$  minutes.

For CA029 *Check dressings, catheters, wounds* the professional organizations and HCPAC agreed that 1 minute is appropriate for CPT codes 97033 and 97035 which is consistent with the current and standard input and necessary to assess the integrity of the skin.

The professional organizations and HCPAC agreed on the existing medical supplies for CPT codes 97032, 97033, 97034, and 97035. However, the equipment inputs for each constant attendance modality code were revised by the HCPAC to be consistent with the intra-service time or the default formula, whichever was higher, to appropriately account for the actual time utilizing the given equipment. For the modalities, the HCPAC determined that in some instances the default formula did not provide enough equipment minutes to ensure the totality of the time the patient spends using the equipment when typically, only 1 modality is reported in a session and there is no overlap in use of the equipment for these services.

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**The HCPAC recommends the direct practice expense inputs for CPT codes 97032, 97033, 97034, and 97035 as modified by the Practice Expense Subcommittee and HCPAC.**

**Therapeutic Procedures (97110-97140) & Activities of Daily Living (ADL) (97530-97542)**

During the Therapeutic Procedures, the PT/OT Assistant often assists the clinician with obtaining and recording measures. This may include recording performance data, physical facilitation with the patient, grading challenges in environment, and other clinical assistance throughout the session. An Assistant provides the clinically appropriate support for the patient as the therapist facilitates the performance in therapeutic exercise, neuromuscular re-education, gait training, aquatic therapy, manual therapy, therapeutic activities, and wheelchair management. The PT/OT Aide assists with re-positioning the patient, adjusting equipment throughout the procedure, cleaning equipment and surfaces as well as providing physical assistance as needed. The PE Subcommittee and the HCPAC accounted for the typical number of codes reported on a claim and the impact of the therapy MPPR on applicable clinical activities as follows.

For the following inputs, the professional organizations and HCPAC agreed that 1.33 minutes is appropriate:

- CA009 *Greet patient, provide gowning, ensure appropriate medical records are available*
- CA010 *Obtain vital signs*
- CA013 *Prepare room, equipment and supplies*
- CA016 *Prepare, set-up and start IV, initial positioning and monitoring of patient*
- CA024 *Clean room/equipment by clinical staff*
- CA035 *Review home care instructions, coordinate visits/prescriptions*

To account for the MPPR, and given that 3.5 codes are billed per session, 1.33 minutes is appropriate for CPT codes CPT codes 97110, 97112, 97116, 97140, 97530, 97533, 97535, 97537, and 97542 when billed in any given session. For example, since the standard of clinical staff time for greeting the patient, etc. is 3 minutes, it would be appropriate to take the 3 minutes and divide it by 2.25 which would equal 1.33. Therefore,  $1.33+0.67+0.67+0.34 = 3$  minutes. Further, for CA010 the professional organizations stated that it is typical for 1-3 vital signs to be recorded during a single therapeutic service.

For CPT code 97113, which is typically reported on the claim with a median of 3 units and not typically reported with other therapy or modality codes, it was determined that 1.5 minutes was appropriate for CA009, CA010, CA016, and CA035 to conduct aquatic therapy. Further, it was determined that 4 minutes is appropriate for CA013 to appropriately prepare the aquatic therapy pool and aquatic exercise kit and 6 minutes for CA024 to clean the aquatic therapy pool and aquatic exercise kit, respectively. For CA018 *Assist physician or other qualified healthcare professional—directly related to physician work time (100%)* 15 minutes is necessary as there must always be two individuals in the pool with the patient for the entire procedure for CPT code 97113.

The professional organizations and HCPAC agreed that 2.5 minutes for the PT Assistant and 5 minutes for the PT Aide for CA020 *Assist physician or other qualified healthcare professional—directly related to physician work time (other%)* instead of CA021 *Perform*

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*procedure/service—NOT directly related to physician work time* is appropriate for CPT codes 97110, 97112, 97116, and 97140. For CPT code 97113, 2 minutes of for the PT Aide for CA020 *Assist physician or other qualified healthcare professional—directly related to physician work time (other%)* instead of CA021 *Perform procedure/service—NOT directly related to physician work time* for both the PT Aide and PT Assistant.

The professional organizations and HCPAC agreed that 3.75 minutes for the PT Assistant and for the PT Aide, respectively, for CA020 *Assist physician or other qualified healthcare professional—directly related to physician work time (other%)* instead of CA021 *Perform procedure/service—NOT directly related to physician work time* is appropriate for CPT codes 97530 and 97542. Further, 7.5 minutes for the PT Assistant for CA020 *Assist physician or other qualified healthcare professional—directly related to physician work time (other%)* instead of CA021 *Perform procedure/service—NOT directly related to physician work time* is appropriate for CPT codes 97533, 97535, and 97537.

For CA029 *Check dressings, catheters, wounds* the professional organizations and HCPAC agreed that 1 minute is appropriate for CPT codes 97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537, and 97542 which is consistent with the standard input. This is a reduction based on the current input of 1.5 minutes. Further, the recommended 1 minute is justified given that this time is spent checking the integrity of the skin for each separate procedure performed.

CA033 *Perform regulatory mandated quality assurance activity (service period)* is no longer standard practice for CPT code 97113 and therefore the recommendation of 0 minutes is appropriate.

The professional organizations and HCPAC agreed on the existing medical supply inputs for CPT codes 97113, 97140, 97530, 97533, 97535, 97537, and 97542. However, for CPT codes 97110, 97112, and 97116, it was agreed that 0.9 was appropriate for SJ056 *Thera-bands (6in width)* instead of the existing input. This is because 20 ft of Thera-bands are provided during a normal 10 visit treatment plan, which would equate to a proxy of 2 ft provided per visit. Therefore, 0.9 is appropriate to account for the MPPR reduction ( $0.9 + 0.45 + 0.45 + 0.225 = \sim 2$ ).

For CPT codes 97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537, and 97542 the equipment inputs were confirmed by the HCPAC to be consistent with the default formula to appropriately account for the actual time utilizing the given equipment.

**The HCPAC recommends direct practice expense inputs for CPT codes 97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537, and 97542 as modified by the Practice Expense Subcommittee and HCPAC.**

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I=New code   s=Revised code   :=Add-on code   H=Modifier 51 exempt   \*=Telemedicine   X=Audio-only   ~=FDA approval pending   #=Resequenced code

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
<p><b>Physical Medicine and Rehabilitation</b>  <b>Modalities Supervised</b>  <i>The application of a modality that does not require direct (one-on-one) patient contact.</i>  97010      <i>Application of a modality to 1 or more areas; hot or cold packs</i></p>			
97012	traction, mechanical	XXX	PE Only (2024 Work RVU = 0.25)
97014	electrical stimulation (unattended) (For acupuncture with electrical stimulation, see 97813, 97814) (For peripheral nerve transcutaneous magnetic stimulation, see 0766T, 0767T)	XXX	PE Only (2024 Work RVU = 0.18)
97016	vasopneumatic devices	XXX	PE Only (2024 Work RVU = 0.18)
97018	paraffin bath	XXX	PE Only (2024 Work RVU = 0.06)
97022	Whirlpool	XXX	PE Only (2024 Work RVU = 0.17)

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97024	<i>diathermy (eg, microwave)</i>		
97026	<i>infrared</i>		
97028	<i>ultraviolet</i>		
<b>Constant Attendance</b>			
<i>The application of a modality that requires direct (one-on-one) patient contact.</i>			
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes (For transcutaneous electrical modulation pain reprocessing [TEMPR/scrambler therapy], use 0278T) (For peripheral nerve transcutaneous magnetic stimulation, see 0766T, 0767T)	XXX	PE Only (2024 Work RVU = 0.25)
97037	<i>low-level laser therapy (ie, nonthermal and nonablative) for post-operative pain reduction</i>		
97033	iontophoresis, each 15 minutes	XXX	PE Only (2024 Work RVU = 0.26)
97034	contrast baths, each 15 minutes	XXX	PE Only (2024 Work RVU = 0.21)
97035	ultrasound, each 15 minutes	XXX	PE Only (2024 Work RVU = 0.21)
97036	<i>Hubbard tank, each 15 minutes</i>		
97039	<i>Unlisted modality (specify type and time if constant attendance)</i>		
<b>Therapeutic Procedures</b>			
<i>A manner of effecting change through the application of clinical skills and/or services that attempt to improve function.</i>			

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<i>Physician or other qualified health care professional (eg, therapist) is required to have direct, one-on-one patient contact, except for group therapeutic procedure (97150) and work hardening/conditioning (97545, 97546) that require direct patient contact, but not one-on-one contact.</i>			
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	XXX	PE Only (2024 Work RVU = 0.45)
97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	XXX	PE Only (2024 Work RVU = 0.50)
97113	aquatic therapy with therapeutic exercises	XXX	PE Only (2024 Work RVU = 0.48)
97116	gait training (includes stair climbing) (Use 96000-96003 to report comprehensive gait and motion analysis procedures) (For motor-cognitive, semi-immersive virtual reality–facilitated gait training, use 97116 in conjunction with 0791T)	XXX	PE Only (2024 Work RVU = 0.45)
97124	<i>massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) (For myofascial release, use 97140)</i>		
97129	<i>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; initial 15 minutes (Report 97129 only once per day)</i>		
+97130	<i>each additional 15 minutes (List separately in addition to code for primary procedure) (Use 97130 in conjunction with 97129) (Do not report 97129, 97130 in conjunction with 97153, 97155)</i>		
97139	<i>Unlisted therapeutic procedure (specify)</i>		

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97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes  (For needle insertion[s] without injection[s] [eg, dry needling, trigger-point acupuncture], see 20560, 20561)	XXX	PE Only  (2024 Work RVU = 0.43)
97150	<p><i>Therapeutic procedure(s), group (2 or more individuals)</i></p> <p><i>(Report 97150 for each member of group)</i></p> <p><i>(Group therapy procedures involve constant attendance of the physician or other qualified health care professional [eg, therapist], but by definition do not require one-on-one patient contact by the same physician or other qualified health care professional)</i></p> <p><i>(For manipulation under general anesthesia, see appropriate anatomic section in Musculoskeletal System)</i></p> <p><i>(For osteopathic manipulative treatment [OMT], see 98925-98929)</i></p> <p><i>(Do not report 97150 in conjunction with 97154, 97158)</i></p> <p>...</p>		
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	XXX	PE Only  (2024 Work RVU = 0.44)
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	XXX	PE Only  (2024 Work RVU = 0.48)
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	XXX	PE Only  (2024 Work RVU = 0.45)

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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  (For wheelchair management/propulsion training, use 97542)	XXX	PE Only  (2024 Work RVU = 0.48)
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	XXX	PE Only  (2024 Work RVU = 0.48)
97545 +97546	<i>Work hardening/conditioning; initial 2 hours each additional hour (List separately in addition to code for primary procedure) (Use 97546 in conjunction with 97545)</i>		
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	XXX	PE Only  (2024 Work RVU = 0.18)

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**NONFACILITY DIRECT PE INPUTS**

CPT CODE(S):97012

**Modalities: Supervised and Constant Attendance** 97014/G0283 97016 97018 97022 97032 97033

97034 97035

**SPECIALTY SOCIETY(IES):**American Physical Therapy Association

American Occupational Therapy Association

**PRESENTER(S):**Angel Pennisi

Mary Walsh-Sterup

Randy Boldt

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)****Meeting Date:**

CPT Code	Long Descriptor	Global Period
97012	Application of a modality to 1 or more areas; traction, mechanical	XXX
97014/G0283	Application of a modality to 1 or more areas; electrical stimulation (unattended)	XXX
97016	Application of a modality to 1 or more areas; vasopneumatic devices	XXX
97018	Application of a modality to 1 or more areas; paraffin bath	XXX
97022	Application of a modality to 1 or more areas; whirlpool	XXX
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	XXX
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	XXX
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	XXX
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	XXX

**Vignette(s) (vignette required even if PE only code(s)):**

CPT Code	Vignette
97012	A patient presents with lumbar radiculopathy. Traction is applied.
97014/G0283	A patient presents with a sprain of the lateral ankle. Electrical stimulation is applied.
97016	A patient presents with a crush injury to the left hand. A vasopneumatic device is applied.
97018	A patient presents status post fracture dislocation of the proximal interphalangeal (PIP) joints of the index and middle fingers. A paraffin wrap is applied.
97022	A patient presents with a right Colles fracture and recent cast removal. Upper extremity whirlpool treatment is applied.
97032	A patient presents after a reconstruction procedure for patellofemoral dysfunction. Electrical stimulation is applied.
97033	A patient presents with non-resolving lateral epicondylitis. Iontophoresis is applied.
97034	A patient presents for conservative management of ongoing carpal tunnel symptoms. Contrast bath is applied.
97035	A patient presents with acute shoulder adhesive capsulitis. Ultrasound is applied.

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:

In preparation for the January 2017 RUC meeting, the expert panel consisting of physical and occupational therapists, were consulted through a series of conference calls and face-to-face meetings. The expert panel reviewed the existing PE direct input values and compared them to current practice environments. The recommendations reflected changes in clinical labor consistent with current practice and the standard packages. These inputs were further refined by the individuals who perform these services. An expert panel has reviewed the inputs again and the recommendations have been confirmed based on their clinical experience. Based on a statement by the RUC that codes subject to MPPR should not be adjusted for overlapping inputs and CMS' findings that these codes should not have been subject to MPPR by the RUC, APTA and AOTA are resubmitting the 2017 recommendations for clinical labor consistent with the standard packages and/or expert panel recommendations.

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):97012**

**Modalities: Supervised and Constant Attendance 97014/G0283 97016 97018 97022 97032 97033  
97034 97035**

**SPECIALTY SOCIETY(IES):American Physical Therapy Association  
American Occupational Therapy Association**

**PRESENTER(S):Angel Pennisi  
Mary Walsh-Sterup  
Randy Boldt**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- 2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

These codes are existing codes, therefore the expert panel used the current PE direct inputs as reference.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

- 3. Is this code(s) typically reported with an E/M service?  
Is this code(s) typically reported with the E/M service in the nonfacility?

No

See the *Billed Together* tab in the RUC Database.

- 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 than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

97012	Physical Therapist	86.2%
97014	Physical Therapist	92.6% (Based on G0283 crosswalk for data)
97016	Physical Therapist	81.9%
97018	Occupational Therapist	65.6%
97022	Occupational Therapist	57.6%
97032	Physical Therapist	49.6%
97033	Physical Therapist	83.3%
97034	Physical Therapist	83.2%
97035	Physical Therapist	79.6%

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

- 5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

In the final rule CMS stated “As discussed in the proposed rule, we reviewed the clinical labor time entries for these 19 therapy codes. We noted that we did not believe a payment reduction should have been applied to the 19 nominated therapy codes' clinical labor time entries since the payment valuation reduction would be duplicative of the MPPR we apply during claims processing. We proposed to nominate these 19 codes as potentially misvalued for CY 2024, as we believed that the valuation of these services would benefit from additional review through the AMA RUC HCPAC valuation process. After consideration of the public comments for this issue, we are finalizing our proposal to consider the 19 therapy codes as potentially misvalued for CY 2024.”

There is no duplication in the clinical staff activities when multiple procedures are performed with the exception of greeting the patient. For all other clinical staff activities, they are performed for each procedure with no overlapping minutes. For example, supplies and equipment are procedure specific and are set up and cleaned for each procedure. Patient positioning is procedure specific and performed for each procedure. There is an increase

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):97012**

**Modalities: Supervised and Constant Attendance 97014/G0283 97016 97018 97022 97032 97033  
97034 97035**

**SPECIALTY SOCIETY(IES):American Physical Therapy Association  
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

in clinical staff time to reflect the applicable standard package and/or expert panel recommendations. The increased times proposed directly reflect times identified in standardized packages set forth by the PE Subcommittee, which did not exist when these codes were first valued. AOTA and APTA believe that our respective therapies meet the standards prescribe by the PE subcommittee in these packages. Additionally, when the codes were last valued prior to 2017, they were not subject to MPPR. Both the RUC and CMS have stated that the PE Subcommittee would not consider overlapping inputs related to multiple units or multiple procedures for codes that are subject to MPPR. These codes have been subject to MPPR since 2011.

APTA and AOTA are requesting the PE Subcommittee accept the recommendations consistent with current practice and the standard package to include the following:

97012, 97014, 97016, 97018, 97022, 97032, 97033, 97034, and 97035 have the recommendation of 1.5 minutes for Greet patient, provide gowning, insure records are available consistent with the procedural codes.

97012, 97014, 97016, 97018, 97032, and 97035 have the recommendations consistent with the standard package for prepare room, equip, supplies of 2 minutes be accepted. APTA and AOTA affirm that 2 minutes is required for each separate procedure performed.

97012, 97014, 97016, 97018, 97032, 97033, 97034, 97035 have the recommendations consistent with the standard package for Prepare and position patient of 2 minutes be accepted. APTA and AOTA affirm that 2 minutes is required for each separate procedure performed.

97012, 97014, 97018, 97032 have the recommendations of 2 minutes for Clean room/equip by physician staff which is less than the standard package of 3 minutes accepted. APTA and AOTA affirm that 2 minutes is required for each separate procedure performed.

97034 have the recommendation of 3 minutes for clean room/equip by physician staff which is consistent with the standard package accepted.

All other recommendations are the same as the current values in the RUC data base.

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):97012**

**Modalities: Supervised and Constant Attendance 97014/G0283 97016 97018 97022 97032 97033  
97034 97035**

**SPECIALTY SOCIETY(IES):American Physical Therapy Association  
American Occupational Therapy Association**

**PRESENTER(S):Angel Pennisi  
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**CLINICAL STAFF ACTIVITIES**

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

There are no recommendations greater than the PE Subcommittee Standards.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0 since modalities are never provided as the only procedure.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

No clinical labor activities

b. Service period (includes pre, intra and post):

Aide greets patient, provides and, if needed assists with appropriate gowning, draping for performance of the procedure. The Aide procures and sets up any necessary space, equipment, and supplies for the procedure.. The aide will prepare and position the patient in preparation for the procedure and provide any additional physical assistance. During the procedure the aide will assist the therapist with supplies for 97012, 97014, 97016, 97018, and 97012. At the end of the procedure the aide will clean all equipment and dispose of supplies.

c. Post-service period:

N/A

11. 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*

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):97012**

**Modalities: Supervised and Constant Attendance 97014/G0283 97016 97018 97022 97032 97033  
97034 97035**

**SPECIALTY SOCIETY(IES):American Physical Therapy Association  
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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

*related to physician work time or Perform procedure/service---NOT directly related to physician work time:*

In the provision of the supervised modalities 97012, 97014, 97016, 97018, and 97022 the PT/OT the aide assists the therapist with the supplies used for application of the modality and makes any positioning adjustments necessary for the procedure.

12. If you have used a percentage of the physician intra-service work time other than 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.

The percentage of physician inter-service time is 13% based on expert input regarding the time required for a single adjustment during the procedure.

13. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, 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

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

15.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
16.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.  
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):97012**

**Modalities: Supervised and Constant Attendance 97014/G0283 97016 97018 97022 97032 97033  
97034 97035**

**SPECIALTY SOCIETY(IES):American Physical Therapy Association  
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):97012**

**Modalities: Supervised and Constant Attendance 97014/G0283 97016 97018 97022 97032 97033  
97034 97035**

**SPECIALTY SOCIETY(IES):American Physical Therapy Association  
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- 22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
  - a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?

No

- 23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

Following the PE subcommittee meeting, it was determined that the inputs for equipment were too low using the standard formula, as this equipment is in use for the entire intraservice period and is not available for use by anyone else during any portion of that intraservice period. As all modality supervised codes are provided in 1 unit in a session and equipment is not shared, there is no duplication in equipment. It was therefore determined to apply the intraservice time as the equipment time for all equipment under each code to allow enough minutes required for time the equipment is used. Equipment formula “Other Formula” was therefore selected.

**PE-ONLY CODES ADDITIONAL INFORMATION**

- 24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

- 25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

**ADDITIONAL INFORMATION**

- 26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon’s office).



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):97012**

**Modalities: Supervised and Constant Attendance 97014/G0283 97016 97018 97022 97032 97033  
97034 97035**

**SPECIALTY SOCIETY(IES):American Physical Therapy Association  
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

***The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.***

Based on the discussion at the PE Subcommittee meeting, the following recommendations were finalized for clinical labor times in the pre and post service of the intra service period:

Modality supervised: 97012, 97014/G0283, 97016, 97018, 97022, have recommendation for 1.33 minutes for CA009 greet patient, CA013 prepare room/equipment/supplies, CA016 prepare patient/provide gowning, ensure records are available consistent with the procedural codes, CA 024 clean room/equipment/supplies. This time adjustment was made based on a Medicare claims data average of 3.5 procedures/units billed per therapy session; minutes were reduced from recommended values to 1.33 minutes to account for multiple procedures/units billed in a session. According to the PE subcommittee discussion, this reduction was necessary to address duplication in service activities when more than 1 procedure/unit is billed in a session. When 1.3 is multiplied by 3.5 units, the total minutes allotted for the total session are slightly below or at the standard package for procedure time for those clinical inputs. 97022, CA024, was maintained at 8 minutes to allow for cleaning of the whirlpool which is only used by one patient at a time and must be properly sanitized. MPPR will result in additional reductions with the total minutes significantly below the standard package.

For equipment on this tab, there were no changes in equipment type, however it was determined by the HCPAC that the inputs for equipment were too low using the standard formula, as this equipment is in use for the entire intraservice period and is not available for use by anyone else during any portion of that intraservice period. As all modality supervised codes are provided in 1 unit in a session and equipment is not shared, there is no duplication in equipment. It was therefore determined to apply the intraservice time as the equipment time for all equipment under each code 97012, 97014/G0283, 97016, 97018, 97022. This resulted in the following recommendations for equipment minutes for Modalities supervised:

97012 10 minutes for EQ241 traction system

97014/G0283 7.3 minutes for EF028 hi/lo table and EQ116 electrotherapy stimulator

97016 8.0 minutes for EF028 hi/lo table and EQ263 vasopneumatic compression system

97018 8.0 minutes for EQ200 parafin bath

97022 20.0 minutes for EF012 lift chair and EF036 whirlpool tank (includes cleaning)

MPPR will result in additional reductions with the total minutes significantly below the standard package.

Modality constant: 97032, 97033, 97034, and 97035 have recommendation for 1.33 minutes for CA009 greet patient, CA013 prepare room/equipment/supplies, CA016 prepare patient/provide gowning, ensure records are available consistent with the procedural codes, CA 024 clean room/equipment/supplies. This time adjustment was made based on a Medicare claims data average of 3.5 procedures/units billed per therapy session; minutes were reduced from recommended values to 1.33 minutes to account for multiple procedures/units billed in a session. According to the PE subcommittee discussion, this reduction was necessary to address duplication in service activities when more than 1 procedure/unit is billed in a session. When 1.3 is multiplied by 3.5 units, the total minutes allotted for the total session are slightly below or at the standard package for procedure time for those clinical inputs. MPPR will result in additional reductions with the total minutes significantly below the standard package.

For equipment on this tab, there were no changes in equipment type, however it was determined by the HCPAC that the inputs for equipment were too low using the standard formula, as this equipment is in use for the entire intraservice period and is not available for use by anyone else during any portion of that intraservice period. As

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):97012**

**Modalities: Supervised and Constant Attendance 97014/G0283 97016 97018 97022 97032 97033  
97034 97035**

**SPECIALTY SOCIETY(IES):American Physical Therapy Association  
American Occupational Therapy Association**

**PRESENTER(S):Angel Pennisi  
Mary Walsh-Sterup  
Randy Boldt**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

all modality supervised codes are provided in 1 unit in a session and equipment is not shared, there is no duplication in equipment. It was therefore determined to apply the intraservice time as the equipment time for all equipment under each code to allow enough minutes required for time the equipment is used. This resulted in the following recommendations for equipment minutes for Modalities constant:

97032 15 minutes for EF028 hi-lo table and EQ116 electrotherapy stimulator

97033 12 minutes for EF028 hi-lo table and EQ141 iontophoresis machine

97035 10 minutes for EF028 hi-lo table and EQ251 ultrasound unit

MPPR will result in additional reductions in equipment minutes below the time required to provide the procedure.

There is no equipment over the \$500 threshold for inclusion on the PE spreadsheet for 97034 so no minutes were included or adjusted with this code.

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).

**NONFACILITY DIRECT PE INPUTS** **CPT CODE(S):**  
**Therapeutic Procedures** 97110 97112 97113 97116 97140 97530 97533 97535 97537 97542  
**SPECIALTY SOCIETY(IES):** American Physical Therapy Association  
American Occupational Therapy Association

**PRESENTER(S):** Angela Pennisi  
Mary Walsh-Sterup  
Randy Boldt

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<b>Meeting Date:</b> 1/17/2024
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CPT Code	Long Descriptor	Global Period
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	XXX
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	XXX
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	XXX
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	XXX
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	XXX
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	XXX
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	XXX
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	XXX
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	XXX
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	XXX

**Vignette(s)** *(vignette required even if PE only code(s)):*

CPT Code	Vignette
97110	A patient presents after repair of torn rotator cuff resulting in decreased functional use of the arm and shoulder. Direct one-on-one therapeutic exercises are provided.
97112	A patient presents status post right CVA resulting in left spastic hemiplegia with trunk instability, decreased sitting and standing balance, and functional limitations. Direct one-on-one therapeutic services are provided.
97113	A patient presents status post right CVA resulting in left spastic hemiplegia with trunk instability, decreased sitting and standing balance, and functional limitations. Direct one-on-one therapeutic services are provided.
97116	A patient presents after an ACL repair resulting in difficulty with ambulation. Direct one-on-one gait training is provided.
97140	A patient presents with two-month history of pain in neck, shoulder, and upper back with soft tissue tightness and hypo-mobility in the cervical and upper thoracic spine. Direct one-on-one manual therapy services are provided.

**NONFACILITY DIRECT PE INPUTS** **CPT CODE(S):**  
**Therapeutic Procedures** 97110 97112 97113 97116 97140 97530 97533 97535 97537 97542  
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97530	A patient presents with multiple traumatic injuries including bilateral wrist fractures and a left ankle fracture with decreased upper extremity strength and coordination, and poor weight bearing tolerance during task performance. Direct one-on-one dynamic activities are provided.
97533	A patient who startles easily at unexpected noises presents with poor balance and difficulty organizing simple tasks. Direct one-on-one sensory integrative services are provided.
97535	A patient presents with right hemiparesis and visual/perceptual deficits that resulted from a CVA. Direct one-on-one services are provided for self-care management of activities of daily living.
97537	A patient presents post traumatic brain injury that resulted in decreased coordination, weakness, limited endurance, and visual coordination problems. Direct one-on-one services are provided to facilitate community and work activities.
97542	A patient presents with continuing effects from a CVA. Direct one-on-one services are provided to train the patient in the safe operation and management of a new wheelchair.

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:

In preparation for the January 2017 RUC meeting, the expert panel consisting of physical and occupational therapists, were consulted through a series of conference calls and face-to-face meetings. The expert panel reviewed the existing PE direct input values and compared them to current practice environments. The recommendations reflected changes in clinical labor consistent with current practice and the standard packages. These inputs were further refined by the individuals who perform these services. An expert panel has reviewed the inputs again and the recommendations have been confirmed based on their clinical experience. Based on a statement by the RUC that codes subject to MPPR should not be adjusted for overlapping inputs and CMS' findings that these codes should not have been subject to MPPR by the RUC APTA and AOTA are resubmitting the 2017 recommendations for clinical labor consistent with the standard package and/or expert panel recommendations.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

These codes are existing codes, therefore the expert panel used the current PE direct inputs as reference.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?  
Is this code(s) typically reported with the E/M service in the nonfacility?

No

See the *Billed Together* tab in the RUC Database.

**NONFACILITY DIRECT PE INPUTS** **CPT CODE(S):**  
**Therapeutic Procedures** 97110 97112 97113 97116 97140 97530 97533 97535 97537 97542  
**SPECIALTY SOCIETY(IES):** American Physical Therapy Association  
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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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 than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

97110	Physical Therapist	90.3%
97112	Physical Therapist	92.1%
97113	Physical Therapist	92.1%
97116	Physical Therapist	98.9%
97140	Physical Therapist	91.8%
97530	Physical therapist	83.9%
97533	Occupational therapist	59.8%
97535	Occupational therapist	62.7%
97537	Occupational therapist	52.8%
97542	Occupational therapist	48.9% Physical therapist 48%

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

In the final rule CMS stated “As discussed in the proposed rule, we reviewed the clinical labor time entries for these 19 therapy codes. We noted that we did not believe a payment reduction should have been applied to the 19 nominated therapy codes' clinical labor time entries since the payment valuation reduction would be duplicative of the MPPR we apply during claims processing. We proposed to nominate these 19 codes as potentially misvalued for CY 2024, as we believed that the valuation of these services would benefit from additional review through the AMA RUC HCPAC valuation process. After consideration of the public comments for this issue, we are finalizing our proposal to consider the 19 therapy codes as potentially misvalued for CY 2024.”

There is no duplication in the clinical staff activities when multiple procedures are performed with the exception of greeting the patient. The majority of these codes are billed only once per visit. For all other clinical staff activities they are performed for each procedure with no overlapping minutes. For example, supplies and equipment are procedure specific and are set up and cleaned for each procedure. Patient positioning is procedure specific and performed for each procedure. There is an increase in clinical staff time to reflect the applicable standard package or when not consistent with the standard based on expert input. The increased times proposed directly reflect times identified in standardized packages set forth by the PE Subcommittee, which did not exist when these codes were first valued. AOTA and APTA believe that our respective therapies meet the standards prescribe by the PE subcommittee in these packages. Additionally, when the codes were last valued prior to 2017, they were not subject to MPPR. Both the RUC and CMS have stated that the PE Subcommittee would not consider overlapping inputs related to multiple units or multiple procedures for codes that are subject to MPPR. These codes have been subject to MPPR since 2011.

APTA and AOTA are requesting the PE Subcommittee accept the recommendations consistent with current practice and the standard package to include the following:

**NONFACILITY DIRECT PE INPUTS** **CPT CODE(S):**  
**Therapeutic Procedures 97110 97112 97113 97116 97140 97530 97533 97535 97537 97542**  
**SPECIALTY SOCIETY(IES):** **American Physical Therapy Association**  
**American Occupational Therapy Association**

**PRESENTER(S):** **Angela**  
**Pennisi**  
**Mary Walsh-Sterup**  
**Randy Boldt**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)**  
**PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

97113 accept the recommended 1.5 minutes for greet the patient consistent with all therapeutic procedure codes.  
97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537, 97542 accept the recommended standard package of 3 minutes for obtain vital signs. APTA and AOTA affirm that 1-3 vital signs are collected throughout treatment.  
97110, 97112, 97116, 97140, 97530, 97533, 97535, 97537, 97542 accept the recommended standard package of 2 minutes for prepare room, equip, supplies. APTA and AOTA affirm that 2 minutes is required for each separate procedure performed.  
97110, 97112, 97116, 97140, 97530, 97533, 97535, 97537, 97542 accept the recommended standard package of 2 minutes for prepare and position patient. APTA and AOTA affirm that 2 minutes is required for each separate procedure performed.  
97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537, 97542 accept the recommended standard package of 3 minutes for clean room/equipment by physician staff. APTA and AOTA affirm that 3 minutes is required for each separate procedure performed.  
97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537, 97542 accept the recommended standard package of 1 minute for check dressing & wound which is a reduction of the current 1.5 minutes. APTA and AOTA affirm that 1 minutes is required for each separate procedure performed. For PT and OT this time is spent checking skin condition.  
97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537, 97542 accept the recommended standard package of 2 minutes for homecare instructions; coordinate visits/ medications. In 2017 check dressing & wound and review homecare instructions were combined items, and all minutes were moved to check dressing and wound in the RUC database. APTA and AOTA affirm that 2 minutes is required for each separate procedure performed.  
97113 accept the recommendation of 0 minutes for perform regulatory mandated quality assurance activity.

All other recommendations are the same as the current values in the RUC data base.

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

PRESENTER(S): Angela  
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

There are no recommendations greater than the PE Subcommittee Standards. For code 97113 Prepare Room Equipment and Supplies 4 minutes and Clean room, equipment by clinical staff 6 minutes as increased time is required for size of pool area, dressing room, and equipment.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

1 minute was allotted prior to 2018. 1.33 minutes was approved based on 3.5 procedures/units billed per visit.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

No clinical labor activities

b. Service period (includes pre, intra and post):

PT/OT Aide:  
The PT/OT Aide greets patient, provides and, if needed assists with appropriate gowning, draping for performance of the procedure. The Aide procures and sets up any necessary space, equipment, and supplies for the procedure, makes sure all records are available to the PT/OT for the procedure. The aide will prepare and position the patient in preparation for the procedure and provide any additional physical assistance.



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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

The PT/OT Assistant will take and record vital signs and measurements related to underlying impairments and reason for intervention. PT/OT Assistant assists with taking and recording the patient's range of motion and strength or other measures meaningful to the therapeutic procedure. PT/OT Assistant also assists with various transfers, transitions, mobility activities, dynamic activities, and the safe performance of functional activities. The PT/OT Aide helps re-position the patient throughout the procedure and provides assistance with adjusting equipment throughout the procedure. The PT/OT Assistant performs skin inspection/checks. The PT/OT Aide will clean all equipment and surfaces. PT/OT Assistant:  
Before patients leave the office, the clinician will have updated home and community activity programs to facilitate self-management skill development. The Assistant will review the instructions and answer questions with the patients prior to the patient leaving the office.

c. Post-service period:

11. 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 PT/OT Assistant will assist the clinician with obtaining and recording measures. This may include recording performance data, physical facilitation with the patient, grading challenges in environment, and other clinical assistance throughout the portion of the intervention. An assistant provides the clinically appropriate assistance for the patient as the therapist facilitates the performance in therapeutic exercise, neuromuscular re-education, gait training, aquatic therapy, manual therapy, therapeutic activities, and wheelchair management. The PT/OT Aide assists with re-positioning the patient and provides assistance with adjusting equipment throughout the procedure as well as providing physical assistance as needed.

12. If you have used a percentage of the physician intra-service work time other than 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 97113 the percentage is 100% as there must always be two individuals in the pool with the patient for the entire procedure. For the remaining codes the standardized 67% of intra-time is higher than clinically appropriate. For 97110, 97112, 97116, 97140 the total recommended times are 50% with 33% of the time provided by the assistant and 17% of the time consistent with the training of the aide. For 97530 and 97543 25% of the time is provided by the assistant and 25% of the time is consistent with the training of the aide. These percentages were derived based on input from an expert panel of physical therapists and occupational therapists.

13. 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 (*please see 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

N/A



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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

14. If you wish to identify a new staff type, please include a very specific staff description, 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

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

15.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
16.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.  
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
  - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

Default.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon’s office).

*The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.*

Clinical Labor Changes  
Based on the discussion at the meeting the final recommendations are:

NONFACILITY DIRECT PE INPUTS CPT CODE(S):  
**Therapeutic Procedures** 97110 97112 97113 97116 97140 97530 97533 97535 97537 97542  
SPECIALTY SOCIETY(IES):\_American Physical Therapy Association  
American Occupational Therapy Association

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

97110, 97112, 97116, 97140, 97530, 97533, 97535, 97537, 97542

CA009 Greet patient, provide gowning, ensure appropriate medical records are available 1.33 minutes.

CA010 Obtain vital signs 1.33 minutes.

CA013 Prepare Room Equipment and Supplies 1.33 minutes.

CA016 Prepare, set-up and start IV, initial positioning and monitoring of patient 1.33 minutes.

CA024 Clean room, equipment by clinical staff 1.33 minutes.

CA035 Review home care instructions, coordinate visits/prescriptions 1.33 minutes.

The PE Subcommittee made these changes based on 3.5 procedures/units billed per visit and their position that all activities are duplicative across all procedures.

MPPR will result in additional reductions with the total minutes significantly below the standard package.

97113

CA009 Greet patient, provide gowning, ensure appropriate medical records are available 1.5 minutes.

CA010 Obtain vital signs 1.5 minutes.

CA013 Prepare Room Equipment and Supplies 4 minutes.

CA016 Prepare, set-up and start IV, initial positioning and monitoring of patient 1.5 minutes.

CA024 Clean room, equipment by clinical staff 6 minutes.

CA029 Check dressings, catheters, wounds 1 minute.

CA035 Review home care instructions, coordinate visits/prescriptions 1.5 minutes.

The PE subcommittee made the CA009, CA010, CA016, CA035 recommendations based on 3 units billed per visit and routinely not billed with any other code and their position that all activities are duplicative across all procedures.

The PE subcommittee made the changes to CA013 and CA024 based on additional time required to prepare and clean pool area, dressing room, and equipment)

Supply Changes

97110, 97112, 97116

SJ056 Therabands (6 in. width) 0.9

Equipment Changes

97110, 97112

EQ118 15.2 minutes

97110, 97112, 97116

EF028 15.2 minutes

97112

EQ068 15.2 minutes

97112, 97116

EQ201 15.2 minutes

97113

EQ145 32.5 minutes

EQ050 32.5 minutes

97116

EQ231 15.2 minutes

EQ243 15.2 minutes

97140

**NONFACILITY DIRECT PE INPUTS** **CPT CODE(S):**  
**Therapeutic Procedures** 97110 97112 97113 97116 97140 97530 97533 97535 97537 97542  
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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**EF029 15.2 minutes**

**All equipment changes were made based on the PE Subcommittee applying the standard formula.**

**MPPR will result in additional reductions in equipment time.**

Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).

















A		B			D	E	F	I		K		M		O		S		U		Y		AA		AE		AG		AH			
RUC Practice Expense Spreadsheet								CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
								97110		97110		97112		97112		97113		97113		97116		97116		97116		97140		97140			
RUC Collaboration Website																															
Clinical Activity Code	Meeting Date: January 2024 Revision Date (if applicable): Tab: 18 Specialty: physical therapy, occupational therapy, podiatry			Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Rate Per Minute	Therapeutic exercise		Therapeutic exercise		Neuromuscular Reeducation		Neuromuscular Reeducation		Aquatic Therapy		Aquatic Therapy		Gait Training		Gait Training		Manual Therapy		Manual Therapy						
	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	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility		
GLOBAL PERIOD							XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX				
TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME							\$ 8.04	\$ -	\$ 8.16	\$ -	\$ 9.84	\$ -	\$ 9.41	\$ -	\$ 13.25	\$ -	\$ 13.98	\$ -	\$ 7.96	\$ -	\$ 8.11	\$ -	\$ 6.86	\$ -	\$ 7.63	\$ -					
TOTAL CLINICAL STAFF TIME							L039B	Physical Therapy Assistant	0.555	5.0	0.0	6.2	0.0	5.0	0.0	6.2	0.0	6.0	0.0	6.0	0.0	5.0	0.0	6.2	0.0	5.0	0.0	6.2	0.0		
TOTAL CLINICAL STAFF TIME							L023A	Physical Therapy Aide	0.268	9.5	0.0	10.3	0.0	9.5	0.0	10.3	0.0	26.0	0.0	28.0	0.0	9.5	0.0	10.3	0.0	9.5	0.0	10.3	0.0		
TOTAL PRE-SERVICE CLINICAL STAFF TIME							L039B	Physical Therapy Assistant	0.555	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
TOTAL PRE-SERVICE CLINICAL STAFF TIME							L023A	Physical Therapy Aide	0.268	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
TOTAL SERVICE PERIOD CLINICAL STAFF TIME							L039B	Physical Therapy Assistant	0.555	5.0	0.0	6.2	0.0	5.0	0.0	6.2	0.0	6.0	0.0	6.0	0.0	5.0	0.0	6.2	0.0	5.0	0.0	6.2	0.0		
TOTAL SERVICE PERIOD CLINICAL STAFF TIME							L023A	Physical Therapy Aide	0.268	9.5	0.0	10.3	0.0	9.5	0.0	10.3	0.0	26.0	0.0	28.0	0.0	9.5	0.0	10.3	0.0	9.5	0.0	10.3	0.0		
TOTAL POST-SERVICE CLINICAL STAFF TIME							L039B	Physical Therapy Assistant	0.555	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE										\$ 5.32	\$ -	\$ 6.18	\$ -	\$ 5.32	\$ -	\$ 6.18	\$ -	\$ 10.30	\$ -	\$ 10.83	\$ -	\$ 5.32	\$ -	\$ 6.18	\$ -	\$ 5.32	\$ -	\$ 6.18	\$ -		
PRE-SERVICE PERIOD																															
Start: Following visit when decision for surgery/procedure made																															
Pre-Service (of service period)																															
CA001	Complete pre-service diagnostic and referral forms																														
CA002	Coordinate pre-surgery services (including test results)																														
CA003	Schedule space and equipment in facility																														
CA004	Provide pre-service education/obtain consent																														
CA005	Complete pre-procedure phone calls and prescription																														
CA006	Confirm availability of prior images/studies																														
CA007	Review patient clinical extant information and questionnaire																														
CA008	Perform regulatory mandated quality assurance activity (pre-service)																														
SERVICE PERIOD																															
Start: When patient enters office/facility for surgery/procedure:																															
Pre-Service (of service period)																															
CA009	Greet patient, provide gowning, ensure appropriate medical records are available			L023A	Physical Therapy Aide	0.268	1.5		1.33	0	1.5	0	1.33	0	2	0	1.5	0	1.5	0	1.33	0	1.5	0	1.33	0					
CA010	Obtain vital signs			L039B	Physical Therapy Assistant	0.555	1	0	1.33	0	1	0	1.33	0	2	0	1.5	0	1	0	1.33	0	1	0	1.33	0					
CA011	Provide education/obtain consent																														
CA012	Review requisition, assess for special needs																														
CA013	Prepare room, equipment and supplies			L023A	Physical Therapy Aide	0.268	1	0	1.33	0	1	0	1.33	0	2	0	4	0	1	0	1.33	0	1	0	1.33	0					
CA014	Confirm order, protocol exam																														
CA015	Setup scope (nonfacility setting only)																														
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			L023A	Physical Therapy Aide	0.268	1	0	1.33	0	1	0	1.33	0	3	0	1.5	0	1	0	1.33	0	1	0	1.33	0					
CA017	Sedate/apply anesthesia																														
Other activity: please include short clinical description here and type																															
Other activity: please include short clinical description here and type																															
Other activity: please include short clinical description here and type																															
Intra-service (of service period)																															
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)			L039B	Physical Therapy Assistant	0.555																									
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)			L023A	Physical Therapy Aide	0.268								0	0	15	0														
CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)			L023A	Physical Therapy Aide	0.268																									
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)			L023A	Physical Therapy Aide	0.268	0	0	5	0	0	0	5	0	0	0	0	0	0	0	5	0	0	0	5	0					
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)			L039B	Physical Therapy Assistant	0.555	0	0	2.5	0	0	0	2.5	0	0	0	2	0	0	0	2.5	0	0	0	2.5	0					
CA021	Perform procedure/service---NOT directly related to physician work time			L039B	Physical Therapy Assistant	0.555	2.5	0	0	0	2.5	0	0	0	2	0	0	0	2.5	0	0	0	2.5	0	0	0	0				
CA021	Perform procedure/service---NOT directly related to physician work time			L023A	Physical Therapy Aide	0.268	5	0	0	0	5	0	0	0	15	0	0	0	5	0	0	0	5	0	0	0	0				
Other activity: please include short clinical description here and type																															
Other activity: please include short clinical description here and type																															
Other activity: please include short clinical description here and type																															
Post-Service (of service period)																															
CA022	Monitor patient following procedure/service, multitasking 1:4																														
CA023	Monitor patient following procedure/service, no multitasking																														
CA024	Clean room/equipment by clinical staff			L023A	Physical Therapy Aide	0.268	1	0	1.33	0	1	0	1.33	0	2	0	6	0	1	0	1.33	0	1	0	1.33	0					
CA025	Clean scope																														
CA026	Clean surgical instrument package																														
CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																														
CA028	Review/read post-procedure x-ray, lab and pathology reports																														
CA029	Check dressings, catheters, wounds			L039B	Physical Therapy Assistant	0.555	1.5	0	1	0	1.5	0	1	0	2	0	1	0	1.5	0	1	0	1.5	0	1	0					
CA030	Technologist QC's images in PACS, checking for all images, reformat, review examination with interpreting MD/DO																														
CA031	Scan exam documents into PACS. Complete exam in RIS system to																														
CA032	Perform regulatory mandated quality assurance activity (service period)			L023A	Physical Therapy Aide	0.268								2	0	0	0														
CA033	Document procedure (nonPACS) (e.g. mandated reporting, registry)																														
CA034	Review home care instructions, coordinate visits/prescriptions			L039B	Physical Therapy Assistant	0.555	0	0	1.33	0	0	0	1.33	0	0	0	1.5	0	0	0	1.33	0	0	0	1.33	0					
CA035	Discharge day management						n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a						
Other activity: please include short clinical description here and type																															
Other activity: please include short clinical description here and type																															
Other activity: please include short clinical description here and type																															
End: Patient leaves office/facility																															
POST-SERVICE PERIOD																															
Start: Patient leaves office/facility																															
CA037	Conduct patient communications																														
CA038	Coordinate post-procedure services																														
Office visits: List Number and Level of Office Visits																															
99211 16 minutes																															
MINUTES																															
16																															
# visits # visits																															







A		B			D	E	F	I		K		O		P		Q		R		U		V		W		X		AA		AB		AC		AD		AG		AH		AI		AJ	
RUC Practice Expense Spreadsheet								CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
								97530		97530		97533		97533		97535		97535		97537		97537		97537		97537		97542		97542		97542		97542		97542		97542		97542			
RUC Collaboration Website								Therapeutic Activities		Therapeutic Activities		Sensory Integration		Sensory Integration		Self-Care Management		Self-Care Management		Community/work Reintegration		Community/work Reintegration		Wheelchair Management		Wheelchair Management		Wheelchair Management		Wheelchair Management		Wheelchair Management		Wheelchair Management		Wheelchair Management		Wheelchair Management		Wheelchair Management			
Meeting Date: January 2024																																											
Revision Date (if applicable):																																											
Tab: 18																																											
Specialty: physical therapy, occupational therapy, podiatry																																											
Clinical Activity Code																																											
LOCATION																																											
GLOBAL PERIOD																																											
TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME																																											
TOTAL CLINICAL STAFF TIME																																											
TOTAL CLINICAL STAFF TIME																																											
TOTAL PRE-SERVICE CLINICAL STAFF TIME																																											
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TOTAL SERVICE PERIOD CLINICAL STAFF TIME																																											
TOTAL SERVICE PERIOD CLINICAL STAFF TIME																																											
TOTAL POST-SERVICE CLINICAL STAFF TIME																																											
TOTAL POST-SERVICE CLINICAL STAFF TIME																																											
TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE																																											
PRE-SERVICE PERIOD																																											
Start: Following visit when decision for surgery/procedure made																																											
CA001 Complete pre-service diagnostic and referral forms																																											
CA002 Coordinate pre-surgery services (including test results)																																											
CA003 Schedule space and equipment in facility																																											
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CA005 Complete pre-procedure phone calls and prescription																																											
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Other activity: please include short clinical description here and type																																											
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End: When patient enters office/facility for surgery/procedure																																											
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Pre-Service (of service period)																																											
CA009 Greet patient, provide gowning, ensure appropriate medical records are available																																											
CA010 Obtain vital signs																																											
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CA012 Review requisition, assess for special needs																																											
CA013 Prepare room, equipment and supplies																																											
CA014 Confirm order, protocol exam																																											
CA015 Setup scope (nonfacility setting only)																																											
CA016 Prepare, set-up and start IV, initial positioning and monitoring of patient																																											
CA017 Sedate/apply anesthesia																																											
Other activity: please include short clinical description here and type																																											
Other activity: please include short clinical description here and type																																											
Other activity: please include short clinical description here and type																																											
Intra-service (of service period)																																											
CA018 Assist physician or other qualified healthcare professional---directly related to physician work time (100%)																																											
CA019 Assist physician or other qualified healthcare professional---directly related to physician work time (67%)																																											
CA020 Assist physician or other qualified healthcare professional---directly related to physician work time (other%)																																											
CA020 Assist physician or other qualified healthcare professional---directly related to physician work time (other%)																																											
CA021 Perform procedure/service---NOT directly related to physician work time																																											
CA021 Perform procedure/service---NOT directly related to physician work time																																											
Other activity: please include short clinical description here and type																																											
Other activity: please include short clinical description here and type																																											
Other activity: please include short clinical description here and type																																											
Post-Service (of service period)																																											
CA022 Monitor patient following procedure/service, multitasking 1:4																																											
CA023 Monitor patient following procedure/service, no multitasking																																											









	% of Medicare Claims (CY 2022)	1	2	3	4	5	Codes on Claim	All Codes have Same Recommended Time for Greet Patient, Vitals, Prepare room/ Equip , Positioning, Clean Room, Review Home Care
	10%	97110	97110	97140			3	Yes
	8%	97110	97110	97112	97140		4	Yes
	8%	97110	97110	97112	97530		4	Yes
	5%	97110	97110	97140	97530		4	Yes
	5%	97110	97110	97530			3	Yes
	5%	97110	97112	97140	97530		4	Yes
	4%	97110	97110	97112			3	Yes
	4%	97110	97110	97140	G0283		4	G0283 is different
	3%	97110	97110	97110			3	Yes
	2%	97112	97112	97530			3	Yes
	2%	97110	97112	97140	G0283		4	G0283 is different
	2%	97112	97140	97140	97530		4	Yes
	2%	97110	97112	97116			3	Yes
	1%	97110	97110	97116	97530		4	Yes
	1%	97110	97112	97116	97530		4	Yes
	1%	97140	97530				2	Yes
	1%	97110	97140	97530	G0283		4	G0283 is different
	1%	97112	97112	97140			3	Yes
	1%	97530	97530				2	Yes
	1%	97110	97112	97140	97530	G0283	5	G0283 is different
<b>Percent of Medicare Claims w/ Tab 18 codes</b>	68%							

Supply_Code	DESCRIPTION	CPT_Code	Short Descriptor	Sum of Aggregate NF Global & TC Cost
SD253	atherectomy device (Spectronetics laser or Fox Hollow)			\$ 227,033,522
SD255	Reentry device (Frontier, Outback, Pioneer)			\$ 180,389,779
SD256	Embolic Protection Device Spider FX (EV3, documentation available)			\$ 95,189,022
SD324	Varithena (foam)			\$ 88,158,421
SA127	subcutaneous cardiac rhythm monitor system			\$ 81,727,800
SD254	covered stent (VIABAHN, Gore)			\$ 80,812,683
SD323	Venaseal (glue)			\$ 71,323,460
SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)			\$ 65,757,419
SD248	human amniotic membrane allograft mounted on a non-absorbable self-retaining ring			\$ 49,971,442
SA111	Kyphoplasty kit, first fracture			\$ 46,573,254
SD304	IVUS catheter			\$ 44,476,086
SD291	Urolift Implant and implantation device			\$ 35,091,875
SA126	Biodegradable Material Kit - PeriProstatic			\$ 25,255,870
SD280	Trial lead kit			\$ 19,337,984
SD340	venous stent system			\$ 16,415,000
SH110	Esketamine (84 mg vial)			\$ 13,690,425
SF058	LC Beads (2mL vial)			\$ 13,046,892
SD281	Trial lead array			\$ 12,923,784
SF056	Detachable coil			\$ 10,980,791
SD266	stent, self expanding 2-5 mm XPERT (Abbott)			\$ 10,925,300
SA015	kit, for percutaneous thrombolytic device (Trerotola)			\$ 10,451,121
SL261	FISH pre-treatment kit			\$ 9,794,793
SA112	Kyphoplasty kit, additional fracture			\$ 6,966,238
SA103	stent, vascular, deployment system, Cordis SMART			\$ 6,319,353
SA128	kit, Rezum delivery device			\$ 5,886,500
SF059	Hysteroscopic tissue removal device			\$ 4,914,540
SA134	kit, eustachian tube procedure			\$ 4,588,830
SD191	plate, surgical, reconstruction, left, 5 x 16 hole			\$ 3,963,925
SA011	kit, CVA catheter, tunneled, with subcut port			\$ 3,370,818
SA122	Claravein Kit			\$ 2,327,575
SJ090	Voice Augmentation Gel			\$ 1,724,816
SC103	catheter, RF ablation, endoscopic			\$ 1,684,500
SA133	Absorbable nasal implant and delivery device			\$ 1,661,835
SA087	tray, RTS applicator (MammoSite)			\$ 1,560,979
SH109	Esketamine (56 mg vial)			\$ 1,489,717
SD299	stent, balloon, implantable			\$ 1,031,786
SA036	kit, transurethral microwave thermotherapy			\$ 938,000
SD186	plasma LDL adsorption column (Liposorber)			\$ 688,725
SD272	SmartPill capsule			\$ 625,420
SD267	IVC filter			\$ 549,815
SD341	EECP compression equipment package			\$ 410,796
SD334	implantable interstitial glucose sensor			\$ 357,000

SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	\$	348,000
SD109	probe, radiofrequency, 3 array (StarBurstSDE)	\$	302,148
SA039	kit, vertebroplasty (LP2, CDO)	\$	295,996
SA101	kit, stent, urethral, prostatic, insertion tool and surveyor	\$	218,769
SD177	hysteroscope, ablation device	\$	206,184
SF030	laser tip, diffuser fiber	\$	201,480
SD233	probe, cryoablation, renal	\$	148,618
SA037	kit, transurethral needle ablation (TUNA)	\$	143,100
SA025	kit, PICC with subcut port	\$	131,427
SD247	human amniotic membrane allograft	\$	99,365
SA077	kit, pleural catheter insertion	\$	96,383
SD342	EECP electrical equipment package	\$	93,385
SD245	Renessa probe	\$	37,516
SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	\$	35,000
SA094	kit, capsule, ESO, endoscopy w-application supplies (ESO)	\$	33,823
SD238	stent, GORE VIATORR TIPS Endoprosthesis	\$	31,661
SA097	kit, locatable guide, ext. working channel, w-b-scope adapter	\$	31,254
SA100	kit, probe, radiofrequency, Xli-enhanced RF probe	\$	29,500
SA024	kit, photopheresis procedure	\$	25,043
SD240	strut, replacement, dynamic external fixation	\$	22,530
SA120	intrastromal corneal ring	\$	16,030
SD232	probe, cryoablation (Visica ICE 30 or 40)	\$	10,977
SD346	PillCam COLON capsule	\$	4,375
SD220	catheter, balloon, lacrimal	\$	3,254
SD018	catheter, balloon, thermal ablation (Thermachoice)	\$	3,050
SD313	Viabil covered biliary stent	\$	2,766
SD215	probe, endometrial cryoablation (Her Option)	\$	1,295
SD356	Dorsal SI Joint Arthrodesis Implant	\$	-
SA091	tray, scoop, fast track system	\$	-
SD351	Ellipsys Vascular Access Catheter	\$	-
SH107	Spherusol	\$	-
SD352	VivAer Stylus	\$	-
SD350	Wavelinq EndoAVF catheters	\$	-
SD357	Radiofrequency Stylus / wand	\$	-
SD348	ORBERA Intra gastric Balloon System	\$	-
SD358	Cryoablation handpiece and 2 canisters (one per side)	\$	-
SA075	kit, hysteroscopic tubal implant for sterilization	\$	-
SD222	catheter, intradiscal (spineCATH)	\$	-
SD361	RFA Handpiece, sterile (Sonata)	\$	-
SD359	Optilume DCB, guidewire, and inflation device	\$	-
<b>Grand Total</b>		<b>\$</b>	<b>1,262,960,822</b>

Supply_Code	DESCRIPTION	CPT_Code	Short Descriptor	Sum of Aggregate NF Global & TC Cost
SD253	atherectomy device (Spectronetics laser or Fox Hollow)			\$ 227,033,522
SD255	Reentry device (Frontier, Outback, Pioneer)			\$ 180,389,779
SD256	Embolic Protection Device Spider FX (EV3, documentation available)			\$ 95,189,022
SD324	Varithena (foam)			\$ 88,158,421
SA127	subcutaneous cardiac rhythm monitor system			\$ 81,727,800
SD254	covered stent (VIABAHN, Gore)			\$ 80,812,683
SD323	Venaseal (glue)			\$ 71,323,460
SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)			\$ 65,757,419
SA111	Kyphoplasty kit, first fracture			\$ 46,573,254
SA126	Biodegradable Material Kit - PeriProstatic			\$ 25,255,870
SD340	venous stent system			\$ 16,415,000
SH110	Esketamine (84 mg vial)			\$ 13,690,425
SF058	LC Beads (2mL vial)			\$ 13,046,892
SF056	Detachable coil			\$ 10,980,791
SD266	stent, self expanding 2-5 mm XPERT (Abbott)			\$ 10,925,300
SA112	Kyphoplasty kit, additional fracture			\$ 6,966,238
SA128	kit, Rezum delivery device			\$ 5,886,500
SA134	kit, eustachian tube procedure			\$ 4,588,830
SC103	catheter, RF ablation, endoscopic			\$ 1,684,500
SA133	Absorbable nasal implant and delivery device			\$ 1,661,835
SA087	tray, RTS applicator (MammoSite)			\$ 1,560,979
SA036	kit, transurethral microwave thermotherapy			\$ 938,000
SD186	plasma LDL adsorption column (Liposorber)			\$ 688,725
SD272	SmartPill capsule			\$ 625,420
SD267	IVC filter			\$ 549,815
SD334	implantable interstitial glucose sensor			\$ 357,000
SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)			\$ 348,000
SD109	probe, radiofrequency, 3 array (StarBurstSDE)			\$ 302,148
SD177	hysteroscope, ablation device			\$ 206,184
SD233	probe, cryoablation, renal			\$ 148,618
SD245	Renessa probe			\$ 37,516
SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)			\$ 35,000
SD238	stent, GORE VIATORR TIPS Endoprosthesis			\$ 31,661
SA100	kit, probe, radiofrequency, Xli-enhanced RF probe			\$ 29,500
SD240	strut, replacement, dynamic external fixation			\$ 22,530
SA120	intrastromal corneal ring			\$ 16,030
SD232	probe, cryoablation (Visica ICE 30 or 40)			\$ 10,977
SD313	Viabil covered biliary stent			\$ 2,766
SD215	probe, endometrial cryoablation (Her Option)			\$ 1,295
SD361	RFA Handpiece, sterile (Sonata)			\$ -
SD358	Cryoablation handpiece and 2 canisters (one per side)			\$ -
SD350	Wavelinq EndoAVF catheters			\$ -

SD351	Ellipsys Vascular Access Catheter	\$	-
SD359	Optilume DCB, guidewire, and inflation device	\$	-
SD222	catheter, intradiscal (spineCATH)	\$	-
SA075	kit, hysteroscopic tubal implant for sterilization	\$	-
SD348	ORBERA Intra gastric Balloon System	\$	-
SD357	Radiofrequency Stylus / wand	\$	-
SD352	VivAer Stylus	\$	-
SD356	Dorsal SI Joint Arthrodesis Implant	\$	-
<b>Grand Total</b>		<b>\$</b>	<b>1,053,979,703</b>



CPT_Code	Short Descriptor	2022 Medicare Frequency	2022 Medicare Frequency: Non-Facility Global & TC Only	2022 Medicare Top Spec: NF Global & TC Only	Top Spec % NF Global & TC Only	Supply_Code	DESCRIPTION	Unit_of_Measure	Purchase_Price	Non_Fac_Quantity	Non_Fac_Cost	Aggregate NF Global & TC Cost
0446T	INSJ IMPLTBL GLUCOSE SENSOR	69	67	INTERNAL MEDICINE	33%	SD334	implantable interstitial glucose sensor	item	\$ 3,000.00	1	\$ 3,000.00	\$ 201,000
0448T	REMLV INSJ IMPLTBL GLUC SENS	55	52	ENDOCRINOLOGY	54%	SD334	implantable interstitial glucose sensor	item	\$ 3,000.00	1	\$ 3,000.00	\$ 156,000
19105	CRYOSURG ABLATE FA EACH	17	8	DIAGNOSTIC RADIOLOGY	75%	SD232	probe, cryoablation (Visica ICE 30 or 40)	item	\$ 1,372.12	1	\$ 1,372.12	\$ 10,977
19296	PLACE PO BREAST CATH FOR RAD	603	552	GENERAL SURGERY	75%	SA087	tray, RTS applicator (MammoSite)	item	\$ 2,827.86	1	\$ 2,827.86	\$ 1,560,979
20697	APP MLTPLN UNI XTRNL FIX XCH	21	19	ORTHOPEDIC SURGERY	68%	SD240	strut, replacement, dynamic external fixation	item	\$ 1,185.78	1	\$ 1,185.78	\$ 22,530
20982	ABLATE BONE TUMOR(S) PERQ	1452	82	DIAGNOSTIC RADIOLOGY	34%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	\$ 2,289.00	1	\$ 2,289.00	\$ 187,698
20983	ABLATE BONE TUMOR(S) PERQ	246	8	INTERVENTIONAL RADIOLOGY	50%	SD233	probe, cryoablation, renal	item	\$ 1,170.22	3	\$ 3,510.66	\$ 28,085
21125	AUGMENTATION LOWER JAW BONE	8	2	MAXILLOFACIAL SURGERY	50%	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	\$ 846.45	1	\$ 846.45	\$ 1,693
21127	AUGMENTATION LOWER JAW BONE	305	303	DENTIST	88%	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	\$ 846.45	1	\$ 846.45	\$ 256,474
21215	LOWER JAW BONE GRAFT	4599	4378	ORAL SURGERY	64%	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	\$ 846.45	1	\$ 846.45	\$ 3,705,758
22510	PERQ CERVICOTHORACIC INJECT	2205	101	DIAGNOSTIC RADIOLOGY	50%	SA039	kit, vertebroplasty (LP2, CDO)	kit	\$ 970.48	1	\$ 970.48	\$ 98,018
22511	PERQ LUMBOSACRAL INJECTION	2659	204	INTERVENTIONAL RADIOLOGY	23%	SA039	kit, vertebroplasty (LP2, CDO)	kit	\$ 970.48	1	\$ 970.48	\$ 197,978
22513	PERQ VERTEBRAL AUGMENTATION	18975	5851	ORTHOPEDIC SURGERY	23%	SA111	Kyphoplasty kit, first fracture	kit	\$ 3,720.80	1	\$ 3,720.80	\$ 21,770,401
22514	PERQ VERTEBRAL AUGMENTATION	21168	6666	ORTHOPEDIC SURGERY	23%	SA111	Kyphoplasty kit, first fracture	kit	\$ 3,720.80	1	\$ 3,720.80	\$ 24,802,853
22515	PERQ VERTEBRAL AUGMENTATION	12476	3241	ORTHOPEDIC SURGERY	24%	SA112	Kyphoplasty kit, additional fracture	kit	\$ 2,149.41	1	\$ 2,149.41	\$ 6,966,238
22526	IDET SINGLE LEVEL					SD222	catheter, intradiscal (spineCATH)	item	\$ 1,380.00	1	\$ 1,380.00	\$ -
22527	IDET 1 OR MORE LEVELS					SD222	catheter, intradiscal (spineCATH)	item	\$ 1,380.00	1	\$ 1,380.00	\$ -
27278	ARTHRO SI JT PRQ WO TFXJ DEV					SD356	Dorsal SI Joint Arthrodesis Implant	item	\$ 11,500.00	1	\$ 11,500.00	\$ -
30468	RPR NSL VLV COLLAPSE W/IMPLT	1594	833	OTOLARYNGOLOGY	99%	SA133	Absorbable nasal implant and delivery device	kit	\$ 1,995.00	1	\$ 1,995.00	\$ 1,661,835
30469	RPR NSL VLV COLLAPSE W/RMDLG					SD352	VivAer Stylus	item	\$ 1,950.00	1	\$ 1,950.00	\$ -
31242	NSL/SINUS NDSC RF ABLTJ PNN					SD357	Radiofrequency Stylus / wand	item	\$ 1,950.00	1	\$ 1,950.00	\$ -
31243	NSL/SINUS NDSC CRYOABLTI PNN					SD358	Cryoablation handpiece and 2 canisters (one per side)	item	\$ 1,882.80	1	\$ 1,882.80	\$ -
31295	NSL/SINS NDSC SURG MAX SINS	21727	20990	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	\$ 2,338.00	0.5	\$ 1,169.00	\$ 24,537,310
31296	NSL/SINS NDSC SURG FRNT SINS	5979	4611	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	\$ 2,338.00	0.5	\$ 1,169.00	\$ 5,390,259
31297	NSL/SINS NDSC SURG SPHN SINS	1339	1102	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	\$ 2,338.00	0.5	\$ 1,169.00	\$ 1,288,238
31298	NSL/SINS NDSC SURG FRNT&SPHN	15200	14774	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	\$ 2,338.00	1	\$ 2,338.00	\$ 34,541,612
31574	LARGSC W/NJX AUGMENTATION	4683	2913	OTOLARYNGOLOGY	100%	SI090	Voice Augmentation Gel	ml	\$ 592.11	1	\$ 592.11	\$ 1,724,816
31627	NAVIGATIONAL BRONCHOSCOPY	17174	32	PULMONARY DISEASE	69%	SA097	kit, locatable guide, ext. working channel, w-b-scope adapter	kit	\$ 976.68	1	\$ 976.68	\$ 31,254
31730	INTRO WINDPIPE WIRE/TUBE	180				SA091	tray, scoop, fast track system	tray	\$ 750.00	1	\$ 750.00	\$ -
32550	INSERT PLEURAL CATH	13926	102	INTERVENTIONAL RADIOLOGY	29%	SA077	kit, pleural catheter insertion	kit	\$ 550.76	1	\$ 550.76	\$ 56,178
32556	INSERT CATH PLEURA W/O IMAGE	4383	64	PULMONARY DISEASE	41%	SA077	kit, pleural catheter insertion	kit	\$ 550.76	1	\$ 550.76	\$ 35,249
32994	ABLATE PULM TUMOR PERQ CRYBL	340	6	INTERVENTIONAL RADIOLOGY	100%	SD233	probe, cryoablation, renal	item	\$ 1,170.22	3	\$ 3,510.66	\$ 21,064
32998	ABLATE PULM TUMOR PERQ RF	264	12	DIAGNOSTIC RADIOLOGY	50%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	\$ 2,289.00	1	\$ 2,289.00	\$ 27,468
33285	INSJ SUBQ CAR RHYTHM MNTR	58677	16240	CARDIOLOGY	51%	SA127	subcutaneous cardiac rhythm monitor system	item	\$ 5,032.50	1	\$ 5,032.50	\$ 81,727,800
36465	NJX NONCMPND SCLRSNT 1 VEIN	67951	67225	VASCULAR SURGERY	23%	SD324	Varithena (foam)	item	\$ 3,195.00	0.33	\$ 1,054.35	\$ 70,878,679
36466	NJX NONCMPND SCLRSNT MLT VN	16712	16389	VASCULAR SURGERY	23%	SD324	Varithena (foam)	item	\$ 3,195.00	0.33	\$ 1,054.35	\$ 17,279,742
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	2698	2635	CARDIOLOGY	29%	SA122	Claravein Kit	kit	\$ 883.33	1	\$ 883.33	\$ 2,327,575
36482	ENDOVEN THER CHEM ADHES 1ST	50045	47708	CARDIOLOGY	23%	SD323	Venaseal (glue)	item	\$ 1,495.00	1	\$ 1,495.00	\$ 71,323,460
36516	APHERESIS IMMUNOADS SLCTV	1105	616	ENDOCRINOLOGY	48%	SD186	plasma LDL adsorption column (Liposorber)	item	\$ 1,118.06	1	\$ 1,118.06	\$ 688,725
36522	PHOTOPHERESIS	6661	29	HEMATOLOGY/ONCOLOGY	72%	SA024	kit, photopheresis procedure	kit	\$ 863.56	1	\$ 863.56	\$ 25,043
36560	INSERT TUNNELED CV CATH	13				SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 510.73	1	\$ 510.73	\$ -
36561	INSERT TUNNELED CV CATH	113563	6487	DIAGNOSTIC RADIOLOGY	39%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 510.73	1	\$ 510.73	\$ 3,313,106
36563	INSERT TUNNELED CV CATH	202	8	GENERAL SURGERY	50%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 510.73	1	\$ 510.73	\$ 4,086
36566	INSERT TUNNELED CV CATH	297	10	DIAGNOSTIC RADIOLOGY	70%	SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	item	\$ 1,750.00	2	\$ 3,500.00	\$ 35,000
36570	INSERT PICVAD CATH	1				SA025	kit, PICC with subcut port	kit	\$ 718.18	1	\$ 718.18	\$ -
36571	INSERT PICVAD CATH	2040	181	GENERAL SURGERY	37%	SA025	kit, PICC with subcut port	kit	\$ 718.18	1	\$ 718.18	\$ 129,991
36582	REPLACE TUNNELED CV CATH	1123	102	DIAGNOSTIC RADIOLOGY	39%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 510.73	1	\$ 510.73	\$ 52,094
36583	REPLACE TUNNELED CV CATH	28	3	NURSE PRACTITIONER	33%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 510.73	1	\$ 510.73	\$ 1,532
36585	REPLACE PICVAD CATH	73	2	DIAGNOSTIC RADIOLOGY	50%	SA025	kit, PICC with subcut port	kit	\$ 718.18	1	\$ 718.18	\$ 1,436
36836	PRQ AV FSTL CRTJ UXTR 1 ACS					SD351	Ellipsys Vascular Access Catheter	item	\$ 7,378.75	1	\$ 7,378.75	\$ -
36837	PRQ AV FSTL CRT UXTR SEP ACS					SD350	Wavelinq EndoAVF catheters	item	\$ 7,000.00	1	\$ 7,000.00	\$ -
36837	PRQ AV FSTL CRT UXTR SEP ACS					SF056	Detachable coil	item	\$ 1,199.30	1	\$ 1,199.30	\$ -
36903	INTRO CATH DIALYSIS CIRCUIT	12740	5587	VASCULAR SURGERY	33%	SD254	covered stent (VIABAHN, Gore)	item	\$ 3,129.00	1	\$ 3,129.00	\$ 17,481,723
36904	THRMBC/NFS DIALYSIS CIRCUIT	2202	496	NEPHROLOGY	38%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	\$ 696.37	1	\$ 696.37	\$ 345,400
36905	THRMBC/NFS DIALYSIS CIRCUIT	22013	7620	NEPHROLOGY	45%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	\$ 696.37	1	\$ 696.37	\$ 5,306,339
36906	THRMBC/NFS DIALYSIS CIRCUIT	8498	3437	NEPHROLOGY	38%	SD254	covered stent (VIABAHN, Gore)	item	\$ 3,129.00	1	\$ 3,129.00	\$ 10,754,373
36906	THRMBC/NFS DIALYSIS CIRCUIT	8498	3437	NEPHROLOGY	38%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	\$ 696.37	1	\$ 696.37	\$ 2,393,424
36908	STENT PLMT CTR DIALYSIS SEG	3119	1361	NEPHROLOGY	27%	SA103	stent, vascular, deployment system, Cordis SMART	kit	\$ 803.58	1	\$ 803.58	\$ 1,093,672
36909	DIALYSIS CIRCUIT EMBOLJ	3804	2081	VASCULAR SURGERY	33%	SF056	Detachable coil	item	\$ 1,199.30	1	\$ 1,199.30	\$ 2,495,743
37183	REVISION TIPS	756	7	INTERVENTIONAL RADIOLOGY	57%	SD238	stent, GORE VIATORR TIPS Endoprosthesis	item	\$ 4,523.00	1	\$ 4,523.00	\$ 31,661
37184	PRIM ART M-THRMBC 1ST VSL	13108	1072	VASCULAR SURGERY	41%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	\$ 696.37	1	\$ 696.37	\$ 746,509
37186	SEC ART THROMBECTOMY ADD-ON	2858	1661	VASCULAR SURGERY	38%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	\$ 696.37	1	\$ 696.37	\$ 1,156,671
37187	VENOUS MECH THROMBECTOMY	7190	720	NEPHROLOGY	26%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	\$ 696.37	1	\$ 696.37	\$ 501,386
37188	VEN MECHNL THRMBC REPEAT TX	148	2	CARDIOLOGY	50%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	\$ 696.37	1	\$ 696.37	\$ 1,393
37191	INS ENDOVAS VENA CAVA FILTR	20415	460	VASCULAR SURGERY	54%	SD267	IVC filter	item	\$ 1,195.25	1	\$ 1,195.25	\$ 549,815
37221	ILIAC REVASC W/STENT	25781	5768	VASCULAR SURGERY	51%	SA103	stent, vascular, deployment system, Cordis SMART	kit	\$ 803.58	1	\$ 803.58	\$ 4,635,049
37223	ILIAC REVASC W/STENT ADD-ON	3639	735	VASCULAR SURGERY	56%	SA103	stent, vascular, deployment system, Cordis SMART	kit	\$ 803.58	1	\$ 803.58	\$ 590,631
37225	FEM/POPL REVAS W/ATHER	38629	26602	VASCULAR SURGERY	35%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$ 2,343.12	1	\$ 2,343.12	\$ 62,331,678
37225	FEM/POPL REVAS W/ATHER	38629	26602	VASCULAR SURGERY	35%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$ 1,142.89	1	\$ 1,142.89	\$ 30,403,160
37225	FEM/POPL REVAS W/ATHER	38629	26602	VASCULAR SURGERY	35%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	\$ 3,048.33	1	\$ 3,048.33	\$ 81,091,675
37226	FEM/POPL REVASC W/STENT	17660	2135	VASCULAR SURGERY	47%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$ 1,142.89	1	\$ 1,142.89	\$ 2,440,070
37226	FEM/POPL REVASC W/STENT	17660	2135	VASCULAR SURGERY	47%	SD254	covered stent (VIABAHN, Gore)	item	\$ 3,129.00	1	\$ 3,129.00	\$ 6,680,415
37226	FEM/POPL REVASC W/STENT	17660	2135	VASCULAR SURGERY	47%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$ 2,343.12	1	\$ 2,343.12	\$ 5,002,561
37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$ 1,142.89	1	\$ 1,142.89	\$ 16,763,911
37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD254	covered stent (VIABAHN, Gore)	item	\$ 3,129.00	1	\$ 3,129.00	\$ 45,896,172

37227	FEM/POPL REVASC STNT & ATHER	19666	14668 VASCULAR SURGERY	45% SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	\$	3,048.33	1	\$	3,048.33	\$	44,712,904
37227	FEM/POPL REVASC STNT & ATHER	19666	14668 VASCULAR SURGERY	45% SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343.12	1	\$	2,343.12	\$	34,368,884
37228	TIB/PER REVASC W/TLA	27661	6301 VASCULAR SURGERY	44% SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,142.89	1	\$	1,142.89	\$	7,201,350
37229	TIB/PER REVASC W/ATHER	37918	30659 VASCULAR SURGERY	31% SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343.12	1	\$	2,343.12	\$	71,837,716
37229	TIB/PER REVASC W/ATHER	37918	30659 VASCULAR SURGERY	31% SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,142.89	1	\$	1,142.89	\$	35,039,865
37229	TIB/PER REVASC W/ATHER	37918	30659 VASCULAR SURGERY	31% SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	\$	3,048.33	1	\$	3,048.33	\$	93,458,749
37230	TIB/PER REVASC W/STENT	2077	374 CARDIOLOGY	43% SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343.12	1	\$	2,343.12	\$	876,327
37230	TIB/PER REVASC W/STENT	2077	374 CARDIOLOGY	43% SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	\$	3,307.69	1	\$	3,307.69	\$	1,237,076
37230	TIB/PER REVASC W/STENT	2077	374 CARDIOLOGY	43% SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,142.89	1	\$	1,142.89	\$	427,441
37231	TIB/PER REVASC STENT & ATHER	3076	2549 INTERVENTIONAL RADIOLOGY	24% SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,142.89	1	\$	1,142.89	\$	2,913,227
37231	TIB/PER REVASC STENT & ATHER	3076	2549 INTERVENTIONAL RADIOLOGY	24% SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	\$	3,307.69	1	\$	3,307.69	\$	8,431,302
37231	TIB/PER REVASC STENT & ATHER	3076	2549 INTERVENTIONAL RADIOLOGY	24% SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343.12	1	\$	2,343.12	\$	5,972,613
37231	TIB/PER REVASC STENT & ATHER	3076	2549 INTERVENTIONAL RADIOLOGY	24% SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	\$	3,048.33	1	\$	3,048.33	\$	7,770,193
37234	REVSC OPN/PRQ TIB/PERO STENT	288	115 CARDIOLOGY	26% SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	\$	3,307.69	1	\$	3,307.69	\$	380,384
37235	TIB/PER REVASC STNT & ATHER	304	265 INTERVENTIONAL RADIOLOGY	61% SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	\$	3,307.69	1	\$	3,307.69	\$	876,538
37236	OPEN/PERQ PLACE STENT 1ST	9863	1168 VASCULAR SURGERY	47% SD299	stent, balloon, implantable	item	\$	812.43	1	\$	812.43	\$	948,918
37237	OPEN/PERQ PLACE STENT EA ADD	1094	102 VASCULAR SURGERY	38% SD299	stent, balloon, implantable	item	\$	812.43	1	\$	812.43	\$	82,868
37238	OPEN/PERQ PLACE STENT SAME	10117	4902 VASCULAR SURGERY	30% SD340	venous stent system	item	\$	1,750.00	1.5	\$	2,625.00	\$	12,867,750
37239	OPEN/PERQ PLACE STENT EA ADD	3903	2027 CARDIOLOGY	29% SD340	venous stent system	item	\$	1,750.00	1	\$	1,750.00	\$	3,547,250
37241	VASC EMBOLIZE/OCCLUDE VENOUS	1429	297 THORACIC SURGERY	24% SF056	Detachable coil	item	\$	1,199.30	1	\$	1,199.30	\$	356,192
37242	VASC EMBOLIZE/OCCLUDE ARTERY	8173	1106 DIAGNOSTIC RADIOLOGY	51% SF056	Detachable coil	item	\$	1,199.30	5	\$	5,996.50	\$	6,632,129
37243	VASC EMBOLIZE/OCCLUDE ORGAN	14498	1857 DIAGNOSTIC RADIOLOGY	51% SF058	LC Beads (2mL vial)	item	\$	2,341.93	3	\$	7,025.79	\$	13,046,892
37244	VASC EMBOLIZE/OCCLUDE BLEED	13397	312 PERIPHERAL VASCULAR DISEASE	43% SF056	Detachable coil	item	\$	1,199.30	4	\$	4,797.20	\$	1,496,726
37252	INTRVASC US NONCORONARY 1ST	69562	51817 VASCULAR SURGERY	35% SD304	IVUS catheter	item	\$	858.33	1	\$	858.33	\$	44,476,086
43290	EGD FLX TRNSORL DPLMNT BALO			SD348	ORBERA IntraGastric Balloon System	item	\$	1,850.00	1	\$	1,850.00	\$	-
44401	COLONOSCOPY WITH ABLATION	59		SC103	catheter, RF ablation, endoscopic	item	\$	1,500.00	1	\$	1,500.00	\$	-
45346	SIGMOIDOSCOPY W/ABLATION	886	58 COLORECTAL SURGERY (PROCTOLOGY)	71% SC103	catheter, RF ablation, endoscopic	item	\$	1,500.00	1	\$	1,500.00	\$	87,000
45388	COLONOSCOPY W/ABLATION	18936	1065 GASTROENTEROLOGY	53% SC103	catheter, RF ablation, endoscopic	item	\$	1,500.00	1	\$	1,500.00	\$	1,597,500
47382	PERCUT ABLATE LIVER RF	2601	15 DIAGNOSTIC RADIOLOGY	67% SA100	kit, probe, radiofrequency, Xii-enhanced RF probe	kit	\$	1,966.67	1	\$	1,966.67	\$	29,500
47383	PERQ ABLTJ LVR CRYOABLATION	248	5 INTERVENTIONAL RADIOLOGY	100% SD233	probe, cryoablation, renal	item	\$	1,170.22	4	\$	4,680.88	\$	23,404
47538	PERQ PLMT BILE DUCT STENT	781	1 DIAGNOSTIC RADIOLOGY	100% SD313	Viabil covered biliary stent	Item	\$	2,765.76	1	\$	2,765.76	\$	2,766
47539	PERQ PLMT BILE DUCT STENT	120		SD313	Viabil covered biliary stent	Item	\$	2,765.76	1	\$	2,765.76	\$	-
47540	PERQ PLMT BILE DUCT STENT	151		SD313	Viabil covered biliary stent	Item	\$	2,765.76	1	\$	2,765.76	\$	-
50592	PERC RF ABLATE RENAL TUMOR	1546	38 DIAGNOSTIC RADIOLOGY	76% SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	\$	2,289.00	1	\$	2,289.00	\$	86,982
50593	PERC CRYO ABLATE RENAL TUM	3517	26 DIAGNOSTIC RADIOLOGY	54% SD233	probe, cryoablation, renal	item	\$	1,170.22	2.5	\$	2,925.55	\$	76,064
52284	CYSTO RX BALO CATH URTL STRX			SD359	Optilume DCB, guidewire, and inflation device	item	\$	2,245.00	1	\$	2,245.00	\$	-
52441	CYSTOURETHRO W/IMPLANT	22785	7368 UROLOGY	100% SD291	Urolift Implant and implantation device	item	\$	875.00	1	\$	875.00	\$	6,447,000
52442	CYSTOURETHRO W/ADDL IMPLANT	90771	32737 UROLOGY	100% SD291	Urolift Implant and implantation device	item	\$	875.00	1	\$	875.00	\$	28,644,875
52647	LASER SURGERY OF PROSTATE	90	5 UROLOGY	40% SF030	laser tip, diffuser fiber	item	\$	730.00	1	\$	730.00	\$	3,650
52648	LASER SURGERY OF PROSTATE	14767	271 UROLOGY	99% SF030	laser tip, diffuser fiber	item	\$	730.00	1	\$	730.00	\$	197,830
53850	PROSTATIC MICROWAVE THERMOTX	950	938 UROLOGY	99% SA036	kit, transurethral microwave thermotherapy	kit	\$	1,000.00	1	\$	1,000.00	\$	938,000
53852	PROSTATIC RF THERMOTX	195	159 UROLOGY	100% SA037	kit, transurethral needle ablation (TUNA)	kit	\$	900.00	1	\$	900.00	\$	143,100
53854	TRURL DSTRJ PRST8 TISS RF WV	6847	4825 UROLOGY	100% SA128	kit, Rezum delivery device	item	\$	1,220.00	1	\$	1,220.00	\$	5,886,500
53855	INSERT PROST URETHRAL STENT	476	427 UROLOGY	98% SA101	kit, stent, urethral, prostatic, insertion tool and surveyor	kit	\$	512.34	1	\$	512.34	\$	218,769
53860	TRANSURETHRAL RF TREATMENT	17	17 OBSTETRICS/GYNECOLOGY	100% SD245	Renessa probe	item	\$	2,206.82	1	\$	2,206.82	\$	37,516
55873	CRYOABLATE PROSTATE	1134	87 UROLOGY	100% SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	kit	\$	4,000.00	1	\$	4,000.00	\$	348,000
55874	TPRNL PLMT BIODEGRDABL MATRL	19352	8518 UROLOGY	61% SA126	Biodegradable Material Kit - PeriProstatic	item	\$	2,965.00	1	\$	2,965.00	\$	25,255,870
58353	ENDOMETR ABLATE THERMAL	71	4 OBSTETRICS/GYNECOLOGY	100% SD018	catheter, balloon, thermal ablation (Thermachoice)	tray	\$	762.59	1	\$	762.59	\$	3,050
58356	ENDOMETRIAL CRYOABLATION	5	1 OBSTETRICS/GYNECOLOGY	100% SD215	probe, endometrial cryoablation (Her Option)	item	\$	1,295.00	1	\$	1,295.00	\$	1,295
58558	HYSTEROSCOPY BIOPSY	42979	6816 OBSTETRICS/GYNECOLOGY	94% SF059	Hysteroscopic tissue removal device	item	\$	721.03	1	\$	721.03	\$	4,914,540
58563	HYSTEROSCOPY ABLATION	1475	106 OBSTETRICS/GYNECOLOGY	99% SD177	hysteroscope, ablation device	item	\$	1,945.13	1	\$	1,945.13	\$	206,184
58565	HYSTEROSCOPY STERILIZATION	1		SA075	kit, hysteroscopic tubal implant for sterilization	kit	\$	1,177.72	1	\$	1,177.72	\$	-
58580	TRANSCRV ABLTJ UTRN FIBRD RF			SD361	RFA Handpiece, sterile (Sonata)	item	\$	2,500.00	1	\$	2,500.00	\$	-
63650	IMPLANT NEUROELECTRODES	79512	18100 PAIN MANAGEMENT	30% SD280	Trial lead kit	item	\$	958.94	1	\$	958.94	\$	17,356,814
63650	IMPLANT NEUROELECTRODES	79512	18100 PAIN MANAGEMENT	30% SD281	Trial lead array	item	\$	640.87	1	\$	640.87	\$	11,599,747
64553	IMPLANT NEUROELECTRODES	42	1 NURSE PRACTITIONER	100% SD280	Trial lead kit	item	\$	958.94	1	\$	958.94	\$	959
64553	IMPLANT NEUROELECTRODES	42	1 NURSE PRACTITIONER	100% SD281	Trial lead array	item	\$	640.87	1	\$	640.87	\$	641
64555	IMPLANT NEUROELECTRODES	9610	2065 ANESTHESIOLOGY	21% SD280	Trial lead kit	item	\$	958.94	1	\$	958.94	\$	1,980,211
64555	IMPLANT NEUROELECTRODES	9610	2065 ANESTHESIOLOGY	21% SD281	Trial lead array	item	\$	640.87	1	\$	640.87	\$	1,323,397
65778	COVER EYE W/MEMBRANE	54190	53656 OPTOMETRY	51% SD248	human amniotic membrane allograft mounted on a non-absorbable self-retaining ring	item	\$	931.33	1	\$	931.33	\$	49,971,442
65779	COVER EYE W/MEMBRANE SUTURE	526	119 OPHTHALMOLOGY	98% SD247	human amniotic membrane allograft	item	\$	835.00	1	\$	835.00	\$	99,365
65785	IMPLTJ NTRSTRML CRNL RNG SEG	21	14 OPHTHALMOLOGY	100% SA120	intrastromal corneal ring	pair	\$	1,145.00	1	\$	1,145.00	\$	16,030
68816	PROBE NL DUCT W/BALLOON	153	6 OPHTHALMOLOGY	83% SD220	catheter, balloon, lacrimal	item	\$	542.39	1	\$	542.39	\$	3,254
69705	NPS SURG DILAT EUST TUBE UNI	1495	843 OTOLARYNGOLOGY	100% SA134	kit, eustachian tube procedure	kit	\$	2,010.00	1	\$	2,010.00	\$	1,694,430
69706	NPS SURG DILAT EUST TUBE BI	2362	1440 OTOLARYNGOLOGY	100% SA134	kit, eustachian tube procedure	kit	\$	2,010.00	1	\$	2,010.00	\$	2,894,400
86490	COCCIDIOIDOMYCOSIS SKIN TEST			SH107	Spherusol	ml	\$	617.65	0.1	\$	61.76	\$	-
88120	CYTP URNE 3-5 PROBES EA SPEC	42054	43303 PATHOLOGY	58% SL261	FISH pre-treatment kit	kit	\$	579.21	0.3	\$	173.76	\$	7,524,329
88121	CYTP URINE 3-5 PROBES CMPTR	20338	19600 PATHOLOGY	62% SL261	FISH pre-treatment kit	kit	\$	579.21	0.2	\$	115.84	\$	2,270,464
91111	GI TRC IMG INTRAL ESOPHAGUS	142	48 GASTROENTEROLOGY	79% SA094	kit, capsule, ESO, endoscopy w-application supplies (ESO)	kit	\$	704.65	1	\$	704.65	\$	33,823
91112	GI WIRELESS CAPSULE MEASURE	726	497 GASTROENTEROLOGY	91% SD272	SmartPill capsule	item	\$	1,258.39	1	\$	1,258.39	\$	625,420
91113	GI TRC IMG INTRAL COLON I&R	15	7 GASTROENTEROLOGY	100% SD346	PillCam COLON capsule	kit	\$	625.00	1	\$	625.00	\$	4,375
96440	CHMOTX ADMIN PLRL CAV THRCNTS	68	9 HEMATOLOGY/ONCOLOGY	56% SA077	kit, pleural catheter insertion	kit	\$	550.76	1	\$	550.76	\$	4,957
G0166	EXTRNL COUNTERPULSE, PER TX	49673	49673 CARDIOLOGY	73% SD341	EECP compression equipment package	item	\$	826.75	0.01	\$	8.27	\$	410,796
G0166	EXTRNL COUNTERPULSE, PER TX	49673	49673 CARDIOLOGY	73% SD342	EECP electrical equipment package	item	\$	752.00	0.0025	\$	1.88	\$	93,385
G2082	VISIT ESKETAMINE 56M OR LESS	2363	2179 PSYCHIATRY	64% SH109	Esketamine (56 mg vial)	item	\$	683.67	1	\$	683.67	\$	1,489,717
G2083	VISIT ESKETAMINE, > 56M	13774	13350 PSYCHIATRY	66% SH110	Esketamine (84 mg vial)	item	\$	1,025.50	1	\$	1,025.50	\$	13,690,425



CPT_Code	Short Descriptor	2022 Medicare Frequency	2022 Medicare Frequency: Non-Facility Global & TC Only	2022 Medicare Top Spec: NF Global & TC Only	Top Spec % NF Global & TC Only	Supply_Code	DESCRIPTION	Unit_of_M easure	Purchase_Price	Non_Fac_Quantity	Non_Fac_Cost	Aggregate NF Global & TC Cost
0446T	INSJ IMPLTBL GLUCOSE SENSOR	69		67 INTERNAL MEDICINE	33%	SD334	implantable interstitial glucose sensor	item	3000	1	3000	\$ 201,000
0448T	REMLV INSJ IMPLTBL GLUC SENS	55		52 ENDOCRINOLOGY	54%	SD334	implantable interstitial glucose sensor	item	3000	1	3000	\$ 156,000
19105	CRYOSURG ABLATE FA EACH	17		8 DIAGNOSTIC RADIOLOGY	75%	SD232	probe, cryoablation (Visica ICE 30 or 40)	item	1372.12	1	1372.12	\$ 10,977
19296	PLACE PO BREAST CATH FOR RAD	603		552 GENERAL SURGERY	75%	SA087	tray, RTS applicator (MammoSite)	item	2827.86	1	2827.86	\$ 1,560,979
20697	APP MLTPLN UNI XTRNL FIX XCH	21		19 ORTHOPEDIC SURGERY	68%	SD240	strut, replacement, dynamic external fixation	item	1185.78	1	1185.78	\$ 22,530
20982	ABLATE BONE TUMOR(S) PERQ	1452		82 DIAGNOSTIC RADIOLOGY	34%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	2289	\$ 187,698
20983	ABLATE BONE TUMOR(S) PERQ	246		8 INTERVENTIONAL RADIOLOGY	50%	SD233	probe, cryoablation, renal	item	1170.22	3	3510.66	\$ 28,085
22513	PERQ VERTEBRAL AUGMENTATION	18975		5851 ORTHOPEDIC SURGERY	23%	SA111	Kyphoplasty kit, first fracture	kit	3720.8	1	3720.8	\$ 21,770,401
22514	PERQ VERTEBRAL AUGMENTATION	21168		6666 ORTHOPEDIC SURGERY	23%	SA111	Kyphoplasty kit, first fracture	kit	3720.8	1	3720.8	\$ 24,802,853
22515	PERQ VERTEBRAL AUGMENTATION	12476		3241 ORTHOPEDIC SURGERY	24%	SA112	Kyphoplasty kit, additional fracture	kit	2149.41	1	2149.41	\$ 6,966,238
22526	IDET SINGLE LEVEL					SD222	catheter, intradiscal (spineCATH)	item	1380	1	1380	\$ -
22527	IDET 1 OR MORE LEVELS					SD222	catheter, intradiscal (spineCATH)	item	1380	1	1380	\$ -
27278	ARTHRD SI JT PRQ WO TFXJ DEV					SD356	Dorsal SI Joint Arthrodesis Implant	item	11500	1	11500	\$ -
30468	RPR NSL VLV COLLAPSE W/IMPLT	1594		833 OTOLARYNGOLOGY	99%	SA133	Absorbable nasal implant and delivery device	kit	1995	1	1995	\$ 1,661,835
30469	RPR NSL VLV COLLAPSE W/RMDLG					SD352	VivAer Stylus	item	1950	1	1950	\$ -
31242	NSL/SINUS NDSC RF ABLTJ PNN					SD357	Radiofrequency Stylus / wand	item	1950	1	1950	\$ -
31243	NSL/SINUS NDSC CRYOABL TJ PNN					SD358	Cryoablation handpiece and 2 canisters (one per side)	item	1882.8	1	1882.8	\$ -
31295	NSL/SINUS NDSC SURG MAX SINS	21727		20990 OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	2338	0.5	1169	\$ 24,537,310
31296	NSL/SINUS NDSC SURG FRNT SINS	5979		4611 OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	2338	0.5	1169	\$ 5,390,259
31297	NSL/SINUS NDSC SURG SPHN SINS	1339		1102 OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	2338	0.5	1169	\$ 1,288,238
31298	NSL/SINUS NDSC SURG FRNT&SPHN	15200		14774 OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	2338	1	2338	\$ 34,541,612
32994	ABLATE PULM TUMOR PERQ CRYBL	340		6 INTERVENTIONAL RADIOLOGY	100%	SD233	probe, cryoablation, renal	item	1170.22	3	3510.66	\$ 21,064
32998	ABLATE PULM TUMOR PERQ RF	264		12 DIAGNOSTIC RADIOLOGY	50%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	2289	\$ 27,468
33285	INSJ SUBQ CAR RHYTHM MNTR	58677		16240 CARDIOLOGY	51%	SA127	subcutaneous cardiac rhythm monitor system	item	5032.5	1	5032.5	\$ 81,727,800
36465	NJX NONCMPND SCLRSNT 1 VEIN	67951		67225 VASCULAR SURGERY	23%	SD324	Varithena (foam)	item	3195	0.33	1054.35	\$ 70,878,679
36466	NJX NONCMPND SCLRSNT MLT VN	16712		16389 VASCULAR SURGERY	23%	SD324	Varithena (foam)	item	3195	0.33	1054.35	\$ 17,279,742
36482	ENDOVEN THER CHEM ADHES 1ST	50045		47708 CARDIOLOGY	23%	SD323	Venaseal (glue)	item	1495	1	1495	\$ 71,323,460
36516	APHERESIS IMMUNOADS SLCTV	1105		616 ENDOCRINOLOGY	48%	SD186	plasma LDL adsorption column (Liposorber)	item	1118.06	1	1118.06	\$ 688,725
36566	INSERT TUNNELED CV CATH	297		10 DIAGNOSTIC RADIOLOGY	70%	SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	item	1750	2	3500	\$ 35,000
36836	PRQ AV FSTL CRTJ UXTR 1 ACS					SD351	Ellipsys Vascular Access Catheter	item	7378.75	1	7378.75	\$ -
36837	PRQ AV FSTL CRT UXTR SEP ACS					SD350	Wavelinq EndoAVF catheters	item	7000	1	7000	\$ -
36837	PRQ AV FSTL CRT UXTR SEP ACS					SF056	Detachable coil	item	1199.3	1	1199.3	\$ -
36903	INTRO CATH DIALYSIS CIRCUIT	12740		5587 VASCULAR SURGERY	33%	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	\$ 17,481,723
36906	THRMBG/NFS DIALYSIS CIRCUIT	8498		3437 NEPHROLOGY	38%	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	\$ 10,754,373
36909	DIALYSIS CIRCUIT EMBOLJ	3804		2081 VASCULAR SURGERY	33%	SF056	Detachable coil	item	1199.3	1	1199.3	\$ 2,495,743
37183	REVISION TIPS	756		7 INTERVENTIONAL RADIOLOGY	57%	SD238	stent, GORE VIATORR TIPS Endoprosthesis	item	4523	1	4523	\$ 31,661
37191	INS ENDOVAS VENA CAVA FILTR	20415		460 VASCULAR SURGERY	54%	SD267	IVC filter	item	1195.25	1	1195.25	\$ 549,815
37225	FEM/POPL REVAS W/ATHER	38629		26602 VASCULAR SURGERY	35%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	\$ 62,331,678
37225	FEM/POPL REVAS W/ATHER	38629		26602 VASCULAR SURGERY	35%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	\$ 30,403,160
37225	FEM/POPL REVAS W/ATHER	38629		26602 VASCULAR SURGERY	35%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	3048.33	1	3048.33	\$ 81,091,675
37226	FEM/POPL REVAS W/STENT	17660		2135 VASCULAR SURGERY	47%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	\$ 2,440,070
37226	FEM/POPL REVAS W/STENT	17660		2135 VASCULAR SURGERY	47%	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	\$ 6,680,415
37226	FEM/POPL REVAS W/STENT	17660		2135 VASCULAR SURGERY	47%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	\$ 5,002,561
37227	FEM/POPL REVAS STNT & Ather	19666		14668 VASCULAR SURGERY	45%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	\$ 16,763,911
37227	FEM/POPL REVAS STNT & Ather	19666		14668 VASCULAR SURGERY	45%	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	\$ 45,896,172
37227	FEM/POPL REVAS STNT & Ather	19666		14668 VASCULAR SURGERY	45%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	3048.33	1	3048.33	\$ 44,712,904
37227	FEM/POPL REVAS STNT & Ather	19666		14668 VASCULAR SURGERY	45%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	\$ 34,368,884
37228	TIB/PER REVAS W/TLA	27661		6301 VASCULAR SURGERY	44%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	\$ 7,201,350
37229	TIB/PER REVAS W/ATHER	37918		30659 VASCULAR SURGERY	31%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	\$ 71,837,716
37229	TIB/PER REVAS W/ATHER	37918		30659 VASCULAR SURGERY	31%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	\$ 35,039,865
37229	TIB/PER REVAS W/ATHER	37918		30659 VASCULAR SURGERY	31%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	3048.33	1	3048.33	\$ 93,458,749
37230	TIB/PER REVAS W/STENT	2077		374 CARDIOLOGY	43%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	\$ 876,327
37230	TIB/PER REVAS W/STENT	2077		374 CARDIOLOGY	43%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	\$ 1,237,076
37230	TIB/PER REVAS W/STENT	2077		374 CARDIOLOGY	43%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	\$ 427,441
37231	TIB/PER REVAS STENT & Ather	3076		2549 INTERVENTIONAL RADIOLOGY	24%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	\$ 2,913,227
37231	TIB/PER REVAS STENT & Ather	3076		2549 INTERVENTIONAL RADIOLOGY	24%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	\$ 8,431,302
37231	TIB/PER REVAS STENT & Ather	3076		2549 INTERVENTIONAL RADIOLOGY	24%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	\$ 5,972,613
37231	TIB/PER REVAS STENT & Ather	3076		2549 INTERVENTIONAL RADIOLOGY	24%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	3048.33	1	3048.33	\$ 7,770,193
37234	REVSC OPN/PRQ TIB/PERO STENT	288		115 CARDIOLOGY	26%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	\$ 380,384
37235	TIB/PER REVAS STNT & Ather	304		265 INTERVENTIONAL RADIOLOGY	61%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	\$ 876,538
37238	OPEN/PERQ PLACE STENT SAME	10117		4902 VASCULAR SURGERY	30%	SD340	venous stent system	item	1750	1.5	2625	\$ 12,867,750
37239	OPEN/PERQ PLACE STENT EA ADD	3903		2027 CARDIOLOGY	29%	SD340	venous stent system	item	1750	1	1750	\$ 3,547,250
37241	VASC EMBOLIZE/OCCCLUDE VENOUS	1429		297 THORACIC SURGERY	24%	SF056	Detachable coil	item	1199.3	1	1199.3	\$ 356,192
37242	VASC EMBOLIZE/OCCCLUDE ARTERY	8173		1106 DIAGNOSTIC RADIOLOGY	51%	SF056	Detachable coil	item	1199.3	5	5996.5	\$ 6,632,129
37243	VASC EMBOLIZE/OCCCLUDE ORGAN	14498		1857 DIAGNOSTIC RADIOLOGY	51%	SF058	LC Beads (2mL vial)	item	2341.93	3	7025.79	\$ 13,046,892
37244	VASC EMBOLIZE/OCCCLUDE BLEED	13397		312 PERIPHERAL VASCULAR DISEASE	43%	SF056	Detachable coil	item	1199.3	4	4797.2	\$ 1,496,726
43290	EGD FLX TRNSORL DPLMNT BALO					SD348	ORBERA IntraGastric Balloon System	item	1850	1	1850	\$ -
44401	COLONOSCOPY WITH ABLATION	59				SC103	catheter, RF ablation, endoscopic	item	1500	1	1500	\$ -
45346	SIGMOIDOSCOPY W/ABLATION	886		58 COLORECTAL SURGERY (PROCTOLOGY)	71%	SC103	catheter, RF ablation, endoscopic	item	1500	1	1500	\$ 87,000
45388	COLONOSCOPY W/ABLATION	18936		1065 GASTROENTEROLOGY	53%	SC103	catheter, RF ablation, endoscopic	item	1500	1	1500	\$ 1,597,500
47382	PERCUT ABLATE LIVER RF	2601		15 DIAGNOSTIC RADIOLOGY	67%	SA100	kit, probe, radiofrequency, Xli-enhanced RF probe	kit	1966.67	1	1966.67	\$ 29,500
47383	PERQ ABLTJ LVR CRYOABLATION	248		5 INTERVENTIONAL RADIOLOGY	100%	SD233	probe, cryoablation, renal	item	1170.22	4	4680.88	\$ 23,404
47538	PERQ PLMT BILE DUCT STENT	781		1 DIAGNOSTIC RADIOLOGY	100%	SD313	Viabil covered biliary stent	item	2765.76	1	2765.76	\$ 2,766
47539	PERQ PLMT BILE DUCT STENT	120				SD313	Viabil covered biliary stent	item	2765.76	1	2765.76	\$ -



47540	PERQ PLMT BILE DUCT STENT	151		SD313	Viabil covered biliary stent	Item	2765.76	1	2765.76 \$	-
50592	PERC RF ABLATE RENAL TUMOR	1546	38 DIAGNOSTIC RADIOLOGY	76% SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	2289 \$	86,982
50593	PERC CRYO ABLATE RENAL TUM	3517	26 DIAGNOSTIC RADIOLOGY	54% SD233	probe, cryoablation, renal	item	1170.22	2.5	2925.55 \$	76,064
52284	CYSTO RX BALO CATH URTL STRX			SD359	Optilume DCB, guidewire, and inflation device	item	2245	1	2245 \$	-
53850	PROSTATIC MICROWAVE THERMOTX	950	938 UROLOGY	99% SA036	kit, transurethral microwave thermotherapy	kit	1000	1	1000 \$	938,000
53854	TRURL DSTRJ PRST8 TISS RF WV	6847	4825 UROLOGY	100% SA128	kit, Rezum delivery device	item	1220	1	1220 \$	5,886,500
53860	TRANSURETHRAL RF TREATMENT	17	17 OBSTETRICS/GYNECOLOGY	100% SD245	Renessa probe	item	2206.82	1	2206.82 \$	37,516
55873	CRYOABLATE PROSTATE	1134	87 UROLOGY	100% SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	kit	4000	1	4000 \$	348,000
55874	TPRNL PLMT BIODEGRDABL MATRL	19352	8518 UROLOGY	61% SA126	Biodegradable Material Kit - PeriProstatic	item	2965	1	2965 \$	25,255,870
58356	ENDOMETRIAL CRYOABLATION	5	1 OBSTETRICS/GYNECOLOGY	100% SD215	probe, endometrial cryoablation (Her Option)	item	1295	1	1295 \$	1,295
58563	HYSTEROSCOPY ABLATION	1475	106 OBSTETRICS/GYNECOLOGY	99% SD177	hysteroscope, ablation device	item	1945.13	1	1945.13 \$	206,184
58565	HYSTEROSCOPY STERILIZATION	1		SA075	kit, hysteroscopic tubal implant for sterilization	kit	1177.72	1	1177.72 \$	-
58580	TRANSCRV ABLTJ UTRN FIBRD RF			SD361	RFA Handpiece, sterile (Sonata)	item	2500	1	2500 \$	-
65785	IMPLTJ NTRSTRML CRNL RNG SEG	21	14 OPHTHALMOLOGY	100% SA120	intrastromal corneal ring	pair	1145	1	1145 \$	16,030
69705	NPS SURG DILAT EUST TUBE UNI	1495	843 OTOLARYNGOLOGY	100% SA134	kit, eustachian tube procedure	kit	2010	1	2010 \$	1,694,430
69706	NPS SURG DILAT EUST TUBE BI	2362	1440 OTOLARYNGOLOGY	100% SA134	kit, eustachian tube procedure	kit	2010	1	2010 \$	2,894,400
91112	GI WIRELESS CAPSULE MEASURE	726	497 GASTROENTEROLOGY	91% SD272	SmartPill capsule	item	1258.39	1	1258.39 \$	625,420
G2083	VISIT ESKETAMINE, > 56M	13774	13350 PSYCHIATRY	66% SH110	Esketamine (84 mg vial)	item	1025.5	1	1025.5 \$	13,690,425

**RUC Practice Expense Subcommittee  
Packs Workgroup  
June 2023**

**Workgroup Report**

**Workgroup Members Present:** Donald Selzer, MD (Chair), Michael Booker, MD, Dheeraj Mahajan, MD, Richard Rausch, DPT, MBA, Edward Vates, MD

At the April 2023 meeting, the PE Subcommittee formed a workgroup to review the content of the packs to assess if they are still typical and revise as necessary. This was a result of discrepancies found with the packs pricing at the January 2023 RUC meeting.

The purpose of the packs is to simplify the process of identifying and recommending PE supply direct inputs. One would expect the pack price to be identical to the total cost of its individual contents. The price of the individual components should be consistent across the supply packs and match the standalone prices of supplies. However, the RUC noted a discrepancy with the SA051 *pack, pelvic exam* while reviewing CPT code 9X036 *Pelvic exam (List separately in addition to code for primary procedure)*. The SA051 pack is priced at \$20.16 while the four individual items therein total \$2.81 according to the 2023 CMS Direct PE Inputs Medical Supplies Listing.

AMA Staff prepared a document with the 23 deconstructed packs for consideration by the PE Subcommittee at its April 2023 meeting. Review of the pack pricing uncovered numerous discrepancies between the aggregated cost of a pack and the individual item components. Prior to the meeting, staff reached out to inquire about this issue to the Centers for Medicare & Medicaid Services (CMS) and received the following response:

“We agree that this is an issue that should be fixed, as the price of the individual components should be consistent across the supply packs and match the standalone prices of supplies (like gloves and sterile gauze and such). However, it needs to be tackled in comprehensive fashion to ensure consistency across the dozens of supply packs which will be a sizable undertaking. Resolving these pricing discrepancies in the supply packs is something that we will consider addressing in future rulemaking.”

The RUC shared the deconstructed packs document and volume analysis with CMS as part of its May 2023 RUC recommendations stating, **“The RUC strongly recommends that CMS resolve these pricing discrepancies in the supply packs during CY2024 rulemaking.”**

The Packs Workgroup convened a Teams meeting on June 28, 2023, and completed the following tasks to be included with the RUC comments on the CY2024 Proposed Rule:

I. Incomplete Packs Review

When the 23 supply packs were deconstructed, four packs stood out as containing items that did not have assigned supply codes and were no longer included on the CMS Direct PE Inputs Medical Supplies Listing. The pricing of these packs was clearly incorrect because the individual components could not be properly accounted for or summed. The Workgroup reviewed the contents of these four incomplete packs (SA045, SA046, SA049 and SA082) to ensure they are complete for submission to CMS with the RUC comment letter in August 2023.

AMA Staff searched the RUC database for the codes that used each of the four incomplete supply packs and contacted the specialties who are the dominant providers for one or more of these services. The specialties involved were requested to review the contents of the respective packs to ensure they are correct and to provide invoices for any missing supply items. The attached spreadsheet accounts for all

the packs and details the recommended modifications for the packs as explained below. Invoices are also attached for new supply items.

**SA045** – All the items listed in SA045 *pack, drapes, cystoscopy* were no longer available in the current CMS Direct PE Inputs Medical Supplies Listing, thus the specialties rebuilt the pack to include two new supply items:

- *drape, surgical, legging*
- *drape, surgical, split, impervious, absorbent.*

The specialty clarified that two leggings are typical, one for each leg. They explained that there are three components to the pack, a legging on each leg and the drape in the center. A one piece drape is considerably more expensive and not typical. The Workgroup carefully reviewed the invoices and clarified that the leggings invoice is for a single legging drape (2 cases of 20), thus a quantity of two is appropriate.

**SA046** – The specialties examined the codes which include SA046 *pack, drapes, laparotomy (chest-abdomen)* and recommended alternative supply items to replace the pack as detailed in the attached spreadsheet.

The Workgroup agreed that pack SA046 should be removed for the six CPT codes 19020, 19101, 19110, 19112, 20102, 20101 and replaced with supply item SB011 *drape, sterile, fenestrated 16in x 29in* as recommended by the surgical specialties. The specialties explained that a laparotomy drape-pack is not a typical supply in a surgeon's office. In addition, SA046 duplicates a few items that are separately identified for these codes (eg, SB012 drape, sterile, for Mayo stand). For these 6 procedures, it would be more typical to use a fenestrated drape which is an item commonly stocked in a surgeon's office and not included in the current PE details.

For CPT codes 19000, 60300, 22510, 22511, 22513, 22514, the Workgroup did not immediately accept the recommendation to substitute existing supply items SB014 *drape, sterile, three-quarter sheet* and SB019 *drape, towel, sterile 18in x 26in* for a longer drape but instead requested a brief rationale of what is typically used for the procedures and why, whether it be the existing supplies or a new supply item.

For CPT codes 22510, 22511, 22513, 22514, the specialties submitted a revised recommendation and invoice for a new supply item, *Abdominal Drape Laparotomy Drape Sterile (100 in x 72 in x 124 in)*, along with existing supply item SB019. They explained that “A laparotomy drape-pack is not a typical supply in a surgeon’s office and that SA046 also includes several items which are unnecessary (e.g., fan-folded drape sheets, Mayo stand cover, suture bag) for these procedures. For these four procedures, it would be more typical to use sterile drape towels (4) and a fenestrated drape, which is an item commonly stocked in a surgeon’s office but not included in the current CMS list of PE supply inputs.”

The specialties submitted a revised recommendation for CPT code 19000 with rationale to recommend replacing pack SA046 with existing supply items SB014 and SB019. They explained that “A laparotomy drape-pack is not a typical supply item for this procedure and contains duplicate items. It would be more typical to use a three-quarter sheet drape to cover the patient’s lower chest and abdomen, and two sterile towels folded into triangles to create a sterile field surrounding the targeted area on the breast for puncture. These supply items are currently on the CMS list of PE supply inputs.”

Finally, the specialties submitted a revised recommendation for CPT code 60300 also with rationale to recommend replacing pack SA046 with existing supply items SB014 and SB019. They explained that “A laparotomy drape-pack is not a typical supply item for this procedure and contains duplicate items. It would be more typical to use a three-quarter sheet drape to cover the patient, and two sterile towels folded

into triangles to create a sterile field surrounding the targeted area for puncture on the neck. These supply items are currently on the CMS list of PE supply inputs.”

The Workgroup recommends that pack SA046 be eliminated and replaced with the supply items as specified in the attached spreadsheet.

**SA049** – Several items in the existing SA049 pack, *ocular photodynamic therapy* were no longer included on the CMS Direct PE Inputs Medical Supplies Listing, thus the specialty submitted modifications to correct the pack. The Workgroup discussed the specialty recommendation for SA049 and modified it further to include only two items as detailed in the attached spreadsheet. The Workgroup thoroughly discussed the contents of the ocular photodynamic therapy (PDT) kit and noted that a significant portion of the supply items in the existing pack are included in the kit. The specialty confirmed that the kit is correct, and the only additional item needed is the Y-adapter cap. Invoices are attached and include a picture to identify the contents of the kit.

**SA082** – For SA082 pack, *ophthalmology visit (w-dilation)*, the specialty recommended that all the items in the existing pack remain, except for one (rev-eyes 0.5% ophth). They submitted the missing invoice for post-mydriatic spectacles, and the Workgroup clarified that the invoice includes 25 spectacles per box for a total of \$0.328 per item as noted on the attached spreadsheet.

## II. Review of One Supply Item in SA042 pack, *cleaning and disinfecting, endoscope*

The unit of measurement and price for SM018 *glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)* were highlighted for review by the Packs Workgroup. AMA Staff contacted CMS to inquire about what size bottle was used for pricing SM018. CMS did not have any information on the unit size (bottle or otherwise) which was used to price the SM018 supply during the last supply/equipment pricing update. Given that the old price was 17 cents per ounce and now it is \$3.44 per ounce, there may have been a unit quantity error that took place somewhere during the process.

According to the RUC database, there are 306 codes that utilize SA042 pack, *cleaning and disinfecting, endoscope* in the Non-Facility or the Facility setting. AMA Staff contacted the specialties who are the dominant providers for one or more of these services. The specialties involved were requested to provide invoices for SM018 to ensure that quantity and pricing of this supply item is accurate. Invoices shared by the specialties will be forwarded to CMS.

The specialties were further asked if there were any other discrepancies in the contents of SA042 including alternative scope disinfectants. The specialties determined, and the Workgroup agreed, that glutaraldehyde use is no longer typical. Thus, a non-glutaraldehyde disinfectant, ortho-phthalaldehyde 0.55% (eg, Cidex OPA), is recommended as a new supply item. A specialty explained that Cidex OPA is what is used in the office setting as a replacement to the old version of Cidex (glutaraldehyde). Cidex OPA replaced Cidex several years ago to respond to glutaraldehyde-resistant mycobacteria (eg, *M.chelonae*). Another specialty confirmed that glutaraldehyde has been replaced by safer less toxic alternatives in most centers. The Workgroup clarified the unit of measurement for the new supply item is ounces with the quantity for the pack equal to 32 oz. which is what was used previously with SM018.

In addition, an additional new supply item is recommended to replace SM019 *glutaraldehyde test strips (Cidex, Metrex)* in pack SA042. Invoices were requested for ortho-phthalaldehyde test strips to complete the pack and are shared in the attachments.

III. Supply Pack Affirmation – CMS Mathematical Correction Needed

There are 18 packs in the attached spreadsheet where all content is complete. **The Workgroup affirmed the contents of the complete packs for submission to CMS with the RUC request to ensure accurate packs pricing.** The Workgroup concurred that these packs should be rectified as soon as possible by CMS to ensure that the sum totals from the individual items.

**The PE Subcommittee Packs Workgroup recommends that:**

- 1. The RUC request that the Centers for Medicare & Medicaid Services (CMS) revise packs SA042, SA045, SA046, SA049 and SA082 according to the attached spreadsheet.**
- 2. The RUC request that the Centers for Medicare & Medicaid Services (CMS) immediately initiate correction of the packs pricing such that the sum of the individual components match the price of the corresponding pack.**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, basic injection</b>		<b>pack</b>		<b>10.45</b>
cap, surgical	1.14	item	1	1.14
drape, sterile barrier 16in x 29in	0.51	item	1	0.51
drape, sterile, for Mayo stand	1.07	item	1	1.07
gloves, sterile	0.91	pair	2	1.82
gown, staff, impervious	1.186	item	1	1.186
gown, surgical, sterile	5.13	item	1	5.13
mask, surgical	0.43	item	1	0.43
underpad 2ft x 3ft (Chux)	0.32	item	1	0.32
needle, 18-27g	0.04	item	2	0.08
syringe 3ml	0.25	item	1	0.25
applicator, sponge-tipped	0.15	item	3	0.45
bandage, strip 0.75in x 3in (Bandaid)	0.41	item	1	0.41
gauze, sterile 4in x 4in	0.19	item	2	0.38
lidocaine 1%-2% inj (Xylocaine)	0.06	ml	5	0.3
povidone soln (Betadine)	0.38	ml	10	3.8
<b>Deconstructed Pricing</b>				<b>17.28</b>

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>alternate injection pack*, basic injection</b>		<b>pack</b>		<b>14.12</b>
cap, surgical	1.14	item	1	1.14
drape, sterile barrier 16in x 29in	0.51	item	1	0.51
drape, sterile, for Mayo stand	1.07	item	1	1.07
gloves, sterile	0.91	pair	2	1.82
gown, staff, impervious	1.186	item	1	1.186
gown, surgical, sterile	5.13	item	1	5.13
mask, surgical	0.43	item	1	0.43
underpad 2ft x 3ft (Chux)	0.32	item	1	0.32
needle, 18-27g	0.04	item	2	0.08
syringe 3ml	0.25	item	1	0.25
bandage, strip 0.75in x 3in (Bandaid)	0.41	item	1	0.41
gauze, sterile 4in x 4in	0.19	item	2	0.38
lidocaine 1%-2% inj (Xylocaine)	0.06	ml	5	0.3
swab, patient prep, 1.5 ml (chloraprep)	1.09	item	1	1.09
<b>Deconstructed Pricing</b>				<b>14.12</b>

2023 Final Rule (CMS-1770-F) per RUC request May 2021.

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, cleaning and disinfecting, endoscope</b>		<b>pack</b>		<b>19.43</b>
gloves, non-sterile	0.3	pair	4	

gown, staff, impervious	1.186	item	1
face shield, splash protection ( <i>mask, surgical, with face shiel</i>	3.4	item	1
biohazard specimen transport bag	0.08	item	1
gauze, sterile 4in x 4in (10 pack uou)	1.2	item	1
alcohol isopropyl 70%	0.03	ml	60
cleaning brush, endoscope	3.15	item	1
glutaraldehyde 3.4% ( <i>Cidex, Maxicide, Wavicide</i> )	3.44	oz	32
glutaraldehyde test strips ( <i>Cidex, Metrex</i> )	0.84	item	4
<b>Deconstructed Pricing</b>			

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, cleaning, surgical instruments</b>		<b>pack</b>	<b>1</b>	<b>12.61</b>
gloves, non-sterile	0.3	pair	2	0.6
gown, staff, impervious	1.186	item	1	1.186
face shield, splash protection ( <i>mask, surgical, with face shi</i>	3.4	item	1	3.4
autoclave bag	0.07	item	1	0.07
autoclave tape	0.05	yd	0.33	0.0165
cleaning brush, instruments	5.6	item	1	5.6
enzymatic detergent	0.22	oz	1	0.22
<b>Deconstructed Pricing</b>				<b>11.09</b>

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, moderate sedation</b>		<b>pack</b>		<b>18.55</b>
kit, iv starter	1.07	kit	1	1.07
<i>latex-free tourniquet</i>				
<i>alcohol prep pad</i>				
<i>PVP swabstic</i>				
<i>gauze sponges</i>				
<i>surgical tape</i>				
pulse oximeter sensor probe wrap ( <b>cover, thermometer prol</b>	0.22	item	1	0.22
gloves, sterile	0.91	pair	1	0.91
gown, surgical, sterile	5.13	item	1	5.13
angiocatheter 14g-24g	2.45	item	1	2.45
iv infusion set	1.27	item	1	1.27
stop cock, 3-way	1.04	item	1	1.04
syringe 1ml	0.26	item	1	0.26
syringe-needle 3ml 22-26g	0.05	item	2	0.1
catheter, suction	0.32	item	1	0.32
electrode, ECG (single)	0.06	item	3	0.18
electrode, ground	1.28	item	1	1.28
gas, oxygen	0.01	liter	200	2
oxygen mask (1) and tubing (7ft)	0.9	item	1	0.9

tourniquet, non-latex 1in x 18in	0.1	item	1	0.1
bandage, strip 0.75in x 3in	0.41	item	1	0.41
dressing, 4in x 4.75in (Tegaderm)	0.6	item	1	0.6
gauze, sterile 4in x 4in	0.19	item	4	0.76
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
swab-pad, alcohol	0.04	item	2	0.08
<b>Deconstructed Pricing</b>				<b>19.20</b>

DESCRIPTION	Unit price	Unit	Item Qty
<b>pack, drapes, cystoscopy</b>	<b>17.33</b>	<b>pack</b>	
<del>55" x 71" table cover</del>		<del>item</del>	<del>4</del>
<del>28" x 48" leggings</del>		<del>item</del>	<del>2</del>
<del>57" x 41" x 87" cystoscopy T-sheet</del>		<del>item</del>	<del>4</del>
<b>Deconstructed Pricing</b>			

DESCRIPTION	Unit price	Unit	Item Qty
<b>pack, drapes, laparotomy (chest-abdomen)</b>	<b>7.26</b>	<b>pack</b>	
<del>Laparotomy Drape with 28" x 28" absorbent reinforcement</del>		<del>item</del>	<del>4</del>
<del>Fan-folded drape sheets, 44" x 57"</del>		<del>item</del>	<del>2</del>
<del>Mayo stand cover, reinforced poly, 23"W</del>		<del>item</del>	<del>4</del>
<del>Suture bag</del>		<del>item</del>	<del>4</del>
<del>Absorbent towel</del>		<del>item</del>	<del>4</del>
<del>Drape towels, adhesive</del>		<del>item</del>	<del>4</del>
<del>Outer wrap/reinforced poly table cover, 44" x 90", with 24" x 90" reinforcement on surgical</del>		<del>item</del>	<del>4</del>
<b>Deconstructed Pricing</b>			

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, e/m visit</b>		<b>pack</b>		<b>5.47</b>
cover, thermometer probe	0.22	item	1	0.22
drape, non-sterile, sheet 40in x 60in	0.13	item	1	0.13
gloves, non-sterile	0.3	pair	2	0.6
gown, patient	0.59	item	1	0.59
paper, exam table	0.014	foot	7	0.098
pillow case	0.47	item	1	0.47
swab-pad, alcohol	0.04	item	2	0.08
tongue depressor	0.03	item	1	0.03
patient education booklet	2.8	item	1	2.8
specula tips, otoscope	0.45	item	1	0.45
<b>Deconstructed Pricing</b>				<b>5.47</b>



MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, minimum multi-specialty visit</b>		<b>pack</b>		<b>5.02</b>
cover, thermometer probe	0.22	item	1	0.22
gloves, non-sterile	0.3	pair	2	0.6
gown, patient	0.59	item	1	0.59
paper, exam table	0.014	foot	7	0.098
pillow case	0.47	item	1	0.47
<b>Deconstructed Pricing</b>				<b>1.98</b>

DESCRIPTION	Unit price	Unit	Item Qty
<b>pack, ocular photodynamic therapy</b>	<b>16.35</b>	<b>kit</b>	
syringe 10-12ml	0.21	item	3
needle, 18-27g	0.04	item	5
syringe 30 ml	0.95	item	1
dextrose 5% inj (250ml uou)	0	item	1
swab-pad, alcohol	0.04	item	6
iv safety catheter with Y adapter (Intima)	0	item	1
post-mydratic spectacles	0	pair	1
Infusion Line Diagram	no charge	item	1
Patient Guide to Visudyne	no charge	item	1
<del>wristband, patient ID</del>	<del>0</del>	<del>item</del>	<del>4</del>
iv PCA extension set	0	item	1
syringe filter, sterile 1.2micron (Acrodisc) ( <b>syringe filter</b> )	1.87	item	1
<b>Deconstructed Pricing</b>			

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, ophthalmology visit (no-dilation)</b>		<b>pack</b>		<b>2.72</b>
gloves, non-sterile	0.3	pair	2	0.6
paper, chinrest	0.008	item	1	0.008
applicator, cotton-tipped, non-sterile 6in	0.07	item	2	0.14
fluorescein strips	0.282	item	1	0.282
proparacaine 0.5% ophth (Ophthaine, Alcaine)	2.3533	ml	0.1	0.23533
swab-pad, alcohol	0.04	item	2	0.08
<b>Deconstructed Pricing</b>				<b>1.35</b>

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, pelvic exam</b>		<b>pack</b>		<b>20.16</b>
specula, vaginal	1.36	item	1	1.36
lubricating jelly (K-Y) (5gm uou)	0.54	item	1	0.54
swab, procto 16in	0.27	item	2	0.54
pad, feminine mini	0.37	item	1	0.37
<b>Deconstructed Pricing</b>				<b>2.81</b>

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, post-op incision care (staple)</b>		<b>pack</b>		<b>4.80</b>
kit, staple removal <i>disposable skin staple remover</i> <i>3" x 3" gauze sponge</i>	1.203	kit	1	1.203
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	2	0.38
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	10	3.8
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	1	0.33
<b>Deconstructed Pricing</b>				<b>9.90</b>

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, post-op incision care (suture &amp; staple)</b>		<b>pack</b>		<b>5.47</b>
kit, staple removal <i>disposable skin staple remover</i> <i>3" x 3" gauze sponge</i>	1.203	kit	1	1.203
kit, suture removal <i>disposable hook-tipped scissors</i> <i>disposable plastic forceps</i> <i>3" x 3" gauze sponge</i>	1.64	kit	1	1.64
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	2	0.38
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	10	3.8
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	1	0.33
<b>Deconstructed Pricing</b>				<b>11.54</b>

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, post-op incision care (suture)</b>		<b>pack</b>		<b>4.62</b>
kit, suture removal <i>disposable hook-tipped scissors</i> <i>disposable plastic forceps</i> <i>3" x 3" gauze sponge</i>	1.64	kit	1	1.64
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	2	0.38
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	10	3.8
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	1	0.33
<b>Deconstructed Pricing</b>				<b>10.34</b>

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, post-op incision care, craniotomy</b>		<b>pack</b>		<b>7.30</b>
kit, staple removal <i>disposable skin staple remover</i> <i>3" x 3" gauze sponge</i>	1.203	kit	1	1.203
kit, suture removal <i>disposable hook-tipped scissors</i> <i>disposable plastic forceps</i> <i>3" x 3" gauze sponge</i>	1.64	kit	1	1.64
povidone soln (Betadine)	0.38	ml	20	7.6
gauze, sterile 4in x 4in	0.19	item	4	0.76
gloves, sterile	0.91	pair	1	0.91
bandage, Kling, non-sterile 2in	1.65	item	1	1.65
steri-strip (6 strip uou)	1.54	item	2	3.08
swab-pad, alcohol	0.04	item	2	0.08
tape, surgical paper 1in (Micropore)	0.01	inch	60	0.6
tincture of benzoin, swab	0.33	item	2	0.66
<b>Deconstructed Pricing</b>				<b>18.18</b>

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, post-op incision care, neurosurgical</b>		<b>pack</b>		<b>6.20</b>
kit, staple removal <i>disposable skin staple remover</i> <i>3" x 3" gauze sponge</i>	1.203	kit	1	1.203
kit, suture removal <i>disposable hook-tipped scissors</i>	1.64	kit	1	1.64

*disposable plastic forceps*

*3" x 3" gauze sponge*

gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	4	0.76
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	20	7.6
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	2	0.66

**Deconstructed Pricing** **16.05**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, urology cystoscopy visit</b>		<b>pack</b>		<b>113.70</b>
pack, drapes, cystoscopy	17.33	pack	1	17.33
gloves, non-sterile	0.3	pair	1	0.3
gloves, sterile	0.91	pair	1	0.91
tubing, irrigation (cysto)	3.54	item	1	3.54
lidocaine 2% jelly, topical (Xylocaine)	1.04	ml	10	10.4
sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item	1	3.34
povidone soln (Betadine)	0.38	ml	10	3.8
sanitizing cloth-wipe (patient)	0.07	item	5	0.35

**Deconstructed Pricing** **39.97**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, drape, ortho, large</b>		<b>pack</b>		<b>37.30</b>
drape, sterile, for Mayo stand	1.07	item	1	1.07
drape, sterile, hand-upper extremity	8.38	item	1	8.38
drape, sterile, three-quarter sheet	3.46	item	1	3.46
drape, sterile, u-shape	6.39	item	1	6.39
bandage, Esmarch-Martin, sterile 3in x 9ft	6.08	item	1	6.08

**Deconstructed Pricing** **25.38**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, drape, ortho, small</b>		<b>pack</b>		<b>2.25</b>
drape-towel, sterile 18in x 26in	0.47	item	4	1.88

**Deconstructed Pricing** **1.88**

DESCRIPTION	Unit price	Unit	Item Qty
<b>pack, ophthalmology visit (w-dilation)</b>	<b>3.91</b>	<b>pack</b>	
Cotton tipped applicators (applicator, cotton-tipped, non-ster	0.07	item	2
fluorescein strips	0.282	item	1
gloves, non-sterile	0.3	pair	2
tetracaine or proparacaine (proparacaine 0.5% ophth (Ophth:	2.3533	ml	0.1
tropicamide 1% ophth (Mydriacyl)	0.83	ml	0.1
phenylephrine 2.5% ophth (Mydfrin)	5.46	ml	0.1
paper, chinrest	0.008	item	1
swab-pad, alcohol	0.04	item	2
post-mydriatic spectacles	0	Item	1
rev-eyes 0.5% ophth	0	ml	0.1
<b>Deconstructed Pricing</b>			

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, protective, ortho, large</b>		<b>pack</b>		<b>10.86</b>
cap, surgical	1.14	item	1	1.14
gloves, non-sterile	0.3	pair	2	0.6
gloves, sterile	0.91	pair	4	3.64
gown, staff, impervious	1.186	item	2	2.372
mask, surgical, with face shield	3.4	item	2	6.8
shoe covers, surgical	0.1	pair	2	0.2
<b>Deconstructed Pricing</b>				<b>14.75</b>

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
<b>pack, protective, ortho, small</b>		<b>pack</b>		<b>5.99</b>
cap, surgical	1.14	item	1	1.14
gloves, non-sterile	0.3	pair	2	0.6
gloves, sterile	0.91	pair	2	1.82
gown, staff, impervious	1.186	item	1	1.186
mask, surgical, with face shield	3.4	item	1	3.4
<b>Deconstructed Pricing</b>				<b>8.15</b>



drs4drs - Invoice

Remit	[REDACTED]
Date	07/12/2023
Invoice#	48567
Terms	Net 30 Days
Due Date	08/11/2023
Bill To	[REDACTED]
Ship To	[REDACTED]

SKU	Description	Qty	Price	Total	Tax
<i>Medical</i>					
HS-5552497-BT	Cidex OPA Solution Test Strips Concentration Indicator (60/Bottle)	1	\$93.47	\$93.47	T
	<b>Sub Total   Medical:</b>			<b>\$93.47</b>	
	<b>Taxes   Medical:</b>			<b>\$6.54</b>	
	<b>Total   Medical:</b>			<b>\$100.01</b>	
	<b>Grand Total:</b>			<b>\$93.47</b>	
	<b>Tax Total:</b>			<b>\$6.54</b>	
	<b>Total Amount Due:</b>			<b>\$100.01</b>	

$\$93.47 / 60 = \$1.55578$  strip





# MCKESSON

MCKESSON MEDICAL-SURGICAL  
INC.  
401 GILLS DRIVE SUITE 100  
ORLANDO, FL 32824

# Invoice

Page 1 of 1

Shipped From: RCHE1DPD01  
MCKESSON MEDICAL-SURGICAL INC.  
401 GILLS DRIVE SUITE 100  
ORLANDO, FL 32824  
SHIPPED FROM LICENSE: 221023

TIN: 94-2640465  
DUNS: 02-390-4428

Payment / Account Balance Inquires: 1-800-453-5180  
Customer Service: 1-800-811-8528

<b>Sales Order Number</b>	93093868	<b>Invoice Number</b>	54647799
<b>Sales Order Date</b>	04/20/2023	<b>Invoice Date</b>	04/20/2023
<b>PO Number</b>	DAY-61934-AUI	<b>Payment Due Date</b>	05/20/2023
<b>Sales Rep Name</b>	ROHM, MCKENNA	<b>Invoice Amount</b>	\$79.13

Notes: By doing business with McKesson, Customer acknowledges that it is familiar with McKesson's Terms of Sale and is responsible for reviewing in full the complete Terms of Sale that apply to this purchase, located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. McKesson's acceptance of Customer's order was expressly conditioned upon Customer's assent to the complete Terms of Sale.

Please contact us regarding electronic payment options at [MMS.Treasury@McKesson.com](mailto:MMS.Treasury@McKesson.com)

### Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
512839	Vendor: MGM68 Vend Cat#: 68-102800	DISINFECTANT, GLUTARALDEHYDE 2 PO LN 1	4	GL	4	18.06	72.24	5.06	
	Tracking # 1Z25X6730328004635								
	Shipped: 04/20/2023 From: Orlando Via: UPS GROUND								
		FUEL SURCHARGE PO LN 2	1	EA	1	1.83	1.83	.00	

TAX STATE	COUNTY	CITY	DISTRICT	OTHER
\$4.34	\$0.72	\$0.00	\$0.00	\$0.00
<b>SUB TOTAL</b>	<b>FREIGHT</b>	<b>TAX</b>	<b>AMOUNT</b>	
\$74.07	\$0.00	\$5.06	\$79.13	

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.

PRICING IS CONFIDENTIAL AND PROPRIETARY.

# Invoice

RCHE1DPD01

# MCKESSON

MCKESSON MEDICAL-SURGICAL  
INC.  
401 GILLS DRIVE SUITE 100  
ORLANDO, FL 32824

<b>Account Number</b>		<b>Date</b>	04/20/2023
<b>Document Number</b>		<b>Terms</b>	AR NET 30 DAYS
<b>Pay This Amount Before</b>	05/20/2023		\$79.13

Please contact us regarding electronic payment options at [MMS.Treasury@McKesson.com](mailto:MMS.Treasury@McKesson.com).

### Please Remit To:

MCKESSON MEDICAL SURGICAL  
PO BOX 634404  
CINCINNATI OH 45263-4404

[Redacted]

Purchase Order Number	[Redacted]
Purchase Order Date	06/08/2023
Purchase Order Type	Inventory Replenishment
Payment Terms	NET 25 DAYS
Payment Type	[Redacted]

Supplier
OWENS & MINOR 12199 COLLECTION CENTER DR CHICAGO, IL 60693 United States of America

Ship-To
[Redacted]

Comments

Bill To
[Redacted]

Currency	Total Lines Amount	Total Tax Amount	Total PO Amount
USD	4098.79	0.00	4098.79

Shipping Terms	Shipping Method	Shipping Instruction
FOB Destination - 3rd Party Billing	OPTIFREIGHT	[Redacted]

Goods Lines								
Line Number	Quantity	Supplier Item Identifier	Item Identifier	Description	Line Memo	Unit of Measure Quantity	Unit Price	Line Amount
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]		[Redacted]	[Redacted]	[Redacted]
2	1.00	0707029476	1065781	DRAPE SURG 28X48IN 54X6IN SPLIT IMPRV ABS		Case of 10	\$84.24	\$84.24
Cost Center ID	172017237703							
Deliver To ID	SCM_Aurora_West_Allis_Medical_Center_EPIC_Main_OR							
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]		[Redacted]	[Redacted]	[Redacted]

**\$84.24 /10 per case = \$8.424 each drape**



[REDACTED]

[REDACTED]

Purchase Order Number	[REDACTED]
Purchase Order Date	06/08/2023
Purchase Order Type	Inventory Replenishment
Payment Terms	NET 25 DAYS
Payment Type	[REDACTED]

Goods Lines								
Line Number	Quantity	Supplier Item Identifier	Item Identifier	Description	Line Memo	Unit of Measure Quantity	Unit Price	Line Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]

**Messages**

This purchase order constitutes an offer to purchase the products or services set forth herein, and acceptance of such offer is expressly conditioned upon, and limited to, supplier's agreement to be bound by the AAH Purchase Order Terms and Conditions with respect thereto. This purchase order is not a confirmation or acceptance of any offer by supplier, and all such offers are hereby rejected. Unless evidenced in a written agreement signed by both parties, purchaser expressly objects to and rejects any additional or conflicting terms however and whenever presented by supplier, including, without limitation, in any confirmation, acknowledgment, acceptance, offer, counteroffer, quotation, invoice, online terms and conditions, or click-through terms and conditions.

Email Questions regarding this Purchase Order to: [ASC-Procurement-Resource@aah.org](mailto:ASC-Procurement-Resource@aah.org)  
 Email Purchase Order Acknowledgments to: [ASC-AAHPOconfirmation@aah.org](mailto:ASC-AAHPOconfirmation@aah.org)

We appreciate doing business with you.



Purchase Order Number	
Purchase Order Date	05/18/2023
Purchase Order Type	Inventory Replenishment
Payment Terms	NET 25 DAYS
Payment Type	ACH

Goods Lines								
Line Number	Quantity	Supplier Item Identifier	Item Identifier	Description	Line Memo	Unit of Measure Quantity	Unit Price	Line Amount
5	2.00	0707008430	1140241	LEGGINGS SURG CNVRT INVIEW POLY 49X31IN 6IN XLONG		Case of 20	\$65.67	\$131.34
Cost Center ID					<b>Single legging in a case of 20</b> <b>\$65.67/20 = \$3.2835 each</b>			
Deliver To ID								

**Messages**  
 This purchase order constitutes an offer to purchase the products or services set forth herein, and acceptance of such offer is expressly conditioned upon, and limited to, supplier's agreement to be bound by the AAH Purchase Order Terms and Conditions with respect thereto. This purchase order is not a confirmation or acceptance of any offer by supplier, and all such offers are hereby rejected. Unless evidenced in a written agreement signed by both parties, purchaser expressly objects to and rejects any additional or conflicting terms however and whenever presented by supplier, including, without limitation, in any confirmation, acknowledgment, acceptance, offer, counteroffer, quotation, invoice, online terms and conditions, or click-through terms and conditions.

Purchase Order Number	
Purchase Order Date	05/18/2023
Purchase Order Type	Inventory Replenishment
Payment Terms	NET 25 DAYS
Payment Type	ACH

Email Questions regarding this Purchase Order to: [ASC-Procurement-Resource@aah.org](mailto:ASC-Procurement-Resource@aah.org)  
Email Purchase Order Acknowledgments to: [ASC-AAHPOconfirmation@aah.org](mailto:ASC-AAHPOconfirmation@aah.org)

We appreciate doing business with you.

# McKESSON

McKesson Medical-Surgical, Inc  
9954 Mayland Drive Suite 4000  
Henrico, VA 23233

Invoice

Page 4 of 4  
RCHE1DPD01

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
292342	Vendor: O&MHAL Vend Cat#: 89228	DRAPE, LAPAROTOMY (13/CS) PO LN 35	1	CS	1	104.64	104.64	8.63	
Tracking # 016002124845									
Shipped: 05/30/2023 From: Houston Via: PRIVATE FLEET - D16 - SAN ANTO									

**\$104.64 case /13 drapes per case = \$8.049 per drape**

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.

PRICING IS CONFIDENTIAL AND PROPRIETARY.



Abdominal Drape Laparotomy Drape Sterile (100 in x 72 in x 124 in), item #292342, McKesson



Shop Products ▾ Our Services & Solution



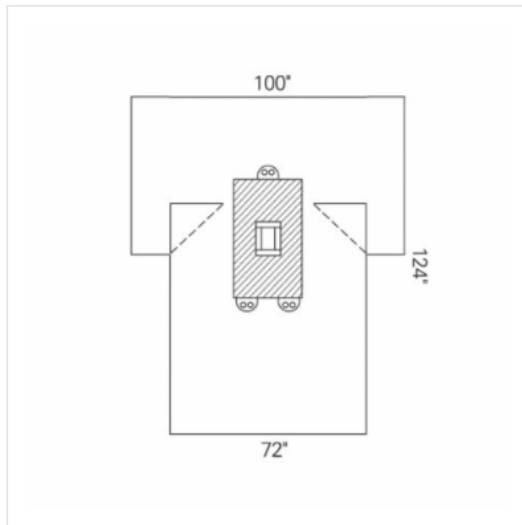
What can we help you find?

Shop Medical Supplies & Equipment > Textiles > Procedure Drapes and Sheets > Drape Sheets > Abdominal Drape

#292342 | 179 | O&M Halyard Inc #89228

## Abdominal Drape Laparotomy Drape 100 W X 72 W X 124 L Inch Sterile

DRAPE, LAPAROTOMY (13/CS) KIMCLK



### Features

- Armboard Covers
- Absorbent Fabric Reinforcement
- With tube holders
- [More ...](#)

### Dimensions

100 W X 72 W X 124 L Inch

104 W X 76 W X 120 L Inch

### Reinforcement Type

Absorbent Control\* Plus Fabric Reinforcement

Control™ Fabric Reinforcement

# INVOICE

 Invoice Number: **3133095514** P.O. Number: **202305011**

Invoice Date: 05/11/2023

Order Date: 05/11/2023

Ship Date: 05/11/2023

<b>Served By</b>	ASD SPECIALTY HEALTHCARE, LLC DBA BESSE MEDICAL 345 INTERNATIONAL BLVD STE 400a BROOKS KY 40109-6200	<b>Ship To</b>		<b>CUSTOMER NUMBER</b>	
<b>Shipped From</b>	ASD SPECIALTY HEALTHCARE, LLC DBA BESSE MEDICAL 345 INTERNATIONAL BLVD STE 400a BROOKS KY 40109-6200	<b>Sold To</b>		<b>DOCUMENT TOTAL</b>	<b>DUE DATE</b>
	STATE LIC: W01162 DEA: RA0219798			518.71	06/10/2023
				<b>PAYMENT TERMS</b>	
				Invoice Due in 30 days CC	
				<b>Remit To</b>	AMERISOURCEBERGEN 27550 NETWORK PLACE CHICAGO IL 60673-1275

Qty	UOM	Description	VND	CL	Sold By	Item Number	NDC/UPC	Order	Unit Price	Extended Amount
10	EA	STERILE WATER FOR INJ VL 25X10 ML	PFZ	RX	BQ	10014459 **	00409-4887-10	4901301611	23.52	235.20
10	EA	VISUDYNE ACCUPAK NO RX KIT	AOM	GM	BT	10243020		4901301611	26.00	260.00
10	EA	VISUDYNE MEDICAL WRISTBAND	PDN	MS	BT	10248279		4901301611	0.19	1.90

30 Total Number of Pieces for this Invoice

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	235.20	261.90	0.00	0.00

<b>Class Codes</b>	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty MR RX Med Device	GM General Merchandise MS Medical Supplies LC Listed Chemicals	<b>Sold By Legend</b>	A ABDC B Besse Med O Onc Supply S ASD	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price    T Taxable Item
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\*\* This item is exempt from DSCSA traceability requirements, per the manufacturer  
 If you have any questions, our Customer Service team is here to help.  
 Please call 800-543-2111 or email service@besse.com

**Tax:** 21.61  
**Total Amount:** 518.71

## INVOICE TERMS AND CONDITIONS

1. **ACCEPTANCE.** Buyer of goods and services (“Goods”) agrees to be bound by and accept the terms and conditions listed on this Invoice, which supplements but does not change any written agreement between Buyer and Seller, and together, with any other written agreement, constitute the entire agreement between the parties. Orders are not binding on Seller until accepted by Seller.
2. **PRICE.** Pricing is subject to change by Seller without notice and may be higher outside of the continental U.S. Increases in Seller’s operational costs may be invoiced to Buyer separately. Pricing may be adjusted due to changes in Seller’s acquisition cost. Seller may credit and re-invoice Goods invoiced incorrectly. Buyer will reimburse Seller for unpaid chargebacks. Buyer is responsible for any sales, use, gross receipts, excise, privilege, value-added, business and occupation taxes, or any assessments or other charges on Goods, regardless of how labeled (“Tax Liabilities”). Buyer is liable for the full invoice amount.
3. **ORDER AND DELIVERY.** Orders must be electronically transmitted. Delivery is by common carrier FOB destination. Buyer assumes all risk of loss after delivery. Orders may be subject size requirements. Shipping and delivery times are approximate. Buyer will pay replacement cost of totes or materials not returned. Drivers cannot accept payment or verify contents or quantities of packages. A receipt signed by a driver is not evidence of the contents or value of the package. Orders of controlled substances and listed chemicals are subject to Seller’s diversion control program. Seller has no obligation to sell controlled substances or listed chemicals to Buyer and may restrict, prevent, and/or reject any such orders.
4. **FORCE MAJEURE.** Seller is not liable for delays or other failures due to causes beyond its control, including but not limited to, labor disputes, fire, terrorism, pandemic, acts of God, delays or shortages related to supply chain, transportation, fuel, loss of facilities or network, or foregoing a right in order to comply with law or a government orders.
5. **USE OF GOODS.** Buyer warrants it has all required governmental permits, licenses and approvals required to purchase, use, dispense and/or store Goods.
6. **NO WARRANTY.** Seller is not the manufacturer of Goods. SELLER DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING THOSE OF MERCHANTABILITY, NON-INFRINGEMENT AND FITNESS FOR A PARTICULAR PURPOSE. THIS SUPERSEDES ALL ORAL WARRANTIES AND REPRESENTATIONS, AND ANY WARRANTIES AND REPRESENTATIONS THAT ARE NOT EXPRESSLY DESIGNATED IN WRITING WILL CREATE ANY SUCH WARRANTY.
7. **LIMITATIONS.** IN NO EVENT WILL SELLER BE LIABLE FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES, OR LOST PROFITS IN CONNECTION WITH OR RELATED TO GOODS SOLD. Seller disclaims all liability in connection with drop shipments from manufacturers to Buyer.
8. **INDEMNIFICATION AND WAIVER.** Buyer will indemnify, defend, and hold harmless Seller, its officers, directors, representatives and affiliates from any loss or claim against Seller arising in whole or in part out of (a) failure of Buyer or customers to follow specifications, warnings or recommendations; (b) failure of Buyer to comply with applicable legal requirements; (c) failure to comply with “own use,” or other manufacturer requirements or misuse of Goods; (d) claims arising out of any act or omission of Buyer; or (e) Tax Liabilities.
9. **CANCELLATION.** Buyer may only cancel Goods by providing written notice to Seller. Cancellation may be subject to charges.
10. **CONFIDENTIALITY.** Buyer may not use or disclose Seller’s trade secrets or confidential information. Pricing terms are strictly confidential and may not be disclosed to any third party or competitor of Seller unless required by law.
11. **SECURITY AGREEMENT.** To secure payment for Goods, Buyer hereby grants a security interest in Goods delivered by the Seller and this invoice is deemed a security agreement under the Uniform Commercial Code. Buyer authorizes Seller as its attorney to execute and file on Buyer’s behalf all documents Seller deems necessary to perfect such security interest.
12. **CREDIT AND COLLECTION.** Payment must be received in Seller’s account during normal business hours on the date due and is not subject to reduction, set-off or counterclaim by Buyer. Prices quoted include a discount in anticipation of payment within terms. If payment is late or dishonored, Seller will invoice Buyer for the unearned discount by recalculating the price of Goods. If payment is delinquent, or Seller believes Buyer’s financial condition or credit worthiness is impaired, Seller may take additional action, including but not limited to, imposing a per-day late payment fee of 1.5% per month (18% per year), or the maximum legal rate.
13. **RETURNS.** All returns of Goods are subject to Seller’s Return Goods Policy.
14. **CLAIMS.** All claims for damages or shortages must be reported to Customer Service within 48 hours of receipt of non-refrigerated Goods and on the same day of receipt of refrigerated Goods.
15. **DISCOUNTS, ADJUSTMENTS AND ALLOWANCES.** The prices on this Invoice may reflect discounts or other reductions in price, and/or may be subject to subsequent rebates or other reductions, adjustments or allowances. Seller shall notify Buyer of any such additional rebates, reductions, adjustments or allowances. Both parties must comply with all applicable laws with respect to Goods, including discounts, adjustments and allowances, and must fully and accurately report and reflect discounts, adjustments and allowances to federal, state and private payors to the extent required and retain this Invoice and related documentation and make them available upon request to authorized federal or state health care program officials.
16. **MISCELLANEOUS.** No waiver by Seller of Buyer’s default will waive any other default. Pennsylvania law governs this Invoice. Arbitration is not applicable to Seller. All provisions of this Invoice are severable.
17. **COMPLIANCE WITH APPLICABLE LAWS.** Both parties will comply with all applicable state and federal laws and regulations applicable to Goods purchased hereunder.



# INVOICE

Ship/Sold-To: [REDACTED]

Bill-To: [REDACTED]

01000022163123723074811000000000658050427236

[REDACTED]

Invoice# 37230748	Invoice Date 04/27/23	Due Date 05/27/23	Invoice Total \$658.05
Purchase Order# 10233		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID#		HSI D&B#	

Please detach here and mail above with your payment

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	153-7105	EA	[REDACTED]	18	18	P	3.06	55.08		IN
2	101-4336	200/PK	[REDACTED]	20	20	C	4.92	98.40		TX
3	337-5448	50/BX	Injection Plug With Cap ** SPECIAL CONTRACT PRICE **	1	1	T	17.59	17.59		TX
				<b>\$17.59 / 50 = \$0.3518 each</b>						
4	104-3809	50/BX	[REDACTED]	20	20	T	10.02	200.40		TX
5	112-6133	100/BX	[REDACTED]	10	10		1.95	19.50		TX
6	100-5102	50/BX	[REDACTED]	4	4		21.26	85.04		TX
7	100-2649	100/BX	[REDACTED]	40	36	T C	1.01	36.36		NV2

Please refer to our standard Terms of Sale and disclosures at <https://www.henryschein.com/us-en/medical/LegalTerms.aspx>, including customer obligations regarding discounts/rebates. Such terms are incorporated herein by reference.

**Thank you for your order!**

Ship To# [REDACTED]	Bill To# [REDACTED]	Invoice# 37230748	Invoice Date 04/27/23	Invoice Total \$658.05	<b>CODE STATUS KEY</b> S-Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, MZ, DM-OSCSA CODES
Order# 41236773	Order Date 04/27/23	# of Boxes 11	PO# [REDACTED]		

**Distribution Names/Address**

IN: 5315 W 74th St. Indianapolis, IN 46268 DEA#: RH0162494 State Reg#: 48001176A Chem. Reg#: 006574HNY	TX: 1001 Nolan Dr. #400 Grapevine, TX 76051 DEA#: RH0238192 State Reg#: 0039006 Chem. Reg#: 006515HNY	NV2: 180 Visa Blvd #103 Sparks, NV 89434 State Reg#: WH01691	PA: 41 Weaver Rd. Denver, PA 17517 DEA#: RH0236667 State Reg#: 800000663 Chem. Reg#: 006573HNY
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# INVOICE

Ship/Sold-To: 4038750  
 RCT Main Office  
 4460 Bissonnet St Ste 200  
 Matthew Benz  
 Bellaire, TX 77401-3234

Bill-To: 2216312  
 Retina Consultants Of Houston  
 1360 Post Oak Blvd Ste 800  
 Houston, TX 77056-3312

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
8	101-2063	4000/CA	[REDACTED]	1	1	T C	24.83	24.83		TX
9	129-0932	5ML/BT	[REDACTED]	4	0					
10	143-1303	5ML/BT	[REDACTED] NDC: 61314-143-05/61314-0143-05	4	0	WH B *				
11	137-4678	30/BX	[REDACTED]	6	6	*	15.22	91.32		PA
12	902-6347	1/PK	[REDACTED]	6	0	M				
	105-BW42	SDS	[REDACTED]	1	1	NC		.00		

YOUR ORDER 41236773 HAS BEEN SPLIT INTO MULTIPLE SHIPMENTS.  
 YOU WILL BE BILLED FOR THESE ITEMS WHEN THEY ARE SHIPPED.  
 =====

INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL HANDLING  
 SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO  
[HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGAL/TERMS.ASPX](http://www.henryschein.com/us-en/medical/legal/terms.aspx)

MERCHANDISE TOTAL \$628.52  
 SALES TAX \$23.53  
 FREIGHT CHARGES \$6.00  
 INVOICE TOTAL \$658.05

Ship To# [REDACTED]	Bill # 2216312	Invoice# 37230748	Invoice Date 04/27/23	Invoice Total \$658.05	<b>CODE STATUS KEY</b> S-Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required ~-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, M2, DM-DSCSA CODES
Order# 41236773	Order Date: 04/27/23	# of Boxes 11	PO#: [REDACTED]		

**Distribution Names/Address**

IN: 5315 W 74th St. Indianapolis, IN 46268  
 DEA#: RH0162494 State Reg#: 48001176A  
 Chem. Reg#: 006574HNY

TX: 1001 Nolen Dr. #400 Grapevine, TX 76051  
 DEA#: RH0238192 State Reg#: 0039006  
 Chem. Reg#: 006515HNY

NV2: 180 Vista Blvd #103 Sparks, NV 89434  
 State Reg#: WH01091

PA: 41 Weaver Rd. Denver, PA 17517  
 DEA#: RH0236667 State Reg#: 8000000663  
 Chem. Reg#: 006573HNY



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Home > Clinical Medications & Supplies > Kits > PDT Kit

### PDT Kit



Click to view a larger image

#### Overview

This PDT (Photodynamic therapy essentials) contains all the essentials needed for performing infusions. Each kit includes

- (3) 10cc syringes
- (1) 30cc syringe
- (1) 10ml sterile water
- (1) extension set - 43", 2 port (1) Dextrose 5%, 50ml
- (1) filter - 1.2 micron
- (1) catheter set - 22 ga, .75 x .9 x 19
- (5) needle, 18 ga.
- (6) alcohol prep pads
- (1) amber solar shield
- (1) PDT bag
- (1) bracelet ID band

Part Number: AX30097



Show all

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# VISUDYNE ACCUPAK NO RX KIT

Item Number: 10243020

[Add to Quote](#)





Hilco Vision  
33 West Bacon Street  
P.O. Box 1538  
Plainville, MA 02762 1538  
United States  
800 955 6544  
www.hilcovision.com

**INVOICE**

Invoice Date: 08/23/2021  
Invoice Number: 210295694  
Due Date: 08/31/2021  
Legacy Account Number: IL1660  
Amount Due 174.25

Bill To	Ship To
[REDACTED]	[REDACTED]

Customer Ord/RMA#	Customer PO#	Questions/Contact	Ship Method
0010400224	MYDRIATIC GLASSES	CustomerSupport@hilco usa.com	REWARDS FREE FREIGHT PRIORITY PLATIN

Line	Item#	Description	Customer Part#	UOM	Unit Price	Discount Amt	QTY Ship	Extended Price
3	1031054	POST MYD SPECS W/CARDBOARD TEMPLES 25 P/BOX Legacy Item#: 100 0250900 00		EA	8.20	0.00	20	164.00

25 box/\$8.20 = \$0.328

Tracking Number(s): 1Z867E050303167134

EASYPLAY: EASYPAY PROGRAM INVOICE TO BE PAID AT EOM BY CREDIT CARD

Sales Amount Due	Discount	Total Charges	Tax	Amount Due	Currency
164.00	0.00	0.00	10.25	174.25	USD

For additional discounts and perks, visit [www.hilcovision.com](http://www.hilcovision.com) and click on the Hilco Vision Rewards link.

**Remittance Slip**

Past Due Balances will be subject to finance charges of 1.5% after grace period (annual rate of 18%)



33 West Bacon St,  
Plainville, MA 02762 1538

ADDRESS SERVICE REQUESTED

[REDACTED]  
Invoice Number: 210295694  
Invoice Date: 08/23/2021  
Payment Terms: EASYPAY  
Due Date: 08/31/2021  
Currency: USD  
Amount Due 174.25

[REDACTED]

THE HILSINGER COMPANY PARENT LLC, DBA HILCO VISION  
PO BOX 643792  
PITTSBURGH, PA 15264 3792





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